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

For Research Proposal Entitled: _____

_____

**Albert Einstein College of Medicine (Lead Institution)**: _____
Principal Investigator Name

**Consortium Investigator and Institution**: _____
Name of Institution

_____ _____
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: Costs Requested for Entire Budget Period:

From: _____ To: _____ From: _____ To: _____

Direct Costs: _____ Direct Costs: _____

Total Costs: _____ Total Costs: _____

DHHS Agreement Date: _____ 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.

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


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