

NIH SUPPLEMENTAL VISITING FELLOW AWARD PROGRAM
Supplemental Fellowship Agreement

In accepting this Supplemental Visiting Fellow Award (SVFA), I certify that I have read the "Statement of NIH Supplemental Visiting Fellow Award Program Provisions" and agree to comply with the terms outlined:

A. PROGRAM ELIGIBILITY

1. Check applicable box:

- I meet the predoctoral educational requirements for participation in the PVFA program. I am a nonimmigrant doctoral student in good standing at a U.S. university. My university has a written agreement with the NIH for curricular training. I will provide acceptable proof of my student and immigration status at the time I report to activate my award.
- I meet the postdoctoral educational and professional experience requirements for participation in the SVFA Program.

2. I am currently receiving support under an outside (i.e., non-NIH) fellowship, or have been approved to receive such support. I am not an employee of the outside sponsor. I am not an employee of the outside sponsor. I am not receiving support under the National Research Service Awards (NRSA) Program.
3. I understand that the NIH award may be revoked in whole or in part, at any time, by the Director of NIH, provided that the revocation shall not include any amount previously obligated if such obligations were made solely for the purposes set forth in the official Letter of Award.
4. I understand that it is my responsibility to maintain valid nonimmigrant or lawful U.S. permanent resident status throughout this award.

B. VERIFICATION OF OUTSIDE FELLOWSHIP

1. I will provide verification of approval and receipt of an outside fellowship and specific information regarding its terms and conditions (including stipend, duration, and benefits), so that the terms and conditions of my NIH SVFA may be properly established.
2. I will provide timely notification to my NIH sponsor and appropriate FIC/ISB officials whenever the terms and conditions of my outside fellowship are modified or changed, or if there is a change in my nonimmigrant status so that adjustments can be made as required in my NIH SVFA Fellowship.

C. DURATION

I understand that my initial SVFA Fellowship commitment is for _____ beginning _____ and ending _____, and that renewal beyond the initial commitment is contingent upon continuation of my outside fellowship, satisfactory progress in the training assignment, mutual agreement between myself and appropriate _____ officials and continuation of valid immigration status in the United States. Subject to these conditions, I further understand that the maximum duration of Predoctoral SVFA awards is limited to 3 years and the duration of Postdoctoral SVFA awards is limited to 5 years.

D. STIPENDS

1. I understand that the amount of my initial stipend under the NIH SVFA fellowship program will be determined based on the stipend amount I receive from my outside fellowship, and that any future adjustments in my NIH stipend will be similarly determined. I will provide timely notification to my NIH sponsor and other appropriate _____ officials of planned increases and/or other changes in the amount of my outside stipend, so that proper adjustments can be made in my SVFA fellowship stipend and/or other allowances.

2. Since I will receive a stipend check from NIH in advance, at the beginning of each month, I immediately will notify my NIH sponsor and other appropriate _____ officials of any change in my eligibility status and also agree to reimburse the U.S. Government for any days (other than excused absences) for which I received stipend payment but will not be present at NIH. Certification of NIH training will not be provided until accounts are settled.

E. BENEFITS

1. I will have adequate health insurance coverage either through the NIH-provided plan or through another private plan.
 - a. If coverage and/or funds for this purpose are not provided by my outside sponsor, then NIH will make payments or reimbursements for a policy issued in my name, limited to the cost of NIH's low option coverage or to the cost of another private plan, whichever is less.
 - b. If my outside sponsor provides funds but the amount is insufficient, then NIH may provide a supplemental allowance for the purchase of a policy in my name. If provided, the amount of the NIH contribution will be limited to the difference between the funding provided by my outside sponsor and the cost to purchase the NIH-provided low option coverage or another private plan, whichever is less.
2. If I am authorized to obtain reimbursement for travel to NIH from within the United States to begin my Fellowship, I will provide the ticket coupon for travel by commercial carrier (e.g., bus, train, air) or odometer readings for travel by private automobile, and lodging receipts, if any. I understand that I will be reimbursed for mileage and per diem only and that such reimbursement will be in accordance with Government regulations. If a travel allowance is provided by my outside sponsor, I further understand that NIH may supplement that allowance only to the extent that outside funding is insufficient to pay authorized mileage and per diem.
3. I will seek advance approval for travel to attend scientific meetings or for training directly related to the purpose of my SVFA Fellowship. I understand that the authorization of such allowances is discretionary, and must be in accordance with Government regulations.

F. DEDUCTIONS

1. I understand that I am not eligible for coverage under the Federal Employees Retirement System, and that deductions for this program, as well as Social Security and Medicare, will not be made from my stipend.
2. I understand that my SVFA Fellowship is subject to Federal, state, and local income taxes. As required, I will file quarterly estimated state income tax returns with the appropriate agencies. I understand that Federal income taxes will be withheld from my stipend at the rate of 14%, unless exempted from Federal tax under an international tax treaty between my country and the United States for the time period stated in the applicable treaty. (Note: Permanent Residents of the U.S. will not have Federal taxes withheld from their stipends; they must file quarterly estimated Federal income tax returns with the Internal Revenue Service.)

G. LEAVE OF ABSENCE AND OUTSIDE WORK

I will seek advance approval from my NIH sponsor for any excused leave of absence. Further, I will seek advance approval from my NIH sponsor and my school's Designated School Official (for F-1 visa holders), or Responsible Officer (for J-1 visa holders), and other officials, if appropriate, to engage in outside activities. These activities must be consistent with my nonimmigrant status in the United States. If sponsored under NIH's J-1 program, I will seek advance approval from both the Responsible Officer (located in FIC/ISB), and my NIH sponsor.

H. PUBLICATIONS AND PATENTS

1. I will seek advice from my sponsor and request clearance for any publication resulting from my Fellowship in compliance with NIH's publication policies.
2. I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or the like issued thereunder wherein NIH determines the rights of the Government and the pre- or postdoctoral SVFA Fellow, in and to, inventions conceived or actually reduced to practice during the period of the SVFA Fellowship. Furthermore, I will promptly disclose to my sponsor and other appropriate officials all inventions that are conceived or first reduced to practice during the term of my SVFA Fellowship at NIH, and will sign and execute all papers necessary to convey to the Government the rights to which the Government is entitled in accordance with any determination made under the provisions of Executive Order 10096.

I. OTHER ADMINISTRATIVE REQUIREMENTS

While on the premises of NIH, I will conform to all applicable administrative instructions and requirements of NIH and the Department of Health and Human Services, including all regulations and procedures concerning conduct, safety, training, and animal care.

Signature of Supplemental Visiting Fellow

Date

Received by:

Signature of NIH Sponsor

Date

cc: Chief, ISB, FIC (Bldg. 16A, Rm. 101)