Letter of Intent to Establish a Federal Consortium

Title of Application: ________________________________

Applicant/Prime Institution: ____________

Principal Investigator: __

Cooperating/Sub-recipient Institution: __________

Costs requested by Cooperating Institution

Proposed Effective Date: _________________

First Budget Year ________________    Project Period: _________________

Direct Costs: ________________    Direct Costs: ________________

F & A Costs: ________________    F & A Costs: ________________

Total: ________________    Total: ________________

The appropriate program and administrative personnel of each institution involved in this grant application will establish the necessary inter-institutional agreement consistent with all applicable Federal regulations and policies. Consortium institution hereby certifies that neither it nor its principals nor those performing services under this Agreement are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participation in this transaction and have not, within the 3 year period preceding this application, been convicted of, or had a civil judgment rendered against them or had any public transaction (Federal State or local) terminated for cause or default. The Consortium institution also agrees that it is registered with the Central Contractor Registration (CCR) database, the primary registrant database for the U.S. Federal Government. The amounts shown above appear in the application; the actual amount awarded to the cooperating institution will be determined after an award is made.

Applicant/Prime Institution

Name of Institution ________________________________

DUNS ________________________________

Signature of Authorized Official ________________________________

Name & Title of Authorized Official ________________________________

Date ________________________________

Cooperating/Subrecipient Institution

Name of Institution ________________________________

DUNS ________________________________

Signature of Authorized Official ________________________________

Name & Title of Authorized Official ________________________________

Date ________________________________