

## **Office of Sponsored Programs**

Name & Title of Authorized Official

Main (713-792-3220) Fax (713-794-4535)

	l	etter of Inten	t to Establish ar	NIH Conso	rtium		
Title of Application:							
Ар	plication ID:	,					
Ар	plicant/Prime Inst	itu <u>tion:</u>					
Pri	ncipal Investigator	r:					
Co	operating/Subreci <sub>l</sub>	pient Institution:	MD Anderson Cance	r Center			
Collaborator:							
Co	llaborator Role:						
		COSTS REQUE	STED BY COOPERATION	NG INSTITUTIO	N		
	Propose	d Effective Date:					
First Budget Year				Project Period			
			]	Direct			
	Direct Costs:			Costs:			
	F & A Costs:			F & A Costs:			
	Total:			Total:			
to et Inve deba trans rend amo dete	establish the necess estigators nor those earment, declared inelessaction and have not lered against them counts shown above a rmined after an awar subrecipient/Institut 94 and 42 CFR Part COI and report to Mi	ary inter-institutional performing services using igible, or voluntarily experienced, within the 3 year performed any public transpear in the applicated is made.  It is made.  Journal of the performed is that it has been soon cartifies that it has been cancer to and any performed in the performance of the performanc	ersonnel of each instituted consortium. The instituted consortium. The instituted consortium. The instituted consortium in the instituted consortium in the actual amount of the consortium in the consortium in the research project.	atitutions hereby are presently deb al department or ication, been con- e or local) terminant awarded to the of Interest (FCOI) defined as "Inver- oi(s) related to the	certify that no parred, suspend agency from pa victed of, or had nated for cause e cooperating in policy that con stigator" whether	either it nor its ed, proposed for rticipation in this I a civil judgment or default. The institution will be aforms to 45 CFR er paid or unpaid	
APPLICANT/PRIME INSTITUTION  Name of Institution			MD	COOPERATING/SUBRECIPIENT INSTITUTION  MD Anderson Cancer Center  Name of Institution			
Sign	ature of Authorized (	Official Date	Signa	ture of Authorized	d Official	Date	
				ey R. Harrott	dministration		

Name & Title of Authorized Official