



This form does not constitute a contract

PRIME INSTITUTION:

Legal/Corporate Name: _____

Principal Investigator: _____

Full Street Address: _____

Department: _____

Registered in SAM? Y N Congressional District: _____

SUBCONTRACT INSTITUTION:

Legal/Corporate Name: _____

Principal Investigator: _____

Full Street Address: _____

DUNS: _____ EIN: _____

Small Business? Y N CAGE Code: _____

Prime Funding Agency: _____

Flow-thru: _____

Title of Project: _____

Proposed Project Period Start Date: _____

Proposed Project Period End Date: _____

Initial Budget Period Start Date: _____

Initial Budget Period End Date: _____

Estimated Total Costs (Direct and Indirect): (Please provide DHHS rate agreement)

First Year Direct: \$ _____

First year Indirect: \$ _____

Total Costs: \$ _____

Project Total Direct: \$ _____

Project Total Indirect: \$ _____

Project Total: \$ _____

Human Research Subjects: Y N IRB Approval: Pending Approval Date _____

Laboratory Animals: Y N IACUC Approval: Pending Approval Date _____

Recombinant DNA Y N Environmental Health & Safety Approval: _____

Stem Cells: Y N If Yes, please indicate Human, Embryonic, Animal _____

Type of Subaward:

Fixed Fee: Y N Cost Reimbursable: Y N Per Patient: Y N Cost per Patient: \$ _____

AUTHORIZED OFFICIAL:

Name: _____ Title: _____

Address: _____

Email Address: _____ Telephone Number: _____

We agree to abide by the primary funding source's policies and are prepared to negotiate the necessary inter-institutional agreements consistent with those policies.

SIGNATURES:

Authorized Official: _____ Date: _____