

Statement of Intent to Establish a Consortium Agreement

Collaborating Institution Information (Subrecipient/Subaward)					
Subaward Institution:	Institution Type:	DUNS:	UEI:	EIN:	Congressional District:
Subaward Principal Investigator:		eRA Commons ID:		ORA Number:	

Applicant Information	
Name of Applicant Organization:	Applicant Principal Investigator:
Application Title:	Prime Sponsor Agency:

Project Information						
Initial Budget Period		Entire Project Period	Will this be a Fixed Amount Subaward?		Yes	No
Direct Costs			Proposed Project Start Date		Proposed Project End Date	
F&A Costs			The following are included in our Statement of Work			
Total Costs			Human Subjects: Yes	No	Recombinant DNA: Yes	No
Cost Sharing?			Animal Subjects: Yes	No	Embryonic Stem Cells: Yes	No
Yes	No					

Cognizant Agency:	DHHS	F&A rate included in this proposal is calculated based on:	If rate limitation per FOA, or Other enter applicable F&A rate
DHHS Agreement Date:	06/24/2024		
DHHS Contact:	Birol Hasan, Phone No. 214-767-3261	Fringe benefit rate included in this proposal is calculated based on:	If rate limitation per FOA, or Other enter applicable Fringe rate

The appropriate programmatic and administrative personnel of Rush University Medical Center involved in this grant application are aware of all applicable Federal regulations and policies and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy.

RUMC has an active and enforced Conflict of Interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors."

The following documents are attached to this Statement of Intent (please check all that applies)				
Sub Statement of Work (required)	Sub Detailed Budget (required)	Sub Budget Justification (required)	Biosketches for Key Personnel	Other:

Attestation and Approval

This proposal has been reviewed and approved by the appropriate official(s) of the Subrecipient and certified to its accuracy and completeness.

Signature of Authorized Official	Date:
Name and Title of Authorized Official:	Email Address:
	Phone: