

Subrecipient Statement of Intent

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	
Sub DUNS:		PTE DUNS:	
Sub UEI:		PTE UEI:	

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

Project Title:			
Prime Awarding Agency:		Project Period:	Start: End:
Total Proposed Amount for Project Period:	\$	Cost Sharing Amount for Project Period:	\$

Project Use Information:

Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Vertebrate Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No
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Administrator:

Sub Name/Title:		PTE Name/Title:	
Sub Phone:		PTE Phone:	
Sub Email:		PTE Email:	
Sub Email for Awards (if different from above):			

NIH International Subrecipient Reporting Requirements (For non-U.S. Subrecipients only.)

If the prime sponsor is the U.S. National Institutes of Health (NIH), Subrecipient is aware of the provisions of [NIH GPS 15.2.1](#) requiring that international subrecipients provide access to copies of all lab notebooks, data, and documentation that support any resulting research outcomes, and Subrecipient confirms that it is able to comply and provide University of Pittsburgh with regular access to these materials (i.e. annually) for the life of the subaward.

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.

The following documents are attached to this Statement of Intent:

<input type="checkbox"/> Sub Statement of Work	<input type="checkbox"/> Sub Budget Justification
<input type="checkbox"/> Sub Detailed Line Item Budget	<input type="checkbox"/> Other: _____

Signature of Subrecipient's Authorized Official

Date

Name and Title of Authorized Official