

**Exhibit A
Grant Proposal Consulting
Statement of Work**



Pursuant to the Master Agreement, the parties hereby define and enter into this specific engagement.

PI Contact Information

Name		
Department/Center or Institution		
College		
Campus Address		
Phone/Email		

Funding Agency and Solicitation (RFP) Information

Name of Funding Agency	
Program/RFP	

Billing Information

Department/Center		
*Fund Account Type (check those that apply.)	<input type="checkbox"/> Department/College Funds	
	<input type="checkbox"/> PI Funds	
Estimated Number of Hours		
Not to Exceed without future Authorization		
Beginning Date		
Report Date		

PLEASE ATTACH WRITTEN SCOPE OF WORK AS AGREED.

Exhibit A Signatures *(*All signatures required when using Department/College funds)*

Principal Investigator Date

Grant Consultant Date

Dean's Office Date

Office of the Vice President for Research Date
Iowa State University