



Intercampus Memorandum of Understanding (MOU)

Funding is flowing from: Weill Cornell Medicine (Lead Campus) to Cornell Ithaca (Partner Campus) Cornell Ithaca (Lead Campus) to Weill Cornell Medicine (Partner Campus)

Prime Award Information:

Sponsor:

Sponsor Award No. (if applicable):

CFDA No. (if applicable):

Award Title:

Principal Investigator:

MOU Information:

MOU (Control) No.:

Amend. No. (If applicable):

Partner Campus PI:

Project Title (if different from Prime):

Period of Performance: to

Amount Funded by this Action:

Anticipated Project Period: to

Total Obligated to Date:

IRB: Yes No IACUC: Yes No

Anticipated Project Total:

This actions effects the above-referenced MOU as follows:

Additional Funding NCE Carry-over Approval

Other:

Additional Information/Highlighted Terms (Optional):

Attachments: Attachment A - Scope of Work & Budget
Attachment B - Notice of Award

Carry Forward: Automatic
Requires Prior Approval as per Award Terms

Invoicing: Partner Campus will invoice Lead Campus no less frequently than quarterly, and no more frequently than monthly and send via e-mail to contact below. The final invoice must be submitted no later than ninety (90) days following the termination date of the award. Your signature on this award indicates acceptance of all Terms and Conditions as outlined in Attachment B of this MOU.

Signatures:

Office of Sponsored Research Administration
WEILL CORNELL MEDICINE

Office of Sponsored Programs
CORNELL-ITHACA CAMPUS

Name		
Email Address		
Phone Number		
Signatures		
Send invoices to:	FOR WEILL CORNELL MEDICINE	FOR CORNELL-ITHACA
Name		
Email address		
Phone Number		