

Consortium/Subcontract Information Form

Site PI Information:

Name:

Title:

Department:

Address:

E-mail:

Phone:

FAX:

eRA Commons User Name:

Institution Information:

Institution Name:

Address:

County:

Federal Congressional District:

DUNS Number:

EIN or Federal Tax ID Number:

F&A (IDC) Rate:

*Rate Type and Agreement Dates:

*Cognizant Agency, POC and Phone Number:

Organization Type (Choose from dropdown menu or manually enter):

*Applies to entities with a Federally Negotiated Rate Agreement. If applicable, please provide a copy of the rate agreement along with this form (or provide a URL in one of the relevant fields above).