## AGREEMENT TO TRANSFER EXTRAMURAL FUNDSBETWEEN UW INSTITUTIONS

|  |  |
| --- | --- |
| **Agreement Number** |  |

|  |  |
| --- | --- |
| Recipient | UW- |
| Recipient Principal Investigator |  |
| Subrecipient | UW- |
| Key Person of Subrecipient |  |
| Sponsor |  |
| Period of Performance |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is this an award of Federal funding? | Yes |  |  | No |  |
|  If Yes: |  |  |  |  |  |
|  Award # |  |
|  CFDA# |  |
|  Project Title |  |
|  Prime Award Date |  |
|  Prime Award Amount |  |

This Agreement is entered into in order to specify the terms and conditions under which Recipient and Subrecipient will participate in the conduct of a project funded by Sponsor.

**Technical Direction:** The Recipient Principal Investigator will retain technical direction of the project. The Key Person of the Subrecipient is considered essential to the work.

**Scope of Work:** The Subrecipient shall supply all of the necessary personnel, equipment, and materials to accomplish the tasks set forth in **Appendix A**.

**Limitation on Costs:** The reimbursable costs under this Agreement, both direct and indirect, will not exceed the amounts detailed in **Appendix B**. The Subrecipient cost sharing requirements, both direct and indirect, will not exceed the amounts detailed in **Appendix B**.

**Invoices and Reports:** The Subrecipient will submit invoices not more often than **monthly** to the Recipient for work completed. The invoice shall reference this Agreement Numberand shall reflect costs incurred per period and cumulatively to date by major budget category. The final invoice shall be submitted within forty-five (45) days of the end of the agreement. Invoices, certified if federally funded (as required in 2 CFR 200.415), should be provided to the following contact:

|  |  |
| --- | --- |
|  Name |  |
|  Phone Number |  |
|  Email |  |
|  Mailing Address |  |

The Recipient will reimburse the Subrecipient within thirty (30) days of receiving an invoice from the Subrecipient.

The Subrecipient is responsible for submitting technical reports as required by the Recipient Principal Investigator.

**Access to Records and Record Retention:** Subrecipient certifies by signing this Agreement that it will provide access to records and comply with record retention requirements.  Refer to 2 CFR 200.333-.337 for federal funding requirements.

**Institutional Representatives:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Recipient |  | Subrecipient |
| Name |  |  |  |
| Title |  |  |  |
| Phone Number |  |  |  |
| Email |  |  |  |
| Mailing Address |  |  |  |
| DUNS |  |  |  |

**Payments/Transfers to Subrecipient:** If Recipient creates encumbrances for this agreement, they will be created under account code 3910. Payments should also be processed using this account code.

Payments to Subrecipient should be made by (Subrecipient should check the appropriate box):

|  |  |
| --- | --- |
|  Paper Check |  |
|  Inter-Unit Journal (IUJ) |  |

The Subrecipient will establish a fund 144 or 133 project as appropriate; invoice the Recipient; and deposit the payments using revenue account code 9910.

**Special Provisions:** Recipient has included the Sponsor’s Grant Agreement as **Appendix C**.

Agreement becomes valid upon the signature of the Institutional Representative of each institution, noted above:

RECIPIENT SUBRECIPIENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Appendix A:**

**Scope of Work (SOW)**

[ ]  Below or [ ]  Attached

**Appendix B**

**Budget**

[ ]  Below or [ ]  Attached

**For federal awards**: If this award is incrementally funded, it is estimated that the total funding to be provided under this Agreement will be $\_\_\_\_\_\_\_\_\_.

**Cost Sharing**? [ ]  Yes or [ ]  No

If Yes, amount of cost share? Direct $\_\_\_\_\_\_\_\_\_\_\_\_

 Indirect $\_\_\_\_\_\_\_\_\_\_\_\_

**Indirect Cost Rate**: \_\_\_\_\_%

Applied to [ ]  TDC or [ ]  MTDC