



Intercampus Subaward Agreement

1. Agreement Units:

Prime Recipient Unit: Medical Sciences Campus	Subawardee Unit:
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2. Grant Information:

Agency:	Pass-through Entity (PTE):
Name of Award:	Subaward Number:
PTE Award Number:	CFDA Number:

3. Intercampus Subaward Information:

Amount funded this Action:	Period of Performance (mm/dd/yyyy):	From:	To:
Intercampus Estimated Project Period:	From:	To:	Scope of Work:

4. Comments: (may include information as billing terms, audits requirements, contact names, required reports, others)

5. List of Attachments: (may include detailed budget, grant, statement of work, others)

6. Certification:

Prime Recipient Campus	Intercampus Subawardee
Principal Investigator	Principal Investigator
Signature _____ Date (mm/dd/yyyy)	Signature _____ Date (mm/dd/yyyy)
Name _____	Name _____
Finance Director	Finance Director or Authorized Representative
Signature _____ Date (mm/dd/yyyy)	Signature _____ Date (mm/dd/yyyy)
Name _____	Name _____
Chancellor	Chancellor
Signature _____ Date (mm/dd/yyyy)	Signature _____ Date (mm/dd/yyyy)
Name _____	Name _____