**Exhibit A – Scope of Work**

**Project Summary & Scope of Work**

[ ]  Contract [ ]  Grant

**PI Name:**  *.*

**Project Title:**  *.*

**Project Summary/Abstract**

*Briefly describe the long-term objectives for achieving the stated goals of the project.*

**If Third-Party Confidential Information is to be provided by the State:**

[ ]  Performance of the Scope of Work is anticipated to involve use of third-party Confidential Information and is subject to the terms of this Agreement; ***OR***

[ ]  A separate CNDA between the University and third-party is required by the third-party and is incorporated in this Agreement as Exhibit A7, Third Party Confidential Information.

**Scope of Work**

*Describe the goals and specific objectives of the proposed project and summarize the expected outcomes. If applicable, describe the overall strategy, methodology, and analyses to be used. Include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate. Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the goals and objectives.*

Exhibit A1 - Deliverables

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| SCHEDULE OF DELIVERABLES*List all items that will be delivered to the State under the proposed Scope of Work. Include all reports, including draft reports for State review, and any other Deliverables, if requested by the State and agreed to by the Parties.* |

If use of any Deliverable is restricted or is anticipated to contain preexisting Intellectual Property with any restricted use, it will be clearly identified in Exhibit A4, Use of Preexisting Intellectual Property.

Unless otherwise directed by the State, the University Principal Investigator shall submit all Deliverables to the State Contract Project Manager, identified in Exhibit A3, Authorized Representatives.

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| **Deliverable** | **Description** | **Due Date** |
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| **The following Deliverables are subject to Section 19. Copyrights, paragraph B of Exhibit C**  |
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Exhibit A2 – Key Personnel

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| KEY PERSONNEL*List Key Personnel as defined in the Agreement starting with the PI, by last name, first name followed by Co-PIs. Then list all other Key Personnel in alphabetical order by last name. For each individual listed include his/her name, institutional affiliation, and role on the proposed project.* Use additional consecutively numbered pages as necessary. |

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name** | **Institutional Affiliation** | **Role on Project** |
| **PI:** |  |  |
| *Last name, First name* | *Institutional affiliation* | *Role on the project* |
| **Co-PI(s) – if applicable:** |  |  |
| *Last name, First name* | *Institutional affiliation* | *Role on the project* |
| *Last name, First name* | *Institutional affiliation* | *Role on the project* |
| **Other Key Personnel (if applicable):** |  |  |
| *Last name, First name* | *Institutional affiliation* | *Role on the project* |
| *Last name, First name* | *Institutional affiliation* | *Role on the project* |

Exhibit A3 – Authorized Representatives

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| **AUTHORIZED REPRESENTATIVES AND NOTICES**The following individuals are the authorized representatives for the State and the University under this Agreement. Any official Notices issued under the terms of this Agreement shall be addressed to the Authorized Official identified below, unless otherwise identified in the Agreement.  |

 |
| **State Agency Contacts**Agency Name: <Agency Name> | **University Contacts** University Name: <University Name> |
| ***Contract Project Manager (Technical)***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress> | ***Principal Investigator***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress>Designees to certify invoices under Section 14 of Exhibit C on behalf of PI:1. <Name>, <Title>, <EmailAddress>
2. <Name>, <Title>, <EmailAddress>
3. <Name>, <Title>, <EmailAddress>
 |
| ***Authorized Official (contract officer)***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress>***Send notices to (if different):***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Email: <EmailAddress> | ***Authorized Official***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress>***Send notices to (if different):***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Email: <EmailAddress> |
| ***Administrative Contact***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress> | ***Administrative Contact***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress> |
| ***Financial Contact/Accounting***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress> | ***Authorized Financial Contact/Invoicing***Name: <Name> <Title>Address: <Department> <Address> <City,State,Zip>Telephone: <Telephone#>Fax: <Fax#, if available>Email: <EmailAddress>Designees for invoice certification in accordance with Section 14 of Exhibit C on behalf of the Financial Contact:1. <Name>, <Title>, <EmailAddress>
2. <Name>, <Title>, <EmailAddress>
3. <Name>, <Title>, <EmailAddress>
 |

Exhibit A4 – Use of Intellectual Property

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| USE OF INTELLECTUAL PROPERTY |

*If either Party will be using any third-party or pre-existing intellectual property (including, but not limited to data, copyrighted works, known patents, trademarks, service marks and trade secrets) “IP” with restrictions on use, then list all such IP and the nature of the restriction below. If no third-party or pre-existing IP will be used, check “none” in this section.*

1. State: Preexisting IP to be provided to the University from the State or a third party for use in the performance in the Scope of Work.

 [ ]  None or [ ]  List:

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| Owner (Name of State Agency or 3rd Party) | Description | Nature of restriction: |
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1. University: Restrictions in Preexisting IP included in Deliverables identified in Exhibit A1, Deliverables.

 [ ]  None or [ ]  List:

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| Owner (Name of University or 3rd Party) | Description | Nature of restriction: |
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1. Anticipated restrictions on use of Project Data.

*If the University PI anticipates that any of the Project Data generated during the performance of the Scope of Work will have a restriction on use (such as subject identifying information in a data set) then list all such anticipated restrictions below. If there are no restrictions anticipated in the Project Data, then check “None” in this section.*

 [ ]  None or [ ]  List:

|  |  |  |
| --- | --- | --- |
| Owner (University or 3rd Party) | Description | Nature of Restriction: |
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# Exhibit A5 - Résumé/Biosketch

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| Résumé/Biosketch |

*Attach 2-3 page Resume/Biosketch* *for the PI and other Key Personnel listed in Exhibit A2, Key Personnel.*Exhibit A6 – Current & Pending Support

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| CURRENT & PENDING SUPPORT |

*University will provide current & pending support information for Key Personnel identified in Exhibit A2 at time of proposal and upon request from State agency. The “Proposed Project” is this application that is submitted to the State. Add pages as needed.*

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| **PI: NAME OF INDIVIDUAL** |
| **Status (currently active or pending approval)** | **Award #****(if available)** | **Source****(name of the sponsor)** | **Project** **Title** | **Start Date** | **End Date** |
| Proposed Project |       |       |       |       |       |
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|  |  |
| **NAME OF INDIVIDUAL** |
| **Status** | **Award #** | **Source** | **Project** **Title** | **Start Date** | **End Date** |
| Proposed Project |       |       |       |       |       |
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| **NAME OF INDIVIDUAL** |
| **Status** | **Award #** | **Source** | **Project** **Title** | **Start Date** | **End Date** |
| Proposed Project |       |       |       |       |       |
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|  |  |
| **NAME OF INDIVIDUAL** |
| **Status** | **Award #** | **Source** | **Project** **Title** | **Start Date** | **End Date** |
| Proposed Project |       |       |       |       |       |
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|  |  |
| **NAME OF INDIVIDUAL** |
| **Status** | **Award #** | **Source** | **Project** **Title** | **Start Date** | **End Date** |
| Proposed Project |       |       |       |       |       |
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Exhibit A7

Third Party Confidential Information

Confidential Nondisclosure Agreement

*(Identified in Exhibit A, Scope of Work – will be incorporated, if applicable)*

*If the Scope of Work requires the provision of third party confidential information to either the State or the Universities, then any requirement of the third party in the use and disposition of the confidential information will be listed below. The third party may require a separate Confidential Nondisclosure Agreement (CNDA) as a requirement to use the confidential information. Any CNDA will be identified in this Exhibit A7.*