Office of Research and Sponsored Programs Phone: 419.530.2844

University of Toledo Fax: 419.530.2841 Fax:

Mail Stop 944 E-mail: researchAdmin.MC@utoledo.edu

2801 W. Bancroft St.

Toledo, Ohio 43606-3391

**Statement of Intent to Establish a Subaward/Consortium Agreement**

|  |  |
| --- | --- |
| **Prime Organization Name** | **University of Toledo**  |
| Prime PI |  |
| Project Title |  |
| Sponsor Name |  |
| Entire Project Period Dates |  |

|  |  |
| --- | --- |
| **Subrecipient Organization Name** |  |
| DUNS Number |  |
| Performance Site(street, city, state, 9-digit ZIP) |  |
| Congressional District |  |
| Subrecipient PI |  |
| Subrecipient costs (first year) | **Direct:** | **F&A:** | **Total:** |
| Subrecipient costs (all years) | **Direct:** | **F&A:** | **Total:** |

|  |  |
| --- | --- |
| **Subrecipient Administrative Contact** |  |
| Telephone |  |
| E-mail |  |
| Fax |  |

Conflict of Interest: The above-named subrecipient certifies that it has in effect an up-to-date, written, and enforced policy on financial conflicts of interest that complies with 42 CFR Part 50 to identify, manage, reduce or eliminate financial conflicts of interest with respect to all research projects. Additionally, subrecipient will report all identified financial conflicts of interest to the prime organizations administrative representative no later than the time of application and within 45 days of any subsequently identified financial conflict of interest.

The appropriate programmatic and administrative personnel involved in this grant application at this organization are aware of the above-named sponsor’s consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

Subrecipient Organization Authorized Official

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

Typed name:  Date

Title: