



## OFFICE OF SPONSORED PROGRAMS

Main (615-875-6070)

Fax (615-343-2447)

**Letter of Intent to Establish a Consortium****Title of Application:** \_\_\_\_\_  
\_\_\_\_\_**Applicant/Prime Institution:** \_\_\_\_\_**Principal Investigator:** \_\_\_\_\_**Cooperating/Subrecipient Institution:** \_\_\_\_\_**Co-Investigator:** \_\_\_\_\_**Costs requested by Cooperating Institution****Proposed Effective Date:** \_\_\_\_\_

First Budget Year: \_\_\_\_\_ Project Period: \_\_\_\_\_

Direct Costs: \_\_\_\_\_ Direct Costs: \_\_\_\_\_

F &amp; A Costs: \_\_\_\_\_ F &amp; A Costs: \_\_\_\_\_

**Total:** \_\_\_\_\_ **Total:** \_\_\_\_\_

Completion of this form signifies that this proposal has been reviewed, approved, and certified for accuracy by the appropriate institutional official. The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the awarding agency's policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy. The amounts shown above appear in the application; however, Vanderbilt University Medical Center reserves the right to negotiate terms and conditions if and when the award is made.

**Applicant/Prime Institution**\_\_\_\_\_  
Name of Institution\_\_\_\_\_  
DUNS\_\_\_\_\_  
Signature of Authorized Official\_\_\_\_\_  
Name & Title of Authorized Official\_\_\_\_\_  
Date**Cooperating/Subrecipient Institution**\_\_\_\_\_  
Name of Institution\_\_\_\_\_  
DUNS\_\_\_\_\_  
Signature of Authorized Official\_\_\_\_\_  
Name & Title of Authorized Official\_\_\_\_\_  
Date