



### Letter of Intent

Project Information			
Applicant Institution (Prime):			
Project Title:			
Funding Agency:			
Prime Investigator:	Phone:	e-mail	
Prime Business Contact:	Phone	e-mail	
Subrecipient Institute:			
Subrecipient Investigator:	Phone:	e-mail	
Subrecipient Address (street, city, state, ZIP):			
Subrecipient Contact:	Phone:	e-mail	

Project Budget Information	Initial Budget Year		Total Project Years	
	Start date	End date	Start date	End date
Project Dates				
Total Direct Costs				
Total Indirect Costs				
Total Costs				

Subrecipient Information	
EIN:	DUNS Number:
Congressional District:	Cognizant Audit Agency:
F&A Rate Agreement Date:	F&A Rate:

Is the Subrecipient Institution subject to OMB Circular A-133? Yes          No  
 Subrecipient Institution is: Non-Profit      For-Profit      Foreign      Government  
 Other \_\_\_\_\_

Animal Research? Yes No Assurance Number: \_\_\_\_\_  
 If Yes, Date Approved:

Human Subject Research? If Yes No FWA Number: \_\_\_\_\_  
 Yes, Date Approved:

#### Conflict of Interest (check one)

Subrecipient Organization/Institution has in effect an up-to-date, written, and enforced conflicts of interest policy and administrative process (“COI Policy”) to identify and manage financial conflicts of interest (“FCOIs”), which is consistent with the provisions of 42 CFR Part 50, Subpart F and 45 CFR Subtitle A, Part 94.

Subrecipient Organization/Institution does not have an active and/or enforced conflict of interest policy, but is in the process of creating a financial conflict of interest policy compliant with federal regulations 42 CFR Part 50, Subpart F and 45 CFR Subtitle A, Part 94 (a Model Policy will be provided upon request) prior to funding.

Subrecipient Organization/Institution does not have an active and/or enforced conflict of interest policy and will adopt Boston Medical Center's (Prime Recipient) COI Policy. All subrecipient “Investigators,” or, any person, *regardless of title or position*, who is responsible for the design, conduct, or reporting of research, as defined by Boston Medical Center policy, prior to **submission of the research proposal application**, will complete a disclosure via Boston Medical Center’s COI disclosure system. For access, contact [COI-Compliance@bmc.org](mailto:COI-Compliance@bmc.org).

**Other Certifications:** By signing below, the above-named Subrecipient/Cooperating Institution certifies that:

Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any covered transaction by any federal agency (45 CFR Part 76 and Executive Order 12549); (2) It is in compliance with the requirements of 45 CFR Part 76, Subpart F (Drug Free Workplace); (3) It is in compliance with the requirements of 31 USC § 1352 (Lobbying); (4) It is in compliance with the requirements of 42 CFR Part 93 (Misconduct in Science); (5) It is in compliance with Title VI of the Civil Rights Acts of 1964, the Age Discrimination Act of 1975, Executive Order 11246 and Section 504 of the Rehabilitation Act of 1973 as amended, and certifies that it has valid Assurances of Compliance on file with DHHS; (6) It is in compliance with 45 CFR, Part 46, subpart A, "Protection of Human Subjects"; (7) If human subjects research is to be performed at Cooperating Institution, it will ensure Institutional Review Board review in compliance with 42 U.S.C. s. 289 (Health Research Extension Act of 1985) and 45 C.F.R. s. 46.103.

Prime Institution

Subrecipient Institution

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Name

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Name

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Authorized Official Signature

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Acknowledged by BMC Principal Investigator