

Letter of Intent to Establish a Subcontract: Foreign Subrecipient

The proposed Subrecipient offers the following information and intends to enter into good faith negotiations toward a subcontract with the *University of Utah* after an award is made for the following proposal:

Proposal Information

Prime Sponsor:	
NOFO/Solicitation:	
Principal Investigator:	
Proposal Title:	
Project Dates:	

Subrecipient Information

Institution Name:	
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Performance Site

Address:	
City/State/Country/	
Postal Code:	
UEI:	

Site Principal Investigator/Lead

Name / Title:	
Phone / Email:	

Administrative Contact

Name / Title:	
Phone / Email:	

Assurances

Human Subjects:	Yes	No	Assurance Number:
Vertebrate Animals:	Yes	No	Assurance Number:

Proposed Budget

	Initial Year	Entire Project Period
Direct Costs:	\$	\$
Indirect Costs:	\$	\$
Total Costs:	\$	\$

Does this proposal include mandatory cost share : Yes: No:

Cost Share Commitment:	Initial Year	Enter Project Period
	\$	\$

If a Subcontract is issued, foreign subrecipients will be required to provide to the University of Utah copies of or electronic access to all lab notebooks, all data, and all documentation that supports the research outcomes as described in its progress reports. These supporting materials must be provided to prime recipient with each scientific update in line with the timelines outlined in the Subcontract (no less than once each year, in alignment with the progress report). Click [HERE](#) for more information

Provide your U.S. W-8BEN form, signed within the last 12 months, with this Letter of Intent. Blank W-8BEN found [HERE](#)

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812. I certify that our institution is aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement consistent with that policy.

Signature of Subrecipient's Authorized Signing Official

Date

Authorized Signing Official

Name / Title:	
Address:	
City/St/Postal Code/Country:	
Email:	