

Attachment 3A
Research Subaward Agreement
Pass-Through Entity (PTE) Contacts

Subaward Number:

Pass-Through Entity (PTE)

PTE Name:

Address:

City:

State:

Zip Code+4:

Zip Code [Look-up](#)

PTE Administrative Contact

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

COI Contact email (if different to above):

PTE Principal Investigator

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

PTE Financial Contact

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Email invoices? Yes No Invoice email (if different):

Invoice Address (if different):

PTE Authorized Official

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Central email: