

COOPERATING INSTITUTION CONSORTIUM STATEMENT

The University of Connecticut Health Center proposes to participate in this application as described below.

PRIMARY GRANTEE ORGANIZATION	
Prime Grantee Organization:	
Principal Investigator:	
Sponsor Agency Funding This Award:	
In Response To Funding Opportunity/Announcement:	
Project Title:	
Period of Performance: From:	To:
Administrative Contact Name:	Email:

SUB-GRANTEE: University of Connecticut Health Center	
UCHC Principal Investigator:	
Department and Org. #:	
Phone:	Email:
Period of Performance: From:	To:
Institutional Information: DUNS: 022254226 Congressional District: CT-005 F&A Rate:	

UCHC COSTS:	First Year	Entire Project
UCHC Direct Costs:		
UCHC F&A:		
UCHC Total Costs:		

ASSURANCES:			
Human Subjects:	NO	YES	Human Subjects Assurance Number: 00006064
Animal Subjects:	NO	YES	Animal Welfare Assurance Number: A3471-01

REQUIRED DOCUMENTS HAVE BEEN SUBMITTED:								
Budget:	NO	YES	Budget Justification:	NO	YES	Scope of Work:	NO	YES

The appropriate programmatic and administrative personnel of the University of Connecticut Health Center (UCHC) involved in this application are aware of the PHS Consortium grant policy and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy. UCHC 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.

UCHC Principal Investigator (Date)

Paul Hudobenko, Director, Sponsored Programs Services

UCHC LOG:

Sponsored Program Services

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