**PRESIDENT’S RESEARCH FUND (PRF)**



**Application Form: Subaward Intent to Establish a Consortium**

*\* The Administrative PI of the PRF application prepares this Form in collaboration with each Subrecipient*

*\* The Form must be signed by an \*Authorized Signatory Official of the Subrecipient.*

**Saint Louis University (SLU) Principal Investigator (PI, with administrative responsibility)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Division | School/College/Center | SLU Email |
| [First] | [Last] | [Division] | [School/College/Center] | [identity]@slu.edu |

**SLU Proposal Title**

[PRF Application Title]

**Subrecipient Business Name and Address**

[Subrecipient/Consultant Business Name], [Business Address]

**Subrecipient Scope of Work** *Describe specific tasks to be completed and deliverables to be performed estimating specific*

*delivery dates as applicable. For Consultants ONLY, describe professional expertise in addition to describing the work to be performed. If additional space is needed, please attach an additional page. However, please note that only the first page will be shared with PRF Peer Reviewers. A SLU Scope of Work [template](http://www.slu.edu/Documents/research/ORDS/Scope_of_Work_Guidelines.docx) is also available for reference.*

**Subrecipient Budget** *All budgeted items below must be itemized. For Consultants ONLY, an hourly or daily rate may be proposed. If additional space is needed, please attach an additional page. However, please note that only the first page will be shared with PRF Peer Reviewers.*

|  |  |  |
| --- | --- | --- |
| Description | Amount | Narrative Justification |
| Wages | 0 | [itemized narrative justification] |
| Fringe Benefits | 0 | [itemized narrative justification] |
| [Other] | 0 | [itemized narrative justification] |
| **TOTAL** | **0** |  |

***Intent to Establish Consortium***

*I. [SUBRECIPIENT] intends to collaborate with Saint Louis University (SLU) on the Scope of Work above.*

*II. A period of performance beginning March 1, 2016 and ending February 28, 2017 is anticipated to be funded by SLU*

*as detailed in the budget above.*

*III. If this Proposal is awarded funding, [SUBRECIPIENT] will provide any current notices of approval for any and all animal and/or human subjects protocols which may apply to this proposal, and documentation of human subjects education certification for individuals working on the related human subjects protocols. Awarded funds will not be released until the documentation is provided.*

*IV. [SUBRECIPIENT] will assure full compliance with award terms and conditions, as well as the regulatory and administrative requirements of SLU and any government entity with authority and jurisdiction in said matters.*

*V. The appropriate programmatic and administrative personnel of [SUBRECIPIENT] are aware of SLU’s consortium grant and contract policies and are prepared to establish the necessary agreement consistent with that policy.*

*[SUBRECIPIENT BUSINESS NAME]*

*Authorized\* Signature: [Authorized Signature of Subrecipient] Date Received for Review: 10/15/2015*

*Signature Date: 10/15/2015*

[Full Name], [Title], *Authorized Signatory Official of the Subrecipient*

[Email Address], [Phone Number]

***Complete, signed forms are due on the application deadline.***

***Late, incomplete, or unsigned Forms will NOT be accepted for review.***

*\*For questions regarding this Form, please contact the Office of Research Services at* [*ords-int@slu.edu*](mailto:ords-int@slu.edu) *or (314) 977-7742. We*

*strongly recommend contacting us with any questions well in advance of the January 15 submission deadline.*

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