 **Request for Multiple Campus Award (MCA)**

New  Modification Number:

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **Request** | | | |
| Requested By: | | Date: |
| |  | | --- | | **Project Information** | | | |
| Fund Number: | | |
| Project Title: | | |
| Index Number: | OPAFS Contact: | |
| MCA Amount *(this action only)*: $ | Total Amount *(including this action)*: $ | |
| *Budget Period*  Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Performance Period*  Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Carry-forward prior approval required:  Yes  No | | |
| |  | | --- | | **Prime Campus Information** | | | |
| PI: | Department: | |
| Fund Manager: | Email: | |
| **Participating Campus Information** | | |
| Campus: | | |
| PI: | Department: | |
| Authorized Official: | Email: | |
| **Attachments** | | |
| Participating Campus Budget: | Statement of Work: | |
| Notice of Award: | Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Comments** | | |
|  | | |
| **Reporting Requirements** | | |
| Quarterly (commencing on \_\_\_\_\_\_\_\_\_\_\_) | Semi-annually ( ) | |
| Annually ( ) | Final Technical Report ( ) | |
| Patent Report ( ) | Equipment Inventory Report ( ) | |
| Final Intercampus Request for Reimbursement  Due: | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **FFATA Reporting**  If this MCA is Federally funded, please provide all applicable reporting information for any subaward (under prime Federal grants), or subcontract and vendor agreement (under prime Federal contracts), meeting the FFATA threshold of $25,000 or more. All such reporting information must be provided to the Prime Campus no later than 15 days after full execution or modification of the subaward, subcontract, or vendor agreement, as applicable.  **FFATA Contact**: **Email**: | | |

Cc: