

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: _____

CONSORTIUM INVESTIGATOR AND (LEAD) INSTITUTION

 Name of Institution

 Principal Investigator Name

ALBERT EINSTEIN COLLEGE OF MEDICINE

Principal Investigator's Name (Person Months Effort)

 Other Investigator(s) Name

Human Subjects: No Yes
 Vertebrate Animals: No Yes

Costs Requested for Initial Budget Period:
 From: _____ To: _____
 Direct Costs: _____
 Total Costs: _____
 D H H S Agreement Date: _____

Principal Investigator's Signature

 Other Investigator(s) Name

IRB Approval Date: _____
 IACUC Approval Date: _____

Costs Requested for Entire Budget Period:
 From: _____ To: _____
 Direct Costs: _____
 Total Costs: _____
 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.

Albert Einstein College of Medicine

Consortium Institution

 Dhanonjoy C. Saha, Ph.D.
 Typed Name
 Director, Office of Grant Support
 Title

 Typed Name
 Title

 Signature

 Signature

 Date

 Date