STATEMENT OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT

**Date:**

**Principal Investigator (PI):**

**PI Application Title:**

**Period of Support:** 07/01/2021-06/30/2022

**Support Requested:**

The appropriate programmatic and administrative personnel of each institution involved in this grant application will establish written inter-institutional agreements that will ensure compliance with all pertinent Federal regulations and policies in accordance with the “PHS Grant Policy Statement for Establishing and Operating Consortium Grants”.

The inter-institutional agreements will be consistent with the attached subcontract proposal which consists of a clear description of the work to be performed by the subrecipient institution along with a corresponding budget and budget justification for each budget year and entire budget period, and will take into consideration any budget recommendations by the granting agency.

Grantee Organization Consortium Institution

University of Florida (Consortium Institution)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(signature) (date) (signature) (date)

Principal Investigator Principal Investigator

Roger B. Fillingim, PhD (Insert) Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (date) (signature) (date)

Official Authorized to sign for Institution Official Authorized to sign for Institution