**Trainee Stipend Billing Agreement**

 *Template effective April 2016*

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| **Prime Institution**Name: Address:   | **Trainee Institution**Name: Address:   |
| **Prime Award No.**  | **CFDA No.** | **Awarding Agency**  |
| **Prime Institution Program Director** | **Trainee**  | **Mentor** |  |
| **Agreement Reference #** |  | **Stipend****Tuition/fees****Travel** |  |
| **Grant Budget Period**  **Appointment Period**   |  |
| **Total Authorized Amount** |  |
| **Project Title:**  |
| 1)  ***Prime Institution*** certifies Trainee’s Payback Agreement (PHS 6031) has been submitted to Sponsor. Prime Institution shall reimburse Trainee Institution not more often than monthly for allowable costs. All invoices shall be submitted using the Trainee 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 no more than monthly and no less than quarterly. Questions concerning invoice receipts or payments should be directed to the appropriate party’s Financial Contact. **Please reference Agreement Reference # on all invoices.** Invoices not referencing the Agreement Reference # shall be returned to the Trainee Institution.2) ***Trainee Institution*** hereby agrees to abide by all NIH regulations and guidelines applicable to trainees and training grants, which include NIH Grants Policy Statement and “Guidelines for Institutional Training Grants,” Trainee Institution further agrees to cooperate with Prime Institution as necessary to meet its obligations under the NIH grant.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. 4**) All** **Training Related Expenses and Trainee Travel Expenses must** **be incurred within the Notice of Award Grant Budget Period indicated above.** An invoice for these expenses (if applicable) must be submitted no later than 60 days after the grant budget period end date. 5) 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. |
| **Prime Institution Contacts** | **Trainee Institution Contacts** |
| **Administrative Contact**Name: Telephone: Email:  | **Administrative Contact**Name: Telephone: Email:  |
| **Prime Institution Program Director**Name: Telephone: Email:  | **Trainee** Name: Telephone: Email:  |
| **Financial Contact**Name: Telephone: Email:  | **Financial Contact**Name: School/Dept.:Telephone: Email: Remittance Address:  |
| **Authorized Official** Date: Name: Title:  | **Authorized Official** Date: Name: Title:  |

**Attachment 1**

**Trainee Stipend Agreement**

**STATEMENT OF APPOINTMENT FORMS (PHS 2271)**