



## 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**

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