



BROWN
Division of Biology
and Medicine

BioMed Research Administration
Tel: 401 863-1631/Fax: 401 863-3378

SUBRECIPIENT LETTER OF COMMITMENT

Project Title: _____

Project Period: _____

Applicant Institution Name: _____

Address: _____

City, State, Zip: _____

Applicant Institution Email: _____

Applicant Institution PI: _____

Prime Sponsor: _____

Subrecipient: **Brown University**
Office of Sponsored Projects
350 Eddy Street, Box 1929
Providence, RI 02912-9002
DUNS: 00-178-5542 Congressional District: RI-001

Brown University PI: _____

Brown Subaward Total \$: \$ _____

Brown Cost Share, if applicable: _____

This proposal has been reviewed and approved by the appropriate official of Brown University, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the awarding agency's policies, agree to accept the obligation to comply with award terms, conditions and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

The following documents are attached to this Statement of Intent and/or will be provided upon notice of award:

- STATEMENT OF WORK
- BUDGET JUSTIFICATION
- DETAILED BUDGET
- OTHER

Mary E. Norton, Director BioMed Research Administration

Date