How to fill out the SBA form

Please note - all fields are required unless noted otherwise.

1. Prime Institution - Institution providing funds for the salary billing agreement
2. Prime Institution Address
3. Non-Grantee Institution - Institution receiving funds for the salary billing agreement
4. Non-Grantee Institution Address
5. Prime Award Number - Sponsor award number for funds supporting SBA, CFDA# if applicable
6. Sponsor - Sponsor of award to prime institution
7. Prime Principal Investigator - PI for award to Prime Institution
8. Non-Grantee Employee - Name of employee supported by SBA
9. Prime Institution School/Department - School Department of Prime Principal Investigator
10. Role - Non-Grantee Employee role on project
11. Non-Grantee Institution School/Department
12. Agreement Reference Number (DC OSP/DH Grants use only)
13. Award Reference Number DC Project, Task and Award or DH DGR or GC#
14. Percent of FTE for the work on the project
15. Describe the work that will be done
16. Salary - provide amount of salary support to be provided under the billing agreement
17. Fringe - provide amount of fringe benefit support
18. Salary Cap/Rate- Institutional Base Salary, If sponsor salary cap is applicable, provide salary cap in addition to institutional base salary
19. Fringe Rate- Provide Fringe Rate for Non-Grantee Employee Salary
20. Space - Provide the room number and building where the work carried out under the SBA will occur
21. Current Budget Period - the period the work will be done not more than 1 year at a time
22. Estimated Project Period - the period for the full project
23. Total Authorized Amount - the total amount including salary and fringe for the period of performance
24. Project Title: The title of the project awarded to the prime institution.
25. Prime Institution Administrative Contact - Provide the name of the department person responsible for managing the prime award
26. Non-Grantee Institution - Provide the name of the department person responsible for managing the salary billing agreement.