

### Subrecipient Statement of Intent

Subrecipient Institution (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The Trustees of the University of Pennsylvania
Sub DUNS:			

Sub Principal Investigator:		PTE Principal Investigator:	
Sub Internal Project Identifier (optional):		PTE Internal Project Identifier (optional):	

Project Title:			
Prime Awarding Agency:		Complete Project Period:	<i>Start:</i> <i>End:</i>
Total Proposed Amount for Project Period:	\$	Cost Sharing Amount for Project Period:	\$

Federally negotiated F&A rate A reduced F&A rate dictated by the prime awarding agency. Rate: _____ Base Type: _____ Not applicable (no indirect costs are requested by Sub)
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**Project Use Information:**

Human Subjects	Yes	No	Vertebrate Animals	Yes	No	Stem Cells	Yes	No	Genomic Data Sharing	Yes	No
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**Institutional Authorized Organizational Representative (AOR) Information:**

Sub AOR Name/Title:	
Sub AOR Email Address:	
Sub AOR Telephone Number:	
Sub Email for Awards:	

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime 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.

In signing below, the Subrecipient Institution certifies that it has implemented and is enforcing a written policy of conflicts of interest consistent with the provisions of 42 CFR Part 50, Subpart F & 45 CFR Subtitle A, Part 94. If a conflict is identified by the Subrecipient Institution during the period of the award contemplated hereunder, the Subrecipient Institution will report the Prime Awardee the existence of the conflict, including the grant title, PI (if different from the investigator with the financial interest) and the specific method the Subrecipient Institution adopts for addressing the conflict (managing, reducing, or eliminating it). The Subrecipient Institution will rely on the Prime Awardee to report the existence of the conflict to NIH.

**If your institution does not have a written policy regarding conflicts of interest consistent with the provisions of 42 CFR Part 50, Subpart F & 45 CFR Subtitle A, Part 94, please initial here. \_\_\_\_\_**

**The following documents are attached to this Statement of Intent:**

Statement of Work (required)	F&A rate agreement (if institution has one and applicable)
Detailed Line Item Budget (required)	Other (Specify):
Budget Justification (required)	

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official Date

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Name and Title of Authorized Official