

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

Subaward Number:

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**Pass-through Entity (PTE)**

Name:

Address:

City:  State:  Zip Code:

Zip Code [Link-Up](#)

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**PTE Administrative Contact**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

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**PTE Principal Investigator (PI)**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

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**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):

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**PTE Authorized Official**

Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

Central E-mail: