

**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: