Date

UMB PI

UMB PI Title

UMB Department

University of Maryland Baltimore

UMB PI Address

UMB PI Address

Baltimore, MD 21201

Dear Dr. UMB PI Last name:

The (Foreign Subrecipient Organization) proposes to participate in a project for which University of Maryland, Baltimore (UMB) is seeking funding from the National Institutes of Health (NIH). The proposed subaward application in the amount of $\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_\_\_\_\_\_\_ for direct costs and $\_\_\_\_\_\_\_\_\_\_\_ for F&A costs), covering the period of \_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_ is for a project entitled, “*(Title of Project)*,” under the direction of (Subrecipient PI Name). A copy of our federally negotiated rate is attached to this letter [remove sentence if not applicable].

The appropriate programmatic and administrative personnel at (Foreign Subrecipient Organization) are aware of the PHS consortium grant policy as outlined in section 15 of the National Institutes of Health Grants Policy Statement and are prepared to establish the necessary inter-institutional agreement consistent with that policy should this grant be funded. (Foreign Subrecipient Organization) acknowledges and agrees to accept that the resultant agreement will require (Foreign Subrecipient Organization) provide UMB with access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report submission. Such access may be entirely electronic and the parties will determine the appropriate way for such access to be provided.

Please forward any documentation of a contractual nature to my attention.

If you should have any questions, please do not hesitate to contact me at (signatory’s phone number) or via email at (signatory’s email). Thank you for consideration of this application.

Sincerely,

Subrecipient Authorized Organizational Official Name

Subrecipient Authorized Organizational Official Title