

Date:

Application Title:

Proposed Project Period:

On behalf of Louisiana State University Health Sciences Center - New Orleans (LSUHSC-NO) and the University of XXX (U of X), the undersigned are pleased to endorse the above referenced proposal.

This letter certifies that neither LSUHSC-NO nor U of X is delinquent on any federal debt, nor is either institution presently debarred, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by a Federal department or agency.

This letter further certifies that both LSUHSC-NO and U of X have valid Dun & Bradstreet (D&B) Universal Numbering System (DUNS) numbers.

Both LSUHSC-NO and U of X certify that they are in compliance with 42 CFR Part 50.604 and currently maintain up-to-date, written, enforced policies on financial conflicts of interest (FCOIs). Each agrees to follow said policies throughout the life of the award. It is further certified that all study personnel have completed, or will complete prior to the expenditure of PHS funds, if applicable, the appropriate disclosures in accordance with their respective FCOI policies. Identified FCOIs will be made available to the grantee institution upon request.

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the pertinent Federal regulations and policies and are prepared to establish written inter-organizational agreements that will ensure compliance with all such policies.

University of X

(Consortium Institution)

(Signature) (Date)

Type Consortium PI Name Here
Principal Investigator (Type Name)

(Signature) (Date)

Type Consortium Authorized Official Name Here
Official Authorized to Sign for Institution

Louisiana State University Health Sciences Center -
New Orleans

(Grantee Institution)

(Signature) (Date)

Type Grantee PI Name Here
Principal Investigator

(Signature) (Date)

Type Grantee Authorized Official Name Here
Official Authorized to Sign for Institution