

Department of Health and Human Services  
National Institutes of Health

### Agency Agreement and Clearance

- Intra-agency Agreement (within NIH)  
 Inter-agency Agreement (outside NIH)

1. NIH Agreement Number (including Mod. No.)

Y - - - - -

2. Paying Agency

Y

3. Receiving Agency

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

<b>Paying Agency</b>	8. Agency Location Code	10. Address
	9. Employee Identification Number	
<b>Receiving Agency</b>	11. Agency Location Code	13. Address
	12. Employee Identification Number	

#### Accounting Information—Paying Agency

14. Paying Federal Agency	15. Agreement No. (for NIH Y1/Y2)	16. Appropriation	17. CAN	18. Amount	19. Signatories (Name and Title)	20. Date

#### Accounting Information—Receiving Agency

21. Receiving Federal Agency	22. Agreement No. (for NIH Y3)	23. Appropriation	24. CAN	25. Amount	26. Signatories (Name and Title)	27. Date

28. NIH Project Officer's Name	29. IC	30. Phone
31. NIH Administrative/Budget Office Contact	32. IC	33. Phone

34. Clearances	IC					
	Signature and Date					