



MontanaTech

MOU Project Information Sheet

The below information is to be completed and submitted with a PCF to grants@mtech.edu in order for an MOU to be generated by the Research Office.

Project Sponsor: _____

Primary Goal of Work:

Project Start Date: _____ Project End Date: _____

Sponsor Contact for Invoices:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Source of Funding: Pass Thru OR Sponsor

If Pass Thru funding, who is the originating sponsor?

Required Attachments:

1. Scope of work
2. Budget
3. Prime Agreement or Originating Funding Agreement (if applicable)

Sponsor Contacts
Institution / Organization Name: Address:
Administrative Contact Name: Address: Phone: Fax: Email:
Principal Investigator Name: Address: Phone: Fax: Email:
Financial Contact Name: Address: Phone: Fax: Email:
Authorized Official Name: Address: Phone: Fax: Email: