

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 Title	_____ DATE	_____ Signing Official at Subcontract Organization	_____ DATE
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