

Statement of Intent to Establish a Consortium Agreement

Weill Cornell Medicine (WCM) Contact Information:

WCM is: Prime Recipient (PTE) Subrecipient
 WCM PI: _____
 Joan & Sanford I. Weill Medical College of Cornell University
 1300 York Avenue, Box 89
 New York, NY 10065-4805
 Email: subawards-wcmc@med.cornell.edu
 DUNS: 060217502 EIN: 13-1623978 Congressional District: NY-012

Consortium Institution Contact Information:

Consortium site is: Prime Recipient (PTE) Subrecipient
 Consortium PI: _____
 Consortium PI Dept: _____
 Institution Name: _____
 Institution Address: _____

 Central/admin email: _____
 DUNS: _____ EIN: _____ Congressional District: _____

Organization type: _____

Project Information:

Project Title: _____
 Grant Sponsor: _____ Grant Number: _____

Initial/current Budget Period: From: _____ through _____

Proposed Project Dates: From: _____ through _____

Direct Costs (Initial/Current Year):		Total Direct Costs:	
IDC (Initial/Current Year):		Total IDC:	
Total:		Total:	

Will this project require cost sharing from the Subrecipient? Yes No
 Will this project involve human subjects? Yes No
 IRB Approval: Pending Approved FWA Number: _____
 Will this project involve animal subjects? Yes No
 IACUC Approval: Pending Approved Assurance Number: _____
 Will this project involve human embryonic stem cells? Yes No
 Will this project require approval by the Institutional Biosafety Committee? Yes No
 Potential for the development of Intellectual Property is: Low Medium High

Subrecipient Budget:

1) Facilities & Administrative Rates (IDC)

- We have applied our federally negotiated F&A rate. Our negotiated rate is: ____%.
- We do not have a federally negotiated F&A rate, and have applied the 10% de minimis rate approved for institutions without a federally negotiated rate.
- We have applied other rates as indicated by the Grant Sponsor policies. Rate: ____%.

2) Fringe Benefit Rates

- Fringe benefits are calculated in a manner consistent with or lower than our federally-negotiated rate(s).
- We do not have a federally negotiated rate and have applied actual fringe benefits.
- We have applied other rates, description follows:

Conflicts of Interest:

By signing this Statement of Intent form, Subrecipient confirms that is has an active and enforced conflicts of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, "Promoting Objectivity in Research." Subrecipient will notify the PTE of any disclosed conflicts associated with the project prior to the expenditure of any funds under this agreement.

- Subrecipient Key Personnel have no conflicts to disclose.
- Subrecipient Key Personnel have conflicts associated with this application. For those at a Subrecipient Institution with conflicts to disclose, please complete an external study specific financial disclosure form, found here:

http://researchintegrity.weill.cornell.edu/conflicts_management_office/study_specific_report.html

Assurances:

In signing below and offering to participate in this research program, the Subrecipient Institution certifies that the appropriate programmatic and administrative personnel employed by Subrecipient and involved in this application are aware of the pertinent regulations and policies of the granting agency, and will work with PTE to establish the necessary inter-institutional agreement(s) consistent with those policies.

In addition, Subrecipient certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt.

For Prime Recipient Institution (PTE):

For Subrecipient Institution:

Signature _____ Date _____
Print Name: _____
Principal Investigator

Signature _____ Date _____
Print Name: _____
Principal Investigator

Signature _____ Date _____
Print Name: _____
Authorized Organizational Representative

Signature _____ Date _____
Print Name: _____
Authorized Organizational Representative