

Salary Billing Agreement

Prime Institution 1 Name: Mary Hitchcock Memorial Hospital Address: 1 Medical Center Drive, Lebanon, NH 03756 2		Non-Grantee Institution 3 Name: Dartmouth College Address: 11 Rope Ferry Road, HB 6210 Hanover, NH 03755 4	
Prime Award No. 5	CFDA No.	Sponsor 6	
Prime Principal Investigator 7		Non-Grantee Employee 8	
School/Department 9		Role 10	School/Department 11
Agreement Reference # 12	Award Reference # 13	FTE charged 14 0.00%	Notes: 15
Salary 16 Fringe 17	Salary Cap/Salary Rate 18 Fringe Rate 19 0.00%		Space 20
Current Budget Period 21	Estimated Project Period 22		Total Authorized Amount 23
Project Title: 24			
<p>1) This Salary Billing Agreement is <u>not</u> a Subaward Agreement. Accordingly, the Non-Grantee Institution may not recover F&A costs on the direct costs authorized above, a portion of the Total Authorized Amount remaining unspent at the end of the Period of Performance cannot be carried over into a subsequent year, no-cost extensions are not possible, and funds may not be rebudgeted from the cost categories outlined above.</p> <p>2) Work will be performed entirely at the Prime Institution. Prime Institution shall reimburse Non-Grantee Institution not more often than monthly for allowable costs. All invoices shall be submitted using the Non-Grantee Institution's standard invoice, but at a minimum shall include current and cumulative expense and certification as to truth and accuracy of invoice. Invoice shall be sent Monthly . Please reference Agreement Reference # on all invoices.</p> <p>3) A final statement of cumulative expenses incurred, marked "FINAL," must be submitted to Prime Institution's Financial Contact NOT LATER THAN sixty (60) days after Agreement end date.</p> <p>4) Non-Grantee Institution certifies by signing this Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.</p> <p>5) Prime Awardee is responsible for collection of Conflict of Interest assurances for individuals paid under a billing agreement who are responsible for the design, conduct or reporting of the research.</p>			
<u>Administrative Contact (Academic Department/School)</u> 25 Name: Email:		<u>Administrative Contact (Academic Department/School)</u> 26 Name: Email:	
<u>Authorized Official of Prime Institution</u> _____ Date: _____ Name: Title:		<u>Authorized Official of Non-Grantee Institution</u> _____ Date: _____ Name: Title:	