

**LETTER OF INTENT  
TO ENTER INTO CONSORTIUM**

Title of Application: \_\_\_\_\_

Prospective Prime Awardee Institution: \_\_\_\_\_

Principal Investigator (from Prime): \_\_\_\_\_

Prospective Consortium Institution: \_\_\_\_\_

Co-Principal Investigator (from Consortium): \_\_\_\_\_

Total Direct and Indirect costs (Consortium Current Year): \_\_\_\_\_

Total Direct and Indirect Costs (Consortium Total Project): \_\_\_\_\_

Proposed Effective Dates: (From) \_\_\_\_\_ - (To) \_\_\_\_\_

DHHS F&A Rate Agreement Date: \_\_\_\_\_ Rate: \_\_\_\_\_

Human Subjects: *yes*  *no*  *pending*  Animals: *yes*  *no*  *pending*

Assurances/Certifications: The following assurances /certifications are made and verified by the signature of the Official Signing for the Cooperating Institution. Human Subjects; Vertebrate Animals; Debarment and Suspension; Drug-Free Workplace; Lobbying; Delinquent Federal Debt; Research Misconduct; Civil Rights (Form HHS 441 or HHS 690); Handicapped Individuals (Form HHS 641 or HHS 690); Sex Discrimination (Form HHS 639-A or HHS 690); Age Discrimination (Form HHS 680 or HHS 690); Financial Conflict of Interest.

The appropriate program and administrative personnel of each institution involved in this grant application are aware of the National Institutes of Health consortium grant policy and are prepared to establish the necessary inter-institution agreement consistent with the Guidelines for Establishing and Operating Consortium Grants (January, 1989).

Consortium Principal Investigator

Consortium Institution Authorization

By (sig): \_\_\_\_\_

By (sig): \_\_\_\_\_

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_