

# STATEMENT OF INTENT to establish a consortium agreement with Boston Medical Center

PASS THRU ENTITY (PTE) – Prime Institution												
Prime PI												
Prime Institution												
Project Title												
SUBRECIPIENT												
Cooperating Inst.												
PI Name						ERA Commons ID						
PI Phone				PI Fax		PI E-Mail						
Initial Project Period		to		Direct Costs		MTDC		IDCs		Total Costs		F&A rate
Entire Project Period		to		Direct Costs		MTDC		IDCs		Total Costs		F&A rate
BUSINESS CONTACT INFORMATION												
Name												
Address												
Bus. Phone				Bus. Fax		Bus. E-Mail						
SAM UEI		EIN/TIN		Cong. Dist.#		Inst. Type:						
PROJECT INFORMATION		YES/NO		ASSURANCE #				APPROVAL DATE OR PENDING				
Human Subjects												
Vertebrate Animals												
Human Embryonic Stem Cells												
Inventions And Patents <i>(For Renewal Applications)</i>												
Program Income												

## CERTIFICATIONS

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the PHS-NIH consortium grant policies and are prepared to establish the necessary inter-institutional agreements consistent with those policies. In signing below, the Cooperating Institution certifies it has implemented and is enforcing a written policy of conflicts of interest consistent with the provisions of 42 CFR Part 50, Subpart F & 45 CFR Subtitle A, Part 94.

In signing below and offering to participate in this research program, the Cooperating Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Extension Act of 1985 (Public Law 99-158); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research. The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the PHS-NIH consortium grant policies and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

*In signing below, the Cooperating Institution certifies (select one):*

It has implemented and is enforcing a written policy of conflicts of interest consistent with the provisions of 42 CFR Part 50, Subpart F & 45 CFR Subtitle A, Part 94. If a conflict is identified by the Cooperating Institution during the period of the award contemplated under this agreement, the Cooperating Institution will report to the Prime Awardee the existence of the conflict, including the grant title, PI (if different from the investigator with the financial interest) and the specific method the Cooperating Institution adopts for addressing the conflict (managing, reducing, or eliminating it). The Cooperating Institution will rely on the Prime Awardee to report the existence of the conflict to NIH.

Subrecipient Organization/Institution does not have an active and/or enforced conflict of interest policy, but is in the process of creating a financial conflict of interest policy compliant with federal regulations 42 CFR Part 50, Subpart F and 45 CFR Subtitle A, Part 94 (a Model Policy will be provided upon request) prior to funding.

Subrecipient Organization/Institution does not have an active and/or enforced conflict of interest policy and will adopt Boston Medical Center's (Prime Recipient) FCOI Policy. All subrecipient "Investigators," or, any person, regardless of title or position, who is responsible for the design, conduct, or reporting of research, as defined by Boston Medical Center policy, prior to submission of the research proposal application, will complete a disclosure via Boston Medical Center's COI disclosure system. For access, contact COI at [Compliance@bmc.org](mailto:Compliance@bmc.org).

## COOPERATING INSTITUTION BUSINESS OFFICIAL

Name:

Title:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# STATEMENT OF WORK

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Should not exceed 4,000 characters for DHHS/NIH awards subject to FFATA.

## Subaward Institutional Questionnaire

(if FDP member, please complete only the highlighted sections)

If this is your first time contracting with BMC, please send a completed [W-9 Form](#) and your federal rate agreement (or provide links:)

Legal Institution Name			
Unique Entity Identifier/UEI		EIN/TIN	
FWA Assurance Number		OLAW Assurance No.	
Federal F&A/IDC Rate		Fringe rate(s)	
Federal Agreement Date			
Cognizant Agency			
Legal Address			
Congressional District		County / Parish	
Authorized Official			
Title of Official			
Department		Division	
Phone		Fax	
Central e-mail			
Institution Type			
Subaward PI Name			
Degrees			
PI Academic Title			
eRA Commons Username			
PI Phone		Fax	
PI e-mail			
PI Department		Division	
Performance site address			
PI's assistant/grant manger		Phone	
Assistant/GM e-mail			
Explanation notes			