1. NIH Agreement Number (including Mod. No.) Department of Health and Human Services National Institutes of Health 2. Paying Agency Agency Agreement and Clearance Υ ☐ Intra-agency Agreement (within NIH) 3. Receiving Agency ☐ Inter-agency Agreement (outside NIH) Y 4. Title of the Agreement 5. Summary of Substance of the Agreement (include purpose, resources committed: funds, personnel, equipment, facilities, etc.) 6. Period of the Agreement 7. Authority for the Agreement **Billing Information** 8. Agency Location Code 10. Address **Paying** Agency 9. Employer Identification Number 11. Agency Location Code 13. Address Receiving Agency 12. Employer Identification Number **Accounting Information—Paying Agency** 15. Agreement No. 14. Paying 17. CAN 18. Amount 19. Signatories (Name and Title) 20. Date Federal Agency (for NIH Y1/Y2) Appropriation **Accounting Information—Receiving Agency** 21. Receiving 22. Agreement No. 23. Appro-24. CAN 25. Amount 26. Signatories (Name and Title) 27. Date Federal Agency (for NIH Y3) priation 28. NIH Project Officer's Name 29. IC 30. Phone 31. NIH Administrative/Budget Office Contact 32. IC 33. Phone IC 34. Clearances Signature and Date