

**ALBERT EINSTEIN COLLEGE OF MEDICINE  
OFFICE OF GRANT SUPPORT**

1300 MORRIS PARK AVENUE BRONX, NEW YORK 10461

**STATEMENT OF INTENT TO ENTER INTO A CONSORTIUM AGREEMENT**

For Research Proposal Entitled: \_\_\_\_\_

.....**ALBERT EINSTEIN COLLEGE OF MEDICINE  
(LEAD INSTITUTION)**

\_\_\_\_\_  
Principal Investigator Name

**CONSORTIUM INVESTIGATOR AND INSTITUTION**

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

\_\_\_\_\_  
Principal Investigator's Name (Person Months Effort)

\_\_\_\_\_  
Principal Investigator's Signature

\_\_\_\_\_  
Other Investigator(s) Name

\_\_\_\_\_  
Other Investigator(s) Name

Human Subjects:      No      Yes

IRB Approval Date: \_\_\_\_\_

Vertebrate Animals:      No      Yes

IACUC Approval Date: \_\_\_\_\_

Costs Requested for Initial Budget Period:

Costs Requested for Entire Budget Period:

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Direct Costs: \_\_\_\_\_

Direct Costs: \_\_\_\_\_

Total Costs: \_\_\_\_\_

Total Costs: \_\_\_\_\_

D H H S Agreement Date: \_\_\_\_\_

Indirect Cost Rate (%): \_\_\_\_\_

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the policies governing sub-recipients to grants awarded by \_\_\_\_\_ and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy.

**Consortium Institution**

**Albert Einstein College of Medicine**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Dhanonjoy C. Saha, PhD

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Director, Office of Grant Support

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date