**Consortium/Contractual Arrangements**

**INSTRUCTIONS:**

*Instructions are taken directly from the* [*NIH SF424 Application Guide*](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/general-forms-d.pdf)*. For internal use only, do not distribute. Please delete prior to submission.*

**Format:** No page maximum, 11pt font or larger (suggest fonts - Arial, Garamond, Georgia, Helvetica, Palatino Linotype, Times New Roman, Verdana), at least 0.5” margins, single column formats are highly encouraged. Attach this information as a PDF file.

**Content:**

**Who must complete the “Consortium/Contractual Arrangements” attachment:** Include a “Consortium/Contractual Arrangements” attachment if you have consortiums/contracts in your budget.

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

Note: The signature of the authorized organization representative in R.200 - SF 424 (R&R), Authorized Representative signifies that the applicant and all proposed consortium participants understand and agree to the following statement:

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency’s consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

Dr. Santillana will provide guidance on the development of new dengue monitoring and forecasting models in Honduras integrating different data sources. Specifically, his team will work in collaboration with Dr. Colubri's team to integrate (aggregated and de‐identified) data from multiple (inter‐connected) platforms designed to collect diagnostics and epidemiological data from both the point of care and from participatory syndromic surveillance tools.

• We will be designing and implementing machine‐learning approaches to create a disease monitoring and disease forecasting prototype capable of estimating Dengue activity weeks ahead of government‐lead healthcare‐based traditional reports.

• We will collect data from multiple data streams that may include: Dengue‐related Google search activity, weather information, historical Dengue activity.

• In collaboration with Dr. Colubri's team we will make sure the data collected from the syndromic surveillance tools as well as point‐of‐care platforms are transferred so that no individual human information is exposed.