**INSTRUCTIONS FOR COMPLETING THE STATEMENT OF INTENT FORM**

*This form should be printed on the Consortium Institution’s letter head.*

**STATEMENT OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT**

Date: *Today’s* *date*

Application Title: *Title of the application being submitted to sponsor*

Applicant Institution: *Name of the institution that will be submitting the application*

Principal Investigator: *Name of the contact PI for the application (applicant institution)*

Consortium Institution: *Name of the subaward/consortium site*

Consortium Investigator(s): *Name each of the investigators at the subaward/consortium site*

Proposed Project Period: *The dates the subaward/consortium site will be active in the application*

Total Costs: *The total cost (direct + indirect) for the entire period the subaward/consortium site will be active in the application*

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the grant policies and are prepared to establish the necessary inter‐institutional agreement(s) consistent with that policy.

Additionally, the consortium institution certifies that, if funding will be received from a PHS agency, it is registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse; has a conflict of interest policy that complies with the FCOI Regulations at 42 CFR Part 50 subpart F and 45 CFR subtitle A, Part 94;or if acting as a subcontractor to CMU, will comply with CMU’s FCOI Guidelines found at <http://www.cmu.edu/research-compliance/conflict-of-interest/forms.html>.

*Name of the subaward/consortium site*

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*Consortium site signing official's name* Date

*Title of signing official*

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Principal Investigator:

Consortium Institution:

Consortium Investigator(s):

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