

**SAMPLE**  
**SJSU Research Foundation Non-Service Stipend  
Award & Acceptance Letter (Non-Student)**

**Date:**

**Recipient Name:**

**Recipient Physical Address (no P.O. Box):**

**Recipient Phone Number:**

**Re: Stipend Award Grant Number** \_\_\_\_\_

Dear \_\_\_\_\_:

Congratulations! You have been selected to receive a stipend award for (*Period*) from the (*Project Name*) at San Jose State University Research Foundation, which is funded by (*Agency*). In order to remain eligible for this award, you must agree to the following conditions (**please note**: *A true stipend is a payment made to an individual for their attendance or participation only, NOT for services rendered. The payments can not be tied to “any obligation for past, present or future services.” There can be no employer/employee relationship associated with the stipend payment. There are no fringe benefits associated with a stipend payment as they are NOT for services rendered.*)

- 1.
2. (*List all conditions*)
- 3.

The total amount of the award is \$\_\_\_\_\_ to be paid (monthly, schedule, one time). Checks for this award will be either mailed or picked up at the reception desk at the SJSU Research Foundation, 210 North Fourth Street, 4th Floor.

Sincerely,

\_\_\_\_\_  
*Signature of Principal Investigator*

\_\_\_\_\_  
*Name of Principal Investigator*

**AWARD ACCEPTANCE**

Your signature below certifies the following:

- I have read and agree to the conditions stipulated above and do hereby accept this award.
- I understand that this award does not represent payment for services required as a condition of the grant.
- I am a legal resident or citizen of the United States.
- I **am** an SJSU or Research Foundation Employee: \_\_\_Yes \_\_\_No
- I am **not a student** and I am aware that the stipend award I receive may be considered taxable income and that San Jose State University Research Foundation is required by IRS to report this payment if the total award amount exceeds \$600 per calendar year (1099).

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Social Security Number