

Subrecipient Letter of Intent

Pass-through Entity (PTE): University of Hawaii

PTE Principal Investigator:

Subrecipient:

Subrecipient Principal Investigator:

Subrecipient Administrative Contact

Name: Phone:

Title: Email:

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

This proposal has been reviewed and approved by the appropriate official of Subrecipient. The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the awarding agency's policy and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

Conflicts of Interest ("COI") (select one only):

Subrecipient hereby certifies that it has an active and enforced COI policy, and it is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" when applicable. Subrecipient also certifies that, to the best of Subrecipient's knowledge, 1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and 2) all identified COI have or will be satisfactorily managed, reduced or eliminated in accordance with Subrecipient's COI policy prior to the expenditure of any funds under resultant agreement, and 3) all identified COI shall be reported to the UH Office of Compliance (coi@hawaii.edu) within 15 days of identification.

OR

Subrecipient hereby certifies it does not have an active and enforced COI policy that is compliant with 42 CFR Part 50, Subpart F and agrees to abide by UH's COI [Executive Policy EP 12.214](#) and [Administrative Procedure AP 12.304](#). Subrecipient also certifies that its key personnel will complete the [Non-University of Hawaii Employee Conflicts of Interest Form](#).

The following documents are attached to this signed Subrecipient Letter of Intent:

Scope of Work

Detailed Budget

Budget Justification

F&A Rate Agreement

Other:

Signature of Authorized Official

Name and Title of Authorized Official