

*Sponsored Programs Administration*  
 Main: 615-322-2631 Fax: 615-322-3827

## Letter of Intent to Establish a Federal Sub-Award Contract

**Title of Application:** \_\_\_\_\_

**Applicant/Prime Institution:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Cooperating/Subrecipient Institution:** \_\_\_\_\_

**Co-Investigator:** \_\_\_\_\_

### Costs requested by Cooperating Institution

**Proposed Effective Date:** \_\_\_\_\_

First Budget Year \_\_\_\_\_

Project Period: \_\_\_\_\_

Direct Costs: \_\_\_\_\_

Direct Costs: \_\_\_\_\_

F & A Costs: \_\_\_\_\_

F & A Costs: \_\_\_\_\_

**Total:** \_\_\_\_\_

**Total:** \_\_\_\_\_

The appropriate program and administrative personnel of each institution involved in this grant application will establish the necessary inter-institutional agreement consistent with all applicable Federal regulations and policies. Cooperating institution hereby certifies that neither it nor its principals nor those performing services under this Agreement are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participation in this transaction and have not, within the 3 year period preceding this application, been convicted of, or had a civil judgment rendered against them or had any public transaction (Federal State or local) terminated for cause or default. The Cooperating institution also agrees that it is registered with the System Award Management (SAM) database, the primary registrant database for the U.S. Federal Government. Regardless of any previous communications, in the event an award results from this submission, Vanderbilt reserves the right to negotiate terms and conditions appropriate for the conduct of fundamental research.

### Applicant/Prime Institution

### Cooperating/Subrecipient Institution

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Name of Institution

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 DUNS

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 DUNS

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 Signature of Authorized Official

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 Signature of Authorized Official

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 Name & Title of Authorized Official

\_\_\_\_\_  
 Name & Title of Authorized Official

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date