

<b>Prime Institution</b> Institution Name:  Address:		<b>Non-Grantee</b> Institution Name:  Address:	
<b>Prime Institution Program Director:</b>		<b>Trainee:</b>	
<b>Awarding Agency:</b>	<b>Prime Award No.</b>	<b>This Billing Agreement is a:</b> <div style="display: flex; justify-content: space-between;"> <span><b>New Agreement</b></span> <span><b>Amendment Mod.#</b></span> </div>	
<b>Agreement Reference #</b>	<b>Assistance Listing No (CFDA):</b>	<b>Stipend:</b>	<b>Tuition &amp; Fees:</b>
<b>Grant Budget Period:</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> </div>	<b>Appointment Period:</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> </div>	<b>TRE:</b>	<b>Total Authorized Amount:</b>
<b>Project Title:</b>			

### TERMS AND CONDITIONS

- 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.
- 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.
- A final statement or invoice of cumulative expenses incurred, marked "FINAL," must be submitted to Prime Institution's Financial Contact NOT LATER THAN days after Agreement end date.
- 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.
- 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	Non-Grantee Institution Contacts
<u><b>Administrative Contact</b></u> Name:  Telephone:  Email:	<u><b>Administrative Contact</b></u> Name:  Telephone:  Email:
<u><b>Prime Principal Investigator</b></u> Name:  Telephone:  Email:	<u><b>Non-Grantee Principal Investigator</b></u> Name:  Telephone:  Email:
<u><b>Financial Contact</b></u> Name:  Telephone:  Email:	<u><b>Financial Contact</b></u> Name:  Telephone:  Email:
<u><b>Authorized Official</b></u>  <div style="text-align: right;">Date: _____</div> Name: _____  Title: _____	<u><b>Authorized Official</b></u>  <div style="text-align: right;">Date: _____</div> Name: _____  Title: _____

**Attachment 1**  
**Trainee Stipend Agreement**

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