



Cornell University



**Weill Cornell
Medicine**

Intercampus Memorandum of Understanding

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 No.:

Amendment No. (If applicable):

Partner Campus PI:

Project Title (if different from Prime):

Period of Performance:

To

Obligated by this Action:

Total Obligated to Date:

Anticipated Project Period:

To

Anticipated Project Total:

Attachments:

Attachment A: Scope of Work

Attachment B: Notice of Award

Carry Forward:

Automatic

Requires Prior Approval as per Award Terms

Invoicing:

Lead Campus will invoice **Partner 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 sixty (60) 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 and Date	Office of Sponsored Research Administration FOR WEILL CORNELL MEDICINE	Office of Sponsored Programs FOR ITHACA-BASED CAMPUS
Contact Information for Grants Officers		
Name		
Email Address		
Phone Number		
Signatures		
Send invoices to:	FOR WEILL CORNELL MEDICINE	FOR ITHACA-BASED CAMPUS
Name		
Email address		
Phone Number		