**CONSORTIUM/CONTRACTUAL ARRANGEMENTS AND PERSONNEL BUDGET**

* *Edit or delete text in blue italics as applicable for your project.*
* *If applicable, also include a justification for any significant increases or decreases in the number of modules from the initial budget period.*

*Under the Modular Guidelines, subcontracts should be listed under the “Consortium” header with the following information for each:*

* *Estimate of Total Costs (Direct plus F&A) rounded to the nearest $1,000.*
* *List ALL personnel within the Consortium/Contractual arrangements and include names, number of person months devoted to the project (indicate academic, calendar, and/or summer) and roles on the project.* ***No individual salary information should be provided****.*
* *Whether each collaborating Institution is foreign or domestic should be indicated.*

The awardee organization (Legacy Emanuel Hospital & Health Center – Legacy Research Institute) and the below named organization(s) intend to enter into a contractual agreement to carry out the tasks related to the proposed research. All organizations have experience in the coordination of multiple collaborators.

Each consortium site PI is responsible for ensuring proper conduct of the project and will communicate regularly via email, telephone and/or video conference with the Legacy Principal Investigator in order to provide updates and progress assessments. Cohesion in scientific direction will be accomplished by regular meetings by the PIs to ensure integration of the Aims. The PIs have a well-established collaboration, and our past success provides evidence that our team will continue to successfully integrate the proposed experiments and achieve the proposed Aims.

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the NIH grant policy and are prepared to establish the necessary inter-institutional agreement(s) consistent with that policy and with the policies of each institution. A formalized agreement whereby the specific level of effort from the consortium organizations and a categorical breakdown of costs such as personnel, supplies, and other allowable expenses including F&A will be executed. We understand and acknowledge that NIH may request additional information before the award and may place a special condition(s) on the award.

**ORGANIZATION NAME *(Domestic/Foreign Organization)****Repeat this title and the following info for each subawardee*

**Total requested costs rounded to the nearest $1,000: $XX,XXX**

**Consortium site PI: Name**

**Senior/Key Personnel:**

**Name – Project Role *(e.g. Co-Investigator, etc.)* (Effort: X.XX calendar months)**

*Describe what this person will be doing for the project. Include effort but not salary requested.*

**Other Personnel:** *(OSCs and all others)*

**Name – Project Role *(e.g. Research Assistant, etc.)* (Effort: *X.XX* calendar months)**

*Describe what this person will be doing for the project. Include effort but not salary requested.*

**IMPORTANT:**

*The modular budget justification for your Data Management and Sharing Plan should be detailed in the ‘Additional Budget Narrative’ attachment. If no costs are requested, this should also be stated in the Additional Budget Narrative attachment.*