**Statement of Intent – Collaborating/Consortium Institution Agreement**

|  |
| --- |
| PASS THROUGH ENTITY (PTE) – Prime Organization |
| Prime Organization |  |
| PI Name |  |
| Project Title |  |
| Project Period |  |
| Funding Agency |  |
| Application # |   |
|  |
| COLLABORATING/CONSORTIUM INSTITUTION |
| Collaborating Institution |  | F&A Rate |  |
| PI Name |  | Direct Costs |  |
| PI Phone |  | F&A Costs |  |
| PI Email |  | Total Costs |  |
| PI Commons ID |  | Cost Share |  |
| UEI # |  | DUNS # |  |
| Performance Site Address |  | Congressional District # |  |
|  |
| COLLABORATING/CONSORTIUM INSTITUTION CONTACT INFORMATION – FOR AGREEMENT EXECUTION |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
|  |
| PROJECT INFORMATION | YES/NO | ASSURANCE # | APPROVAL DATE OR PENDING |
| Human Subjects |  |  |  |
| Vertebrate Animals |  |  |  |
| Biohazards |  |
| Program Income |  |

**Certifications**

*This proposal has been reviewed and approved by an authorized official who certifies to its accuracy and completeness. The appropriate programmatic and administrative personnel of each organization involved in this application are aware of the awarding agency’s policies and agree to accept the obligation to comply with award terms, conditions, certifications, and are prepared to establish the necessary inter-organizational agreement that will ensure compliance with all such policies.*

**Collaborating/Consortium Institution Authorized Official:**

**Name and Title Signature and Date**