

SYRACUSE UNIVERSITY
OFFICE OF SPONSORED PROGRAMS
SUBCONTRACTING MANAGEMENT

PROPOSAL SUMMARY SHEET

A. Proposal Title: _____

B. **SU** Principal Investigator(s):

C. **Subcontract** Principal Investigator for correspondence (name, address, and telephone number)

D. **Subcontract** Contract or Financial Officer for correspondence regarding Subcontract: (name, address, and telephone number)

