[date]

To:

|  |
| --- |
| [CSU adminstrator name] |

Office of Research and Sponsored Programs

2200 North Bonforte Blvd.

Pueblo, CO 81001-4901

|  |  |
| --- | --- |
| From: |  |

|  |
| --- |
| [organization legal name] |
| [EIN number] |
| [address] |
|  |
|  |

Subject: Letter of Intent to Enter into a Subaward Agreement

|  |  |
| --- | --- |
| Dear | [CSUadminstrator name] |

We offer the following information and intend to enter into good faith negotiations toward a subaward with Colorado State University - Pueblo after an award is made for the following proposal.

|  |  |  |  |
| --- | --- | --- | --- |
| Prime Sponsor: |  | Due date: |  |

|  |  |
| --- | --- |
| Our Principal Investigator: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Initial budget |  | |  | Total Budget |  |  |
|  | Direct |  | |  | Direct |  |
|  | F&A |  | |  | F&A |  |
|  | Total |  | |  | Total |  |

|  |  |
| --- | --- |
|  | The proposal budget for our organization is approved and attached |

|  |  |
| --- | --- |
|  | Cost Sharing and/or matching commitments are approved and attached |

|  |  |
| --- | --- |
|  | We have reviewed all prime agency representations and certifications and by signing this |
|  | letter, certify to all which are applicable to us. |

|  |  |
| --- | --- |
|  | We have reviewed the prime agency terms as applicable to this proposal and by signing |
|  | this letter, certify to all which are applicable to us. |

|  |  |
| --- | --- |
|  | We have a current A-133 audit. |

|  |  |
| --- | --- |
|  | We have a current Federal audit other than A-133 by the following federal agency: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | A copy of our most current audit is attached or can be found at      . | | |
|  | This proposal requires human subjects and our organization has in place all required | | |
|  | and approved Institutional Review Board processes. | | |
|  | MPA# |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | This proposal requires animals and our organization has in place all required and | | |
|  | approved Institutional Care and Use Committee processes. | | |
|  | Compliance # |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | For DHHS proposals only, all Investigators have provided a disclosure of financial interest per you organization's policy as defined in 42 CFR Part 50 Subpart F. | | |
|  |  | | |
|  |  |  |

|  |  |
| --- | --- |
|  | Name: |
|  | Position: |
|  | Date: |