|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Salary Billing Agreement Amendment**  ***Template Effective April 2016*** | | | | | | |
| **Prime Institution**  Name:  Address: | | | **Non-Grantee Institution**  Name:  Address: | | | |
| **Prime Award No.** | **Prime Principal Investigator** | | **Agreement Reference #** | | **Non-Grantee PI/Employee** | |
| **Effective Date of Amendment** | | | **Amendment No.** | | | |
| **Amendment(s) to Original Terms and Conditions**  *[\*\*IMPORTANT NOTE: This amendment template is to be used to implement changes within a given budget period and is not to be used in providing continuation funding. A new Billing Agreement should be issued for each budget period of an award.*  *Instructions to Drafter: delete the bullets below that do not apply to the changes being made via this amendment and this text (in red) prior to sending to other institution.]*     1. The Effort to be expended by Non-Grantee Principal Investigator/Employee under the Salary Billing Agreement is hereby revised from \_\_\_% to \_\_\_%. 2. The Period of Performance authorized under the Salary Billing Agreement is hereby revised to \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_. 3. The Salary amount authorized under the Salary Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_. 4. The Fringe amount authorized under the Salary Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_. 5. Total Authorized Amount to be reimbursed to the Non-Grantee Institution under the Salary Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_. 6. The Project Description is hereby revised to read as follows:   All other provisions of the Salary Billing Agreement shall remain unchanged and in full force except to the extent that any other provision is in conflict with the modifications set forth herein in which case the modifications in this Amendment shall control. | | | | | | |
| By an Authorized Official of Prime Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | By an Authorized Official of Non-Grantee Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name:  Title: | | Date | | Name:  Title: | | Date |