

**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	
ISU Fund Account Number(s)	
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 (please sign and date below)**

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Grant Consultant Date

\_\_\_\_\_  
Dean's Office Date

\_\_\_\_\_  
Office of Vice President for Research Date  
Iowa State University