

# NIH Intergovernmental Personnel Act Program

## Agreement Checklist

Checklist Requirement		Response	
1. Employee Name			
2. IC			
3. Name of Non-Federal Organization			
4. Is the organization one of the following: a State or local government, accredited U.S. 4-year college or university, or technical/junior college, Indian tribal organization, or a non-profit public organization?		Yes _____ No _____ If no, STOP HERE. The organization is not eligible for the IPA program.	
5. If the organization is a non-profit organization, was it certified?		Yes _____ No _____ If no, STOP HERE. Request organization's letter of certification <b>or</b> articles of incorporation, bylaws, and IRS non-profit statement and forward to IPA Coordinator for review, Bldg. 31, Room BC29.	
6. Assignment Type	Detail _____ Appointment _____	To NIH _____	From NIH _____
7. Is the assignment adequately described and does it meet one or more program objectives?		Yes _____ No _____	
<i>Verify the following:</i>			
8. Has the non-Federal employee worked for the outside organization for at least 90 days in a career position?		Yes _____ No _____ If No, STOP HERE. The employee is ineligible to participate in the IPA program.	
9. Is the NIH employee on a career/career conditional appt., including career SES, excepted service equivalent, or PMI appointment?		Yes _____ If Yes, SES? _____ PMI? _____ No _____ If No, STOP HERE. The employee is ineligible to participate in the IPA program.	
10. Is the employee on a time-limited appt., non-career or limited-term SES, Schedule C, or Commissioned Officer appointment?		Yes _____ No _____  If Yes, STOP HERE. The employee is ineligible to participate in the IPA program.	

Checklist Requirement		Response	
<b>11. Duty Station</b>  NIH _____ Other _____		Duty station location:	
<b>12. Assignment is</b>		Full-time _____ Part-time _____ Intermittent _____	
<b>13. Dates of Appt./Ext.</b>	<b>New</b> _____	Ext 1 _____ Ext 2 _____	Other _____
<b>14. Total Amount of Service on IPA to date</b>		_____ Years      _____ Months	
<b>15. Has the employee worked on an IPA assignment for 4 consecutive years?</b>		Yes _____ No _____  If Yes, STOP HERE. They must return to their home organization for at least 12 months. You may not proceed with this assignment.	
<b>16. Will this proposed assignment exceed the 6-year limitation for the NIH employee?</b>		Yes _____ No _____  If Yes, STOP HERE. You may not proceed with this assignment.	
<b>17. Are all appropriate signatures present?</b>		Yes _____ No _____	
<b>18. Was the agreement approved before the agreement began?</b>		Yes _____ No _____	
<b>19. What percentage of salary and compensation is NIH paying?</b>		% of Salary _____ % of Compensation _____	
<b>20. Do the costs to NIH exceed the benefit NIH is receiving? If so, please provide a justification for variance.</b>		Yes _____ No _____	
<b>21. If detailed from NIH, is salary the same as the assignee's regular pay?</b>		Yes _____ No _____	
<b>22. Are there any inappropriate benefit reimbursements (i.e., tuition)?</b>		Yes _____ No _____	
<b>NOTE:</b> If the NIH salary contribution exceeds GS-15, Step 10 (\$114,224) for scientists, and is at or above GS-14, Step 1 (\$74,697) for non-scientists, Dr. Kirschstein must approve the IPA assignment.			

\_\_\_\_\_  
(Reviewer's Name)

\_\_\_\_\_  
(Date)