## \*Required at the Proposal/Application Stage

## **Statement of Intent**

| Subrecipient (Sub) Legal Name:                                                                                                                                  | Pass-Through Er<br>Legal Name:     | Pass-Through Entity (PTE)<br>Legal Name: |                   | <b>Loyola University of Chicago</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|-------------------|-------------------------------------|--|
| Sub UEI:                                                                                                                                                        | PTE UEI:                           |                                          | CVNB              | L4GDUKF3                            |  |
|                                                                                                                                                                 |                                    |                                          |                   |                                     |  |
| Sub Principal Investigator:                                                                                                                                     | PTE Principal Inv                  | PTE Principal Investigator:              |                   |                                     |  |
| Sub Internal Project                                                                                                                                            |                                    | PTE Internal Project                     |                   |                                     |  |
| Identifier (optional):                                                                                                                                          | Identifier (option                 | nal):                                    |                   |                                     |  |
| Project Title:                                                                                                                                                  |                                    |                                          |                   |                                     |  |
| Prime Awarding Agency:                                                                                                                                          | Project Period:                    |                                          | Start:            | End:                                |  |
| Total Proposed Amount for Project Period: \$                                                                                                                    | Cost Sharing Am<br>Project Period: | Cost Sharing Amount for Project Period:  |                   | \$                                  |  |
| Compliance Information:                                                                                                                                         |                                    |                                          |                   |                                     |  |
| Human Subjects ☐ Yes ☐ No Vertebrate Subjects                                                                                                                   | ] Yes □ No                         |                                          |                   |                                     |  |
|                                                                                                                                                                 |                                    |                                          |                   |                                     |  |
| Administrator:                                                                                                                                                  |                                    | T                                        |                   |                                     |  |
| Sub Name/Title:                                                                                                                                                 | PTE Name/Title:                    |                                          |                   |                                     |  |
| Sub Phone:                                                                                                                                                      | PTE Phone:                         |                                          |                   |                                     |  |
| Sub Email:                                                                                                                                                      | PTE Email:                         |                                          |                   |                                     |  |
| Sub Email for Awards (if different from above):                                                                                                                 |                                    |                                          |                   |                                     |  |
| The following documents are attached to this Stateme.  ☐ Sub Statement of Work ☐ Sub Detailed Line Item Budget- In Excel. Please include calculations with form | ☐ Sub Budget Justif☐ Other:        |                                          |                   |                                     |  |
| Calculations with for                                                                                                                                           | uids                               |                                          |                   |                                     |  |
| r LUC Administrator only: VERIFIED IN SAM.GOVA completed and signed Subrecipient Assessment Fo                                                                  | rm (SAE) should be sent to LLII    | ^ Administ                               | rator hefore a S  | Juhaward can he                     |  |
| sued                                                                                                                                                            | TH (S/H) SHOULD BE SELLE TO LO     | o Marining C                             | itator before a s | abawara can be                      |  |
| is proposal has been reviewed and approved by th                                                                                                                |                                    | •                                        |                   | •                                   |  |
| impleteness. The appropriate programmatic and ad                                                                                                                | •                                  | •                                        | •                 | •                                   |  |
| the prime awarding agency's policies, agree to accord are prepared to establish the necessary inter-ins                                                         |                                    |                                          |                   | is and certification                |  |
| a are prepared to establish the necessary inter his                                                                                                             | tational agreement consistent      | . with that                              | policy            |                                     |  |
| Signature of Subrecipient's Authorized Official                                                                                                                 |                                    | Date                                     | 2                 |                                     |  |
|                                                                                                                                                                 |                                    |                                          |                   |                                     |  |
|                                                                                                                                                                 |                                    |                                          |                   |                                     |  |