

Letter of Intent to Establish a Sponsored Billing Agreement

Title of Application/FOA: _____

Sponsoring Institution: Vanderbilt University Vanderbilt University Medical Center

Principal Investigator: _____

Cooperating Institution: Vanderbilt University Vanderbilt University Medical Center

Non-Grantee Employee: _____

Costs requested by Cooperating Institution:

Proposed Effective Date: _____

First Budget Year: _____ - _____

Project Period: _____ - _____

Total Costs: \$ _____

Total Costs: \$ _____

CERTIFY FOR YOUR INSTITUTION THAT:

- Both institutions agree that the Non-Grantee Employee for whom the SBA is being established is NOT a Key Person listed in the Proposal/Prime Award.
- Both institutions agree that there are no INDIRECT COSTS included in Sponsored Billing Agreements between the two institutions.

Vanderbilt University

Name of Institution

965717143

DUNS

Signature of Authorized Official

Michelle Wachter, Manager of Proposals/SPA

Name & Title of Authorized Official

Date

Vanderbilt University Medical Center

Name of Institution

079917897

DUNS

Signature of Authorized Official

D. Clinton Brown, Director/OSP

Name & Title of Authorized Official

Date