



This form has been updated on 15 August 2016. It supersedes ALL previous versions.

Office of Research Administration  
**SUBRECIPIENT STATEMENT OF INTENT**

[www.ora.umd.edu](http://www.ora.umd.edu)

To be used when Subrecipient is an FDP Expanded Clearinghouse Pilot (I or II) institution. A list of pilot institutions is found at [http://sites.nationalacademies.org/PGA/fdp/PGA\\_171219](http://sites.nationalacademies.org/PGA/fdp/PGA_171219).

\_\_\_\_\_ supports and endorses this application to the University of Maryland College Park.

**1. Project Title**  
**2. UM Principal Investigator** \_\_\_\_\_ Email \_\_\_\_\_

**3. Subrecipient Principal Investigator**  
 Name \_\_\_\_\_ Email \_\_\_\_\_

**4. Administrative Contact**  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

**5. DUNS**

<b>6. Proposed Project Start Date</b>	<b>End Date</b>	<b>Duration (in months)</b>	
<b>7. Total Amount Requested</b> (for all project periods)			
<b>8. Cost Sharing</b> Cash Amount	+ In-Kind Amount	= Total Cost Share	<b>USD</b>

**9. Primary Funding Source** (select one) **US Federal sponsor** **Non-Federal sponsor**  
 Sponsor Name \_\_\_\_\_

**10.** The following documents are attached to this Statement of Intent (please check all that apply):  
 Statement of Work \_\_\_\_\_ Detailed Budget \_\_\_\_\_  
 Budget Justification \_\_\_\_\_ Other (please describe) \_\_\_\_\_

**11.** For the attached **Statement of Work**, please indicate if the project will include any of the following:

a. Human Subjects Research	Yes	No
b. Vertebrate Animal Research	Yes	No
c. Hazardous Materials	Yes	No

The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements. I hereby certify that neither \_\_\_\_\_ nor its principals are presently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project.

Authorized Organization Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Print AOR Name:  
 AOR Title: