

LETTER OF INTENT TO ENTER INTO CONSORTIUM AGREEMENT

**Project Title:**  
**Sponsor (FOA#):**  
**Direct Awardee Institution:**  
**Direct Principal Investigator:**  
**Consortium Institution:** The University of North Texas Health Science Center  
**Consortium Investigator:**  
**Project Period:**  
**Total Funds Requested (Direct and Indirect Costs):**

The appropriate programmatic and administrative personnel of each institution involved in this grant application are prepared to establish the necessary inter-institutional agreements to govern this Consortium activity.

Further, the Consortium Institution certifies 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. The Consortium Institution also certifies that it is in compliance with all relevant regulations including but not limited to Drug Free Workplace Act, and that assurances are on file for Civil Rights, Handicapped Individuals, Sex Discrimination and Age Discrimination.

The Consortium Institution certifies that it has a compliant conflict of interest policy which conforms to the requirements of all applicable regulations, including but not limited to those set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F. Prior to the expenditure of funds and within 30 days of any subsequently identified financial conflict of interest, the Consortium Institution will report to the Direct Institution any identified financial conflict of interest related to the award, and provide an indication whether the conflict has been managed.

When applicable, the Consortium Institution must comply with 45 CFR Part 46, Protection of Human Subjects, the Policy on Education in the Protection of Human Subjects, and the Policy for the Humane Care and Use of Laboratory Animals.

DIRECT INSTITUTION:

CONSORTIUM INSTITUTION

\_\_\_\_\_

\_\_\_\_\_  
Aseret Garcia, Director,  
Office of Sponsored Programs

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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THE UNIVERSITY *of* NORTH TEXAS  
HEALTH SCIENCE CENTER *at* FORT WORTH

**3500 Camp Bowie Blvd., Fort Worth, TX 76107 | unthealth.edu**