**To be completed by each participating institution**

*All team members listed in the Team Summary Table—including unfunded collaborators—must submit this form. Multiple members from a single institution may be listed serially on a single form*.

**Duplicate the page for additional template as needed.**

|  |  |
| --- | --- |
| ***CORDAP STATEMENT of INTENT(SoI) TO COLLABORATE 2024*** | |
| ***Investment(Project) Type*** |  |
| ***Proposal Title*** |  |
| ***Applicant Name*** | ***Enter Your name here*** |
| ***Applicant Organization*** |  |
| ***Lead Applicant Name*** | ***Enter the name of the Proposal Lead Applicant here*** |
| ***Lead Organization*** | ***Enter the name of the Lead Applicant’s Organization*** |

This form should be signed by a participating organization’s Authorized Institutional Representative ( AIR, an individual(s) who can represent, commit and legally bind the organization on applications or proposals submitted to sponsors and to represent the organization in negotiations for and administration of sponsored programs and their associated activities) is be signing this undertaking on behalf of the host institution.

* The AIR must be in a position to guarantee space and resources at the organization for the duration of the award;
* The AIR must have the administrative authority to sign up to the CORDAP’s Award Terms and Conditions

*This Statement of intent is required from all participating organizations. All applicant SoI’s should be combined and submitted as a single PDF upon submission of a Full Proposal.*

*In case of an award, the funds will be transferred to the Organization of the Lead Applicant. All the participating organizations will be required to enter into a Consortium Agreement for fund disbursement before activation of the award. Additionally, all participating institutions must have the capacity to receive and administer the funds received, including having a proper team in place to monitor spending and ensure compliance with financial regulations.*

**Key Terms:**

We confirm that

* To the best of my knowledge, the information provided in this application is accurate and complete, and we agree to inform CORDAP of any changes to this information.
* We agree to negotiate and sign a Consortium Agreement if the Project is awarded, subject to negotiation.
* We agree to abide by CORDAP’s Terms and Conditions.
* We agree to abide by CORDAP’s Intellectual Property principles and conditions.
* The necessary facilities will be made available to conduct the research/activities funded by CORDAP and will continue to be made available for the duration of the grant.
* The Applicant and Applicant’s Organization must ensure that, before the research commences and for the full award duration, all the necessary ethical, legal and regulatory requirements in order to conduct the research are met, and all the necessary licences and approvals have been obtained.
* If any funded activities are to be carried out in a third country, the Organization must ensure that all activities are carried out with the free, prior, and informed consent (FPIC) of any affected communities and in the spirit of their own Organization and national regulations. They must comply at all times with the relevant laws and regulations in the host country.

Cost Share: Please outline any commitments/contributions you agree to make to this project beyond usual supporting infrastructure, space and utilities. (Limit 500 words)

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | | | | | | | | | |
| **Name** | | **Title** | | **Signature** | | | | **Date** | |
|  | |  | |  | | | |  | |
| **Authorized Institutional Representative at participating Organization** | | | | | | | | | |
| **Name (*Last, First)*** | | | **Title** | | | **Signature** | | | **Date** |
|  | | |  | | |  | | |  |
| **Telephone** |  | | | | **Email** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Institutional Agreement Negotiator (if different than above)** | | | |
| **Name (*Last, First)*** |  | | |
| **Telephone** |  | **Email** |  |