



Intent to Establish a Subrecipient Agreement FDP Expanded Clearinghouse Pilot Form

This form must be completed and submitted prior to proposal submission

Name (as it appears in DUNS registration): _____

DUNS No.: _____

Proposal Information

Title of Application: _____

UTHSCSA Investigator: _____

Subrecipient Investigator (name & title): _____

Phone No.: _____ Email Address: _____

Project Start Date: _____ Project End Date: _____

Year 1 Budget: Direct Costs: _____ Total Costs: _____

Total Budget: Direct Costs: _____ Total Costs: _____ Indirect Rate: _____

Please make certain you have attached the following documents:

- Federally approved F&A Rate Agreement (if not provided on your Clearinghouse Record)
- Statement of Work
- Detailed Budget and Justification

The information, above and attached has been read, signed, and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are verifying their intent to establish a consortium with The University of Texas Health Science Center at San Antonio and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Signature of Authorized Official Date

Name:

Title: