



Subrecipient Letter of Intent

Subrecipient: Montana State University
 Subrecipient DUNS: 625447982
 Congressional District: MT-001
 Principal Investigator: _____
 ePCF Number: _____

OSP Contact:
 Name: _____
 Title: _____
 Phone: (406) 994-_____
 Email: _____

Pass-Through Entity: _____
 Principal Investigator(s): _____
 Project Title: _____
 Awarding Agency: _____
 Project Period: _____

| Project Costs | F&A Rate Applied | Year 1 | Total Project |
|----------------|------------------|--------|---------------|
| Direct Costs | | _____ | _____ |
| Indirect Costs | _____ | _____ | _____ |
| Total Costs | | _____ | _____ |

Cost Share Amount: (if applicable): _____

Human Subjects: _____ Vertebrate Animals: _____

The following documents are attached to this Statement of Intent:

- Statement of Work
- Detailed Budget
- Budget Justification
- Negotiated Indirect Cost Rate Agreement
- Other: _____

In the event this grant application is funded, the appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the sponsor's consortium grant policy and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

Office of Sponsored Programs

328 Montana Hall
 PO Box 172470
 Bozeman, MT 59717-2470
 www.montana.edu
 Tel: 406-994-2381
 Fax: 406-994-7951
 Email: research@montana.edu

 Signature of Authorized Official, Montana State University

 Date

 Name and Title of Authorized Official