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

Date:

Application Title:

Proposed Project Period:

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the National Institutes of Health consortium grant policy and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy.

University of Alberta

**(Consortium Institution) (Grantee Institution)**

Principal Investigator (Date) Principal Investigator (Date)

Authorized Admin Official (Date) Authorized Administrative Official (Date)