**Subrecipient Letter of Intent**

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| --- | --- | --- | --- |
| Subrecipient: | Board of Regents of the University of Nebraska DBA University of Nebraska Medical Center | Pass-Through Entity: |  |
| Subrecipient UEI: | G15AG3BLLMH4 | Pass-Through Entity UEI: |  |
| Principal Investigator: |  | Principal Investigator: |  |
| Internal Project Identifier *(optional)*: | IF ID # | Internal Project Identifier *(optional)*: |  |
| **Institutional Administrator** | | **Institutional Administrator** | |
| Name/Title: |  | Name/Title: |  |
| Phone: | 402-559-7456 | Phone: |  |
| Email: | spadmin@unmc.edu | Email: |  |
|  | | | |
| Project Title: |  | | |
| Awarding Agency: |  | Project Period: |  |
| Total Proposed Amount: |  | Cost Sharing Amount  (if applicable): |  |
| Human Subjects Y/N: |  | Vertebrate Animals Y/N: |  |

This proposal has been reviewed and approved by the appropriate official of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the awarding agency’s policies; agree to accept the obligation to comply with award terms, conditions, and certifications; and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

The following documents are attached to this Statement of Intent:

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|  | Statement of Work |  |
|  | Detailed Budget |  |
|  | Budget Justification |  |
|  | Other: |  |

Signature of Subrecipient's Authorized Official Date

, Sponsored Programs Administration

Name and Title of Authorized Official