

LETTER OF INTENT TO ESTABLISH A SUBAGREEMENT
 WITH
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

The following letter is required to demonstrate intent from a Subrecipient Institution (“Subrecipient”) to enter into a subagreement with Southern Illinois University Edwardsville (“SIUE”). This form does not constitute a notice of award or intent to award. This form must be completed and signed by the Subrecipient’s Authorizing Signing Official.

DATE: _____

SUBRECIPIENT INSTITUTION INFORMATION

Institution Name _____
Street Address _____
State _____
Zip Code _____
Country _____
Congressional District _____
DUNS Number _____
EIN _____
Name & Contact Info for _____

PROJECT INFORMATION

SIUE PI/PD _____
Subrecipient PI/PD _____
Name of Prime Awarding Agency _____
Application Title _____
Start Date _____
End Date _____
Total Subrecipient Direct Costs _____
Total Subrecipient Indirect Costs _____
Total Subrecipient Project Costs _____

Subagreement Negotiations

Is A-133* (Single Audit) Required? Yes No

COMPLIANCE

Will human subjects studies be involved on the sub-project? Yes No
 Will animal studies be involved on the sub-project? Yes No

Select one of the following:

- Subrecipient has a Financial Conflict of Interest policy that complies with 42 CFR Part 50 and has elected to follow its own institutional policy
- Subrecipient does not have a Financial Conflict of Interest policy that complies with 42 CFR Part 50 and has elected to adhere to SIUE’s institutional policy
- Not applicable for this project

ADDITIONAL REQUIREMENTS

- Scope of Work
- Budget & Budget Justification
- Biosketches and Other Support Information for all Key Personnel in agency required format (if applicable)
- Copy of federally negotiated Facilities & Administrative Rate Agreement, or link to website:

The appropriate program and administrative personnel involved at Subrecipient are aware of the applicable regulations and policies governing this proposal and any subsequent award, and are prepared to enter into an inter-institutional agreement that will ensure compliance with all such policies.

 Signature Date
 Name of Authorized Signing Official: _____
 Title of Authorized Signing Official: _____
 Subrecipient Institution Name: _____

** Or a Federal Single Audit in accordance with Subpart F of the new Federal Uniform Guidance. This new guidance replaces the old A-133 OMB Circular.*