

Letter of Intent to Establish a Consortium

Title of Application: _____

Applicant/Prime Institution: _____

Principal Investigator: _____

Cooperating/Sub-recipient Institution: _____

Co-Investigator: _____

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:

At both the prime and subrecipient institutions participating in this grant application, appropriate program and administrative personnel are aware of the sponsor's guidelines and policies and are prepared to establish the necessary inter-institutional agreement. 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 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

Cooperating/Subrecipient Institution

Name of Institution

Name of Institution

Signature of Authorized Official

Signature of Authorized Official

Name & Title of Authorized Official

Name & Title of Authorized Official

Date

Date