

**COOPERATING INSTITUTION CONSORTIUM STATEMENT FOR FEDERAL/NON-FEDERAL SPONSORS**

The University of Rhode Island proposes to participate in this application as described below.

**PRIME GRANTEE/CONTRACTOR:**

Principal Investigator: \_\_\_\_\_

Sponsor Agency \_\_\_\_\_

Project Title: \_\_\_\_\_

**SUB-GRANTEE/CONTRACTOR:** University of Rhode Island

University of Rhode Island PI: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project/Subproject Title: \_\_\_\_\_

Period of Performance: From: \_\_\_\_\_ To: \_\_\_\_\_

Current Year

Entire Project

University of Rhode Island Direct Cost: \_\_\_\_\_

University of Rhode Island F & A: \_\_\_\_\_

University of Rhode Island Total Cost \_\_\_\_\_

Human Subjects No \_\_\_\_\_ Yes \_\_\_\_\_ IRB Approval Date: \_\_\_\_\_

Animal Subjects No \_\_\_\_\_ Yes \_\_\_\_\_ IACUC Approval Date: \_\_\_\_\_

The appropriate program and administrative personnel of the University of Rhode Island (URI) involved in this application are aware of the sponsoring agencies guidelines and are prepared to establish the necessary inter-institutional agreement(s). URI makes all applicable assurances/certifications and has implemented a written policy for Investigator Financial Disclosure and Conflict of Interest consistent with PHS and NSF requirements.

University of Rhode Island

\_\_\_\_\_  
Project Director

\_\_\_\_\_  
Sponsored Projects Office

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date