



Office of Sponsored Programs Administration

University of Missouri

Promoting Collaboration in Research

MU PI/Director: _____

Campus Address: _____ Phone: _____

Email: _____ Fax: _____

PI Dept. Contact: _____ PI Dept. Contact Phone: _____

MU Project ID: _____

Project Title: _____

SUBCONTRACT CONTACT INFORMATION

Subcontract PI: _____

Legal Name of Subcontractor and Address: _____

Tax Id # _____ DUNS # _____ Congressional District _____

F&A Rate (a copy of your negotiated rate agreement must be provided):

Name & address of administrative contact: _____

Telephone: _____ Fax: _____

email: _____

NOTE This e-mail address will be used to transmit all documents related to the subcontract

ATTACH A BUDGET/JUSTIFICATION AND COMPLETE STATEMENT OF WORK TO BE PERFORMED AT YOUR SITE
SUBCONTRACT BUDGET INFORMATION (Attach an annual detailed budget for the total project period)

Subcontract period _____

Subcontract total \$ _____