

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

Subaward Number:

**Pass-through Entity (PTE)**

Name:

Address:

City:  State:  Zip Code:

Zip Code [Look-Up](#)

**PTE Administrative Contact**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

**PTE Principal Investigator (PI)**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

**PTE Financial Contact**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

Emailed invoices preferred?  Yes or  No

Invoice E-mail (if different to financial contact):

If invoices should not be e-mailed: send invoices to address above?  Yes or  No If no, enter address below.

Invoice Address (if different to Financial Contact):

**PTE Authorized Official**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

Central E-mail: