University of Colorado
Denver | Anschutz Medical Campus

Office of Grants and Contracts
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Subrecipient Letter of Intent

Subrecipient (Sub) Legal Name:	University of Colorado Denver	Pass-Through Entity (PTE) Legal Name:	
Sub DUNS/UEI:	041096314/MW8JHK6ZYEX8	PTE DUNS:	

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 Yes ☐ No ☐	Vertebrate Subjects Yes ☐ No ☐

Administrator:

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

The following documents are attached to this Statement of Intent:

☐ Sub Statement of Work	☐ Sub Budget Justification
☐ Sub Detailed Line Item Budget	☐ Other: _____

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.

_____

Signature of Subrecipient's Authorized Official Date

Garrett Steed, Manager, PreAward, Grants & Contracts

_____

Name and Title of Authorized Official