**MEMORANDUM OF UNDERSTANDING**

**Date:** August XX, 20XX

**Parties to** NPC NAME

**Agreement:** ADDRESS

ADDRESS

NAME VA Hospital

Research Service

Address

ADDRESS

**Description and Purpose:** The purpose of this Memorandum of Understanding (MOU) is to facilitate the transfer of funds from NPC NAME to NAME VA Medical Center, appropriation ####X2, FCP ### (*VA Research Service will provide the local VA account number.*)

NAME NPC is the recipient of a research grant award issued by the NIH National Institute XXX entitled “PROJECT TITLE”. Mr. NAME, a VA paid employee, will serve as POSITION TITLE for this award and will put forth 50% effort toward the execution of the study objectives.

NPC NAME will reimburse the VA NAME Research Office for Mr. NAME’s effort on these projects.

**Source of Funds:** NIH-National Institute XXX (CFDA# #####)

**Period Covered:** 10/01/XX-09/30/XX

**Financial:** Base Pay @ 50% for the Period Covered: $ 50,000.00

 Fringe Benefit Rate 30.00%: $ 15,000.00

 Total Estimated Costs: $ 65,000.00

The salary payment for this staff member will be made by the VA NAME Research Office under Program ###, cost center #####. The Research Budget Office will provide the final cost documentation, based on actual hours worked, to NPC NAME via a Bill of Collection (BOC). Mr. NAME will be required to provide written affirmation that his effort on the project is consistent with the BOC. NPC NAME will reimburse the research appropriation. (All Federal funds are to be used as indicated in the time frame above. Federal regulations require that the funds be used exclusively for the actual expenses incurred within the period covered.)

**Check made to:** NAME VA Hospital

**Modifications:** No changes will be made to this agreement without prior written agreement by all parties involved.

Agreed and Accepted

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NAME (Date) NAME (Date)

Principal Investigator Financial Manager

NAME VA Hospital NAME VA Hospital

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NAME (Date) NAME (Date)

Executive Director Hospital Director

NAME NPC NAME VA Hospital

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NAME (Date)

ACOS for Research,

NAME VA Hospital