AGREEMENT TO TRANSFER EXTRAMURAL FUNDS BETWEEN UW INSTITUTIONS

Agreement Number		
Recipient Recipient Principal Investigator Subrecipient Key Person of Subrecipient Sponsor Period of Performance	UW-	
Is this an award of Federal funding? If Yes: Award # CFDA# Project Title Prime Award Date Prime Award Ame		
Subrecipient will participate in the conduct Technical Direction: The Recipient Prin The Key Person of the Subrecipient is contact.	cipal Investigator will retain technical direction of the project. onsidered essential to the work. supply all of the necessary personnel, equipment, and materials	
	costs under this Agreement, both direct and indirect, will not ix B . The Subrecipient cost sharing requirements, both direct detailed in Appendix B .	
Recipient for work completed. The invoic incurred per period and cumulatively to d	t will submit invoices not more often than monthly to the e shall reference this Agreement Number and shall reflect costs late by major budget category. The final invoice shall be e end of the agreement. Invoices, certified if federally funded (as rovided 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.

<u>Access to Records and Record Retention</u>: 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		
		creates encumbrances for this agreement, they will uld also be processed using this account code.
Interunit Journal (The Subrecipient		ject as appropriate; invoice the Recipient; and 910.
	-	onsor's Grant Agreement as Appendix C .
Agreement becor above:	nes valid upon the signature of the Ir	nstitutional Representative of each institution, noted
RECIPIENT		SUBRECIPIENT
Signature		Signature
Date		Date
Appendix A: Scope of Work (SOW)	
☐ Below or ☐ At	tached	

	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? ☐ In	Direct \$ direct \$
	Indirect Cost Rate:%	
	Applied to ☐ TDC or ☐ MTDC or ☐ SWF	