



**Icahn School of Medicine at
Mount Sinai**

Grants and Contracts Office
One Gustave L. Levy Place Box 1075
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Facsimile: 212.241-3294
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STATEMENT OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT

PRIME INSTITUTION

INSTITUTION NAME & ADDRESS:
TITLE OF APPLICATION:
PD/PI NAME:
FUNDING AGENCY NAME:
FUNDING AGENCY NUMBER (if applicable):
PROPOSED PROJECT PERIOD DATES:

SUB-AWARDEE INSTITUTION

INSTITUTION NAME& ADDRESS: **Icahn School of Medicine at Mount Sinai (ISMMS)
One Gustave L. Levy Place, Box 1075
New York, New York 10029-6574**

DUNS NO.: **078861598**

SUBAWARD PD/PI NAME:

IS SUBAWARD PD/PI A MULTIPLE PD/PI? Yes No

	<u>INITIAL PROPOSED AMOUNT</u>	<u>TOTAL PROPOSED AMOUNT</u>
DIRECT COSTS:	\$	\$
INDIRECT COSTS:	\$	\$
TOTAL COSTS:	\$	\$

The appropriate programmatic and administrative personnel involved in this sponsored project application are aware of all applicable Federal regulations and policies, and will establish the necessary inter-institutional agreement(s) consistent with those policies. In signing below, ISMMS certifies that it has implemented and is enforcing the new PHS regulations on Conflict of Interest as of August 24, 2012 and is in compliance with the updated provisions of 42 CFR Part 50, Subpart F. ISMMS confirms that it participates in the FDP Clearinghouse of PHS-COI Compliant Institutions (http://sites.nationalacademies.org/PGA/fdp/PGA_070596).

ISMMS AUTHORIZING ORGANIZATION REPRESENTATIVE (AOR)

NAME:

TITLE:

TEL #: (212) 824-8300

E-MAIL: grants@mssm.edu

SIGNATURE:

DATE: