Subrecipient Letter of Intent

Pass-through Entity (PTE):	
PTE Principal Investigator:	
Subrecipient:	
Subrecipient Principal Investigator:	
Subrecipient Administrative Contact	
Name:	Phone:
Title: Pre-Award Assistant Manager (AOR)	Email: aor@hawaii.edu
Address: Office of Research Services, 2440 Campus Road, Box 368	Honolulu, Hawaii 96822-2234
Subaward Title:	
Awarding Agency:	
Project Period: Start Date	End Date
Total Proposed Amount:	
Cost Sharing Amount (if applicable):	
Human Subjects: Yes No Vertebrate Animals:	Yes No
UH hereby certifies that it has an active and enforced COI policy, and 50, Subpart F "Responsibility of Applicants for Promoting Objectivity is that, to the best of the undersign's knowledge, 1) all financial disclosus that may be funded by or through a resulting agreement, and 2) all idemanaged, reduced or eliminated in accordance with UH's COI policy presultant agreement, and 3) all identified COI shall be reported to UH (coi@hawaii.edu) within 15 days of identification.	n Research" when applicable. UH also certifies res have been made related to the activities entified COI have or will be satisfactorily rior to the expenditure of any funds under
UH is a member of the Federal Demonstration Parthership (FDP) and initiative. (DUNS: 965088057 / UEI: NSCKLFSSABF2)	participant in the FDP Expanded Clearinghouse
The following documents are attached to this Statement of Intent:	
Statement of Work Detailed Budget Budget Justification Other: Biosketch F&A Rate AGMT Letter of Support	
	Date:
AOR Signature	
UH Office of Research Services, Pre-Award Assistant Manager (Gener.	al Fmail: aor@hawaii.edu)