



*The SCHOOL of MEDICINE*  
*Office of the Dean*

Date

Dear Collaborator,

Thank you for the opportunity to collaborate on the proposal as detailed below. The University of Virginia (UVA) is an institutional member of the Federal Demonstration Partnership Expanded Clearinghouse (FDP EC) project, an initiative working to standardize and streamline information needed by pass-through entities when issuing subawards or monitoring subrecipient entities. As a participant in the FDP EC project, UVA has provided extensive institutional information that is posted in our online profile at: <https://fdpclearinghouse.org/>. Our information can be viewed by searching on our DUNS 0653915260000 or Unique Entity Identifier (UEI) JJG6HU8PA4S5.

Our practice at the time of proposal submission is to provide you with a project-specific subrecipient "mini package" to include: (1) AOR-signed Authorization [this form]; (2) Scope of Work; (3) Line-item Budget; (4) Budget Justification; and (5) other application-specific documentation as requested. Please let us know if additional information is required for the proposal and we will be happy to provide it.

As an Authorized Official for the University of Virginia, I confirm that the appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy. Additionally, the University of Virginia certifies to the best of its knowledge and belief that the information provided herein is true, complete, and accurate. UVA is aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Sincerely,

Lauren B. Armstrong  
Authorized Institutional Official  
Assistant Director, Office of Grants and Contracts  
University of Virginia School of Medicine

**Project Title**

**Prime Sponsor**

**Applicant Institution**

**Applicant PI**

**UVA Investigator**

**Project Period**

**to**

**Funds Requested**

**F&A rate applied to this proposal**

**Human Subjects**

**Approval Date**

**Animal Subjects**

**Approval Date**