

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 it 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 and Subrecipient organization has a compliant policy in place. All potential conflicts will be reported to and managed by the Subrecipient FCOI office, who will report any necessary, reportable disclosures to the Prime Recipient at the time of award.

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