COOPERATING INSTITUTION CONSORTIUM STATEMENT

______________________________ is proposing to participate in this application as described below:

PRIME GRANTEE/CONTRACTOR ORGANIZATION:
Queens College of the City University of New York

Principal Investigator: _________________________________________________

Sponsoring Agency: _________________________________________________

Sponsor Number (if known): ____________________________________________

Project Title: ______________________________________________________________________

Initial Project Period: __________ - __________ Total Project Period: ___________ - __________

SUB-GRANTEE/CONTRACTOR:  ______

_______________________________________________

Address: _________________________________________________________________________

Their DUNS #:  ______________________________ Congressional District #: ______________

Principal Investigator: ________________________________________________________________

Phone:  __________________ Fax: _______________ Email: _______________________________

Project Title: ______________________________________________________________________

Administrative Contact Person: ________________________________________________________

Phone:  __________________ Fax: _______________ Email: _______________________________

Human Subjects: [    ] Yes [    ] No  IRB Approval Date: ________________________

Animal Subjects:  [    ] Yes [    ] No  IACUC Approval Date: _____________________

1st year Budget Period Costs:  Direct: $   F & A:  $

Total Project Period Costs:  Direct: $   F & A:  $

F & A Cost Rate:  % [   ] MTDC [   ] TDC [   ] S/W [   ] Other (Explain)

The appropriate programmatic and administrative personnel of ________________________________ involved in this grant application are aware of the __________________ consortium grant policy and will establish the necessary inter-institutional agreement(s) consistent with that policy. ________________ has implemented a written policy for Investigator Financial Disclosure and Conflict of Interest consistent with _______________ requirements.

For  _______________________________________

(subcontract organization)

____________________________ _________ ___________________________ _________

Name of Sub PI    DATE  Signing Official at Subcontract       DATE
Title      Organization