STATEMENT OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT

Date:

MUSC Principal Investigator (PI):
MUSC PI Application Title:
Consortium Institution:
Consortium PI:
Consortium Institution DUNS:
Period of Support:
Support Requested:

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the NIH consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

The inter-institutional agreements will be consistent with the attached subcontract proposal which consists of a clear description of the work to be performed by the subrecipient institution along with a corresponding budget and budget justification for each budget year and entire budget period, and will take in consideration any budget recommendations by the granting agency.

Consortium Institution certifies that all its personnel involved with this project have completed training and have current disclosures of actual or potential financial conflict of interests (FCOI) in accordance with 42 CFR Part 50. Should the Consortium Institution not have its own FCOI Policy that is compliant with 42 CFR Part 50, MUSC training confirmation(s) and current disclosure form(s) are attached for each person who will be participating under the proposed consortium agreement.

(Insert Grantee Organization Name)   (Insert Consortium Institution Name)
(Prime Awardee Institution)   (Consortium Institution)

_____________________________   _____________________________
(signature)            (date)  (signature)            (date)
Principal Investigator Principle Investigator
(Insert Name)     (Insert Name)

_____________________________  _____________________________
(signature)            (date)  (signature)            (date)
Official Authorized to sign for Institution Official Authorized to sign for Institution
(Insert Name)     (Insert Name)