**LETTER OF INTENT TO ESTABLISH A SUBAWARD AGREEMENT TO URI**

APPLICATION TITLE:

FUNDING AGENCY:

Cooperating Institution:

URI Investigator:

Direct Costs:

Indirect Costs:

Total Costs:

Indirect Cost rate:

Budget Period Dates:

The appropriate program and administrative personnel of each institution involved in this grant application are prepared to establish and administer the necessary subaward agreement consistent with the prime sponsor policies.

UNIVERSITY OF RHODE ISLAND

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_