

Subrecipient Letter of Intent

Subrecipient: _____ Pass-Through Entity: Western University of Health Sciences, Pomona, California

Subrecipient DUNS: _____ Pass-Through Entity DUNS/UEI: 0933736940000/NFFLPSHMNJN4

Principal Investigator: _____

Internal Project Identifier (optional): _____ Internal Project Identifier (optional): IF ID # _____

Institutional Administrator

Name/Title: _____

Phone: _____

Email: _____

Institutional Administrator

Name/Title: _____

Phone: _____

Email: _____

Andrea Giuffrida, PhD,
Senior VP for Research

909-469-5256

agiuffrida@westernu.edu

Project Title: _____

Awarding Agency: _____ Project Period: _____

Total Proposed Cost Sharing Amount

Amount: _____ (if applicable): _____

Human Subjects Y/N: _____ Vertebrate Animals Y/N: _____

This proposal has been reviewed and approved by the appropriate official of [Subrecipient], and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the 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.

The following documents are attached to this Statement of Intent:

Statement of Work

Detailed Budget

Budget

Justification

Other: _____

RR Budget pages

Signature of Subrecipient's Authorized Official

Date

Name and Title of Authorized Official