

# Intercampus Subaward Agreement



**1. Agreement Units:**

Prime Recipient Unit: \_\_\_\_\_ Subawardee Unit: \_\_\_\_\_

**2. Grant Information:**

Agency: \_\_\_\_\_  
Name of Award: \_\_\_\_\_  
Award Number: \_\_\_\_\_ CFDA Number: \_\_\_\_\_

**3. Intercampus Subaward Information:**

Amount (\$\$\$): \_\_\_\_\_ Period (mm/dd/yyyy): 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**

**Principal Investigator**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Date (mm/dd/yyyy)

**Finance Director**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Date (mm/dd/yyyy)

**Intercampus Subawardee**

**Principal Investigator**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Date (mm/dd/yyyy)

**Finance Director or Authorized Representative**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Date (mm/dd/yyyy)

**Chancellor**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Date (mm/dd/yyyy)