

Attachment 3B
Research Subaward Agreement

Subaward Number:

Subrecipient Contacts

Institution/Organization ("Subrecipient")

Name:

Address:

City: State: ZipCode + 4:

EIN No.: Institution Type: Reg. in CCR? Yes No

Performance Site Same Address as Above? DUNS No.: Congressional District: Congressional District:

Yes No If No, complete Sect. C of Attachment 4A

Administrative Contact

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email:

Principal Investigator

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email:

Financial Contact

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email:

Authorized Official

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email: