

Letter of Intent to Establish a NIH Consortium

Title of Application:		
Application ID:		
Applicant/Prime Institution:	MD Anderson Cancer Center	
Principal Investigator:		
Cooperating/Subrecipient Institution:		
Collaborator:		
Collaborator Role:		

COSTS REQUESTED BY COOPERATING INSTITUTION

Proposed Effective Date: _____

First Budget Year

Direct Costs:	
F & A Costs:	
Total:	

Project Period

Direct Costs:	
F & A Costs:	
Total:	

The appropriate program and administrative personnel of each institution involved in this grant application are prepared to establish the necessary inter-institutional consortium. The institutions hereby certify that neither it nor its Investigators 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.

The subrecipient/Institution certifies that it has a Financial Conflict of Interest (FCOI) policy that conforms to 45 CFR Part 94 and 42 CFR Part 50, Subpart F and will monitor each person defined as "Investigator" whether paid or unpaid for FCOI and report to MD Anderson Cancer Center any identified FCOI(s) related to the award within 30 days of either expenditure of funds or prior to participation on the research project. If the Subrecipient is not an institution of higher education found in the United States of America, please provide a copy or link to your institution's FCOI policy.

APPLICANT/PRIME INSTITUTION

MD Anderson Cancer Center

 Name of Institution

 Signature of Authorized Official Date

Wesley R. Harrott
Assoc VP, Research Administration

 Name & Title of Authorized Official

COOPERATING/SUBRECIPIENT INSTITUTION

 Name of Institution

 Signature of Authorized Official Date

 Name & Title of Authorized Official