Office of Research

Subrecipient Letter of Intent



Office of Sponsored Programs 1960 Kenny Road, Columbus, OH 43210-1016

To be completed by institution	n issuing th	ne subaward:								
Pass-Through Entity (PTE)										
PTE PI Department			PTE PI Name							
Prime Sponsor				Solicitation No.			Performance Start	Performance End		
Proposal Title								L		
A. Subrecipient I	nstitu	tion								
To be completed by the subre										
Subrecipient is a participant o	Yes If yes, co	Yes If yes, complete sections A-H then STOP. Return signed form.								
Expanded Clearinghouse:		No If no, complete the entire form, sections A-K, before returning.								
Institution's Legal Name								DUNS		
Administrative Contact Name		Administrative	Administrative Title			lministrative Email		Administrative Phone		
B. Performance S	ite									
Address						City				
State ZIF		ZIP + 4		DUNS		Congressional Dis	strict			
C. Subrecipient P)T				I					
Subrecipient Pl Name		Phone	Phone Er				eRA Commons User Name NIH proposals.			
D. Subrecipient E	Budget	Request	.							
Total \$ Direct \$		21044000	F&			Cost-sharing \$ Mu	ust be in budget & budget justification.			
Participant Support \$: Yes	s No	Program Income:		Yes No		Clinical Trial:	es No			
E. Compliance In:	forma	tion								
Human Subjects: Yes No Vertebrate Animals: Yes No		Export Control	Export Control: Do you anticipate the use, transfer or development of items, software or technology that is export controlled? Yes No Unknown at this time							

F. Responsible C	onduc	t of Research	(RCR))							
If NSF, subrecipient inst	itution cer	tifies it maintains an ins	stitutional p	lan compliant with NS	F's Resp	onsible Conduc	t of Research requirement.				
If NIFA, subrecipient ins	titution ce	rtifies it complies with I	NIFA's "Res	ponsible and Ethical C	onduct	of Research" req	juirements.				
G. Checklist of P	ronos	al Document	s Regu	ired							
Statement of Work	udget and Budget Just		<u> </u>								
H. Subrecipient	Appro	vals									
The Authorized Official cert and approved by the appro this proposal are aware of policies. Any work begun a	priate per the sponse	sonnel of the subrecipi oring agency policies a	ent entity. 1 nd are prep	he appropriate progro pared to enter into an i	ammatio Inter-ins	and administra titutional agreer	tive personnel involved in ment consistent with those				
Authorized Official Name	9			Title							
Signature of Authorized											
Note: FDP Expanded Cleari	nahousa l	Participants _ STOP HE	:DE and Dot	urn Form All Other In	stitution	s Must Continuo					
Note. I DI Expanded oleun	ngnouse i	articipants 5101 III	ine dia ne	ann ronn. An other ma	Stitution	5 Mast Continue					
I. Subrecipient I	nstitu	tion									
To be completed by the sub	recipient o			ı		1=.=					
Address			City		State	ZIP + 4	Congressional District				
F&A rate agreement: Attached Link						Institution Type	е				
Desired to CAM2 DV-					🗖						
Registered in SAM? Yes	No	Check if Institution is:	Less t	nan or equal to 5 yrs. (HUB-Zone or Sm	nall Disadvantaged Business				
J. Compliance In	forma	tion									
Human Subjects Assurance Number			Animal	Animal Welfare Assurance Number							
K. Financial Con	flict o	f Interest (FC	OI) Co	mpliance Sta	atem	ent					
Check one.		,	•	•							
Subrecipient organizati Part 50, Subpart F, "Pro			nd enforce	d conflict of interest po	olicy tha	t is consistent w	ith the provision of 42 CFR				
Subrecipient does not havailable at the Federal		•		it will develop one prid	or to issi	uance of a subav	vard. A model policy is				
Subrecipient does not hinstitution. (Ohio State i		•	st policy ar	nd agrees to be bound	by the	conflict of interes	st policy of the issuing				
Not applicable - Non Pu	ıblic Healtl	n Service (PHS) funding									