

### 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, Director/OSP \_\_\_\_\_

Name & Title of Authorized Official

\_\_\_\_\_  
Date