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

|  |  |
| --- | --- |
| **Title of Application:** |  |

|  |  |
| --- | --- |
| **Applicant/Prime Institution:** |  |

|  |  |
| --- | --- |
| **Principal Investigator:** |  |

|  |  |
| --- | --- |
| **Cooperating/Subrecipient Institution:** |  |

|  |  |
| --- | --- |
| **Cooperating/Subrecipient Investigator:** |  |

|  |  |
| --- | --- |
| **Proposed Effective Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Costs – First Year:** |  | **Total Costs – Project:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Direct Costs:**  |  | **Direct Costs:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **F&A Costs:** |  | **F&A Costs:** |  |

**CHOOSE ONE:**

 **FOR SUBMISSIONS TO NIH:**
The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the National Institutes of Health’s Consortium Grant Policy and are prepared to establish the necessary inter-institutional agreement consistent with the Guidelines for Establishing and Operating Consortium Grants. Furthermore, Cooperating/Subrecipient Institution certifies that statements in the application are true, complete and accurate to the best of its knowledge and it accepts the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of the application. Cooperating Institution understands that any false, fictitious or fraudulent statements or claims may subject it to criminal, civil or administrative penalties. Cooperating Institution certifies that it 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. Cooperating Institution certifies that it will promptly notify UMMC of the existence of any FCOI related to the project, and all information required to be included in an FCOI report under 42 CFR 50.605(b)(3). The amounts shown above appear in the application; the actual amount awarded to the cooperating institution will be determined after an award is made.

**FOR SUBMISSIONS TO OTHER FEDERAL SPONSORS:**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. Furthermore, Cooperating/Subrecipient Institution certifies that statements in the application are true, complete and accurate to the best of its knowledge and it accepts the obligation to comply with terms and conditions if a grant is awarded as a result of the application. Cooperating Institution understands that any false, fictitious or fraudulent statements or claims may subject it to criminal, civil or administrative penalties. 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.

**FOR SUBMISSIONS TO NON-FEDERAL SPONSORS:**
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. Furthermore, Cooperating/Subrecipient Institution certifies that statements in the application are true, complete and accurate to the best of its knowledge and it accepts the obligation to comply with the terms and conditions if a grant is awarded as a result of the application. Cooperating Institution understands that any false, fictitious or fraudulent statements or claims may subject it to criminal, civil or administrative penalties. The amounts shown above appear in the application; the actual amount awarded to the cooperating institution will be determined after an award is made.

**University of Mississippi Medical Center COOPERATING INSTITUTION**

Felicia Clerk, MBA, CPRA Name of Authorized Official

Director, Sponsored Programs Title of Authorized Official
Pre-Award Division

Date Date