RESEARCH SALARY BILLING AGREEMENT

Version: May 2022

Prime Institution		Non-Grantee Institution				
Institution Name:		Institution Name:				
Address:		Address:				
Prime Principal Investigator:		Non-Grantee Principal Investigato	r/Employee:			
		Key Personel				
Awarding Agency:		This Salary Billing Agreement is a:	Effort %			
		New Agreement Amendment #				
Prime Award No.	Sponsored	Budget Period:	Salary/Compensation:			
	Non-Sponsored	-				
Agreement Reference #	Assistance Listing No (CFDA):	Estimated Project Period:	Fringe	Tuition Remission		
		-				
Project Title:			Total Author	ized Amount:		
	TERMS A	AND CONDITIONS				
1. This Salary Billing Agreement is not a	Subaward Agreement. Accordingly, the No	on-Grantee Institution may not recover F&A cost	ts on the direct co	sts authorized above, a		
		Period of Performance cannot be carried over i				
extensions are not possible, and fund	ds may not be rebudgeted from the cost cate	egories outlined above.				
-		all reimburse Non-Grantee Institution not more				
		ice, but at a minimum shall include current and o				
·	•	d no less than quarterly. Questions concerning				
		nent Reference # on all invoices. Invoices not r	eferencing the A	greement Reference #		
shall be returned to the Non-Grant						
	ative expenses incurred, marked "FINAL," m	nust be submitted to Prime Institution's Financial	Contact NOT LAT	ER IHAN		
days after Agreement end date.	signing this Agreement that unithout it up		lad			
ineligible or voluntarily excluded	from participation in this transaction by	r its principles are presently debarred, suspend any federal department or agency.	iea, proposea foi	deparment, declared		
Statement of Work:						
Statement of Work.						
Prime Insti	itution Contacts	Non-Grantee Ins	titution Contact	ts		
Administrative Contact		Administrative Contact				
Name:		Name:				
Telephone:		Telephone:				
Email:		Email:				
Prime Principal Investigator		Non-Grantee Principal Investigator/En	nplovee			
Name:		Name:				
Telephone:		Telephone:				
Email:		Email:				
Financial Contact		Financial Contact				
Name:		Name:	Name:			
Telephone:		Telephone:				
Email:		Email:				
Authorized Official		Authorized Official				
	Date:		Date	:		
Name:		Name:				
Title:		Title:				

BUDGET (OPTIONAL)

SALARY BILLING AGREEMENT BUDGET:

Individual	Key Personnel	Effective Dates	Base Salary	Effort %	No. of Months	Fringe Rate	Total

Prior approval is required for changes in status of key personnel. This is defined as withdrawal from the project, absence from the project for any continuous period of three months or more, or reduction of time devoted to the project by 25 percent or more from the level that was approved at
the time of initial competing year award.