

**Letter of Intent to Establish Consortium**

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

**COSTS REQUESTED BY COOPERATING INSTITUTION**

**Proposed Effective Date:** \_\_\_\_\_

**First Budget Year**

Direct Costs:	
F & A Costs:	
<b>Total:</b>	

**Project Period**

Direct Costs:	
F & A Costs:	
<b>Total:</b>	

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.

**APPLICANT/PRIME INSTITUTION**

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Signature of Authorized Official                      Date

\_\_\_\_\_  
 Name & Title of Authorized Official

**COOPERATING/SUBRECIPIENT 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