To be printed on Subrecipient Institution Letterhead

STATEMENT OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT

Date:

[Subrecipient Name] PI:

Application Title:

Period of Support:

Total Direct Costs: $

Total F&A Costs: $

Total Costs: $

The appropriate programmatic and administrative personnel of each institution involved in this grant application will establish written inter-institutional agreements that will ensure compliance with all pertinent Federal regulations and policies in accordance with the “PHS Grant Policy Statement for Establishing and Operating Consortium Grants”.

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, and will take in consideration any budget recommendations by the granting agency.

Medical University of South Carolina \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Prime Institution) (Consortium Institution)

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(Signature) (Date) (Signature) (Date)

Official Authorized to sign for Institution Official Authorized to sign for Institution

R. David Azbill, Assistant Director, ORSP