



Grants Management Office

LETTER OF INTENT TO COLLABORATE

Title of Application	<input type="text"/>
Applicant Institution	<input type="text"/>
Principal Investigator	<input type="text"/>
Collaborating Institution	<input type="text"/>
Investigator for Collaborating Institution	<input type="text"/>

Costs Requested by Collaborating Institution

	First Year	All years
Direct costs	<input type="text"/>	<input type="text"/>
Facilities and Administrative Costs	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

The appropriate program and administrative personnel of each institution involved in this grant application are prepared to establish the necessary inter-institutional agreement if an award is made. The amounts shown above appear in the application; the actual amount awarded to the cooperating institution will be determined after an award is made.

Signatures

	Applicant Institution	Collaborating Institution
Name of Institution	<input type="text"/>	<input type="text"/>
Name of Authorized Official	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
DUNS Number	<input type="text"/>	<input type="text"/>
Cognizant Agency	<input type="text"/>	<input type="text"/>
Name And Phone Number Of Point Of Contact At Cognizant Agency	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>