# Statement of Intent to Enter into a Consortium Agreement - Einstein as Non-Lead

For Research Proposal Entitled: _____

_____

Consortium Investigator and Institution (Lead Institution): _____
Name of Institution

Investigator Name: _____
Albert Einstein College of Medicine

_____ _____
Principal Investigator's Name (Person Months Effort) Principal Investigator's Signature

_____ _____
Other Principal Investigator's Name Other Principal Investigator's Signature

Human Subjects: ☐ Yes ☐ No IRB Approval Date: _____

Vertebrate Animals: ☐ Yes ☐ No IACUC Approval Date: _____

Costs Requested for Initial Budget Period:

From: _____ To: _____

Direct Costs: _____

Total Costs: _____

DHHS Agreement Date: _____

Costs Requested for Entire Budget Period:

From: _____ To: _____

Direct Costs: _____

Total Costs: _____

Indirect Cost Rate %: _____

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the policies governing sub-recipients to grants awarded by _____ and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy.

| Albert Einstein College of Medicine | Consortium Institution |
|---|---|
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |


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