



Office of Sponsored Programs  
201 Mullica Hill Road  
Glassboro, NJ 08028  
(856) 256-4057

## STATEMENT OF INTENT TO COLLABORATE

Primary Institution:

Principal Investigator:

Collaborating Institution:

Collaborating Principal Investigator:

Grant Mechanism:

Grant Application Title:

Project Period: \_\_\_\_\_ to \_\_\_\_\_

Amount:

Will Collaborating University Cost Share: Yes  No

Scope of Work:

**The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the intent to collaborate and are prepared to establish the necessary inter-organizational agreement(s) in the event of an award.**

**Primary Institution**

**Collaborating Institution**

\_\_\_\_\_  
Organizational Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organizational Rep

\_\_\_\_\_  
Date