

# WAYNE STATE UNIVERSITY

## SPONSORED PROGRAM ADMINISTRATION

DATE:

### LETTER OF INTENT TO ENTER INTO A CONSORTIUM AGREEMENT

Title of Application:

Proposed Period of Performance: \_\_\_\_\_ to \_\_\_\_\_

Total Proposed Amount:

Recipient Investigator(s):

Legal Entity Name and Address:

Sub-Recipient Investigator(s):

Legal Entity Name and Address:

DUNS Numbers: WSU - 001962224; Other Party - \_\_\_\_\_

Prime Sponsor:

Are Animals Applicable to proposed project      Yes      No

Are Humans Applicable to proposed project      Yes      No

### SECTION A – PROPOSAL DOCUMENTS

The following documents are included in our proposal and were prepared in compliance with the prime sponsor's solicitation guidelines

Statement of Work

Budget

Budget Justification

Other proposal documents as required by the solicitation

Federally negotiated rate agreement (if applicable)

## SECTION B – CERTIFICATIONS

1. Facilities & Administrative (F&A) Rates included in the proposal have been calculated based on :

Our federally negotiated F&A rate  
Other Rate (Please explain)

Not Applicable ( No F&A cost )

2. Conflict of Interest – Please select one of the following:

My organization **DOES HAVE** a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

We are registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse: [http://sites.nationalacademies.org/PGA/fdp/PGA\\_070596](http://sites.nationalacademies.org/PGA/fdp/PGA_070596).

My organization **DOES NOT HAVE** a PHS-compliant Financial Conflict of Interest (FCOI) policy.

My organization agrees to rely on Wayne State's University's FCOI policy and procedures to comply with PHS Conflict of Interest regulations.

Note: Organizations checking this option are required to follow WSU's FCOI policies: <http://research.wayne.edu/coi/index.php>

3. Assurance

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. Each organization involved in this grant is aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy. I am aware that any fake, fictitious, or fraudulent statements or claims may be subject me to criminal, civil or administrative penalties.

### **Debarment, Suspension, and Other Responsibility Matters**

Organization certifies by signing this Application that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Please Print the name and contact information of the Authorized Representative

Signature of Authorized Subrecipient Representative

Signature Date: