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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prime Organization Name: | Texas Tech University | | | | | |
| Prime PI: |  | | | | | |
| Project Title: |  | | | | | |
| Sponsoring Agency Name |  | | | | | |
|  |  | | | | | |
| Subaward/Consortium Organization Name: |  | | | | | |
| DUNS Number: |  | | | | | |
| Performance Site Address:  (street, city, state) |  | | | | | |
| 9-digit Zip Code: |  | | Congressional District: | | |  |
| Subaward/Consortium PI: |  | | | | | |
| Entire Project Period Dates: |  | | Total Costs: |  |  | |
| Direct Costs: |  |  | F&A Costs: |  |  | |
| Cost Sharing (if required) |  |  | | |  | |
|  |  | | | | | |
| Subaward/Consortium Administrative Contact: |  | | | | | |
| Telephone: |  | | | | | |
| Email: |  | | | | | |

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

**Subaward / Consortium Organizational Authorized Official**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Signature | |  | Date |
|  | |  |  |
| Name: |  | | |
| Title: |  | | |