(UMD Departmental Letterhead)

Date

Contact Name

Organization

Address

RE: ***Subrecipient Welcome Packet***

Dear (Insert Name of Subrecipient Administrative Contact),

I am pleased with your organization’s acceptance of my invitation to participate as a Subrecipient in the upcoming research proposal titled “\_\_(Title of UMD proposal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_” on behalf of the University of Maryland (UMD). The package will be submitted to [add Federal Agency or Sponsor Name] under Announcement/Solicitation Number \_\_\_\_\_\_\_\_ on or before the due date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In order to incorporate your funding into our proposal, we require return of your Subaward Statement of Work, Cost Reimbursement Budget, and Budget Justification no later than \_\_(Due Date)\_.

The enclosed Subrecipient Welcome Packet provides important information to my Office of Research Administration as they assemble our final proposal. The packet includes the following:

a) **Subaward Commitment Form**

 This form represents your organization’s good faith commitment and confirmation as to the truth and accuracy of the information you provide. The form is to be completed, signed by an Authorized Official of your organization, and returned to the person named at the end of this letter.

b) **Direct/Indirect Costs under Federal Grants/Cooperative Agreements and Cost Reimbursement Contracts**

 This information is for use by organizations not familiar with the allowability of certain Direct and Indirect Costs under Federal Awards, and the methods for calculating indirect costs on a Modified Total Direct Cost (MTDC) or Total Direct Cost (TDC) basis.

c) **Cost Reimbursement Budget Template/Budget Justification Guidelines**

 Federal awards issued on or after 12/26/14 can only issue a Fixed Price Subaward with prior approval by the federal sponsor; therefore, to avoid the need to rebudget later, we ask that you provide a cost reimbursement budget for each project year, along with a cumulative budget for all project years, showing costs broken out by category and accompanied by a Budget Justification. (If applicable) Your budget should include a cost sharing commitment of $\_\_\_\_.

d) **Cost Reimbursement Sample Invoice**

 In the event of an award, the attached sample cost reimbursement invoice includes the required data elements and certifications for your reference.

Date

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The technical **Statement of Work** may be written by your Principal Investigator, Dr. \_\_(add name)\_\_ in a format of his/her choice and in accordance with any special requirements of the attached Program Announcement. The scope of work should clearly define the project goals, name the project personnel and their unique contributions to the effort, describe anticipated deliverables, any unique contributions, expertise, or experience which qualifies your organization for the work to be performed, and a discussion of how your project supports the overall goals of the UMD proposal.

Please email the required Subrecipient Commitment Form, Budget and Budget Justification, and Statement of Work to \_\_(Departmental Contact)\_\_, Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_, Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ no later than (Due Date). You may call\_\_ (Department Contact)\_\_\_with any questions concerning the above. We look forward to receiving your Subaward Proposal and to a productive future collaboration.

Respectfully,

Principal Investigator Name

cc: (Link to Program Announcement/Solicitation to which UMD is applying)