

## 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 / GYLH9UXHDX5**

DUNS / UEI

\_\_\_\_\_  
Signature of Authorized Official

D. Clinton Brown, Vice President/OSP

Name & Title of Authorized Official

\_\_\_\_\_  
Date