

## FDP EXPANDED CLEARINGHOUSE PILOT SUBRECIPIENT LETTER OF INTENT

This can ONLY be used in lieu of the UCLA OCGA Subrecipient Commitment Form by Institutions who are listed as part of the FDP Expanded Clearinghouse Pilot at:  
<https://fdpclearinghouse.org/organizations>

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The Regents of the University of California, Los Angeles
Sub UEI:		PTE UEI:	RN64EPNH8JC6

*Information above must match FDP Expanded Clearinghouse Pilot Entity Profile*

Sub Principal Investigator:	PTE Principal Investigator:
Sub Internal Project Identifier (optional):	PTE Internal Project Identifier (ex. PATS #):

Project Title:			
Prime Awarding Agency:	Complete Project Period:	Start:	End:
Total Proposed Amount for Complete Project Period:	\$	Cost Sharing Amount for Complete Project Period:	\$

*If Cost Sharing, a separate cost share budget and justification should be attached*

**Project Facilities & Administrative Rates (check one):**

Federally negotiated F&A rate that matches our FDP Expanded Clearinghouse Pilot Entity Profile  
 A reduced F&A rate dictated by the prime awarding agency. Rate: \_\_\_\_\_ Base Type: \_\_\_\_\_  
 Not applicable (no indirect costs are requested by Sub)

**Project Use Information:**

Human Subjects	Yes	No	Animal Subjects	Yes	No	Stem Cells	Yes	No	Genomic Data Sharing	Yes	No
----------------	-----	----	-----------------	-----	----	------------	-----	----	----------------------	-----	----

*If Yes, please forward approval(s) to PTE PI as soon as available as approval(s) must be provided before any subaward can be issued*

**Institutional Authorized Official Information:**

Sub Name/Title:	PTE Name/Title:
Sub Phone:	PTE Phone:
Sub Email:	PTE Email:

Sub Email for Awards (if different from above): \_\_\_\_\_

*Sub Place of Performance the same as FDP Expanded Clearinghouse Pilot Entity Profile's:    Yes    NO (for FFATA reporting purposes)*

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime 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:**

Sub Statement of Work (required)	Sub Budget Justification (required)
Sub Detailed Line Item Budget (required)	Other: _____

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Official