Attachment 1

The Pennsylvania State University
Contract number: 4400023298

Agency Request - Work Plan
(Agency to complete and provide to University)

If University Principal Investigator is known, please incorporate their contact info below:

Principal Investigator:
    Email:
    Phone:

Otherwise complete and forward this form to:

osp@psu.edu

A. Agency and Project Name:

B. Objective:

This project is to:

Is this a continuation of services? □ YES □ NO
If yes, previous Purchase Order Number: ________________

C. Method of Invoicing: (Agency must check one of the methods).

1. □ Cost Reimbursement: The UNIVERSITY shall send its standard automated cost reimbursable invoice itemized by major budget category (Personnel, Operational, Professional Services, Subcontracting, Capital Equipment, Travel, and Administrative Fees) to which the invoice refers to the address referenced on the Purchase Order monthly.

For COMMONWEALTH-funded Projects:

□ Agency requires UNIVERSITY standard invoice only (no additional documentation required).

□ Agency requires custom invoicing and/or additional supporting documentation be submitted with each invoice. UNIVERSITY to budget for this effort. UNIVERSITY may assess an additional nominal charge to cover the cost of non-standard invoicing requirements. The special invoicing requirements and the associated charge will be definitized as part of the Attachment 2 finalization process.
2. □ **Deliverable Based:** The UNIVERSITY shall submit to the Commonwealth Agency the monthly progress report(s) and a written certification that the task deliverable is completed and ready for acceptance.

D. **Term of Project:**

From: ________________
To: ________________

E. **Project Site:** *(Please list location where work will be performed)*

F. **Statement of Work:** *(Include here or as separate attachment)*

G. **Confidential Information:** *(If Agency confidential information will be part of this scope of work, please provide details here. If no Agency confidential information is involved, mark ‘N/A’)*

H. **Copyright Ownership:** Ownership of materials developed as part of the scope of work for Project Tasks. *Agency must check one of the provisions based on the source of funding identified in Section I below (Commonwealth or Federal Pass Through):*

   1. □ Commonwealth Funding - Work Made for Hire/University Non-Exclusive License; or
   2. □ Federal Pass-Through Funding - Purchase Orders Vesting Title in the University and Granting a Non-Exclusive License to the Commonwealth

I. **Reporting:** *(Standard reporting is monthly. Only list additional or different reporting requirements that are required for the project)*

   1.
   2.
   3.

   Reports shall be submitted to:
   Agency Contact:
   Email:
   Phone:

J. **Federal Pass Through Information:**

If funding for this project stems from a Federal Agency, the source of these funds must be disclosed notifying University of the respective percentages of state funds and federal funds that will be utilized for payment for this service. The following information is required or the University may not provide a quote.

   Prime Award Number: ________________________________
Federal Agency: _________________________________
Sub-Agency: _________________________________

Examples: Federal Agency: USDA – NIFA or USDA – ARS
Sub-Agency: USDI–National Park Service or USDI – U.S. Geological Survey

Allowable indirect cost percentage for Federal Agency/Sub-Agency above:
Catalog of Federal Domestic Assistance (CFDA) number (if applicable):

Percentage of federal funding: ______ %
CFDA/ALN number applicable to federal funding: ______
Percentage of state funding: ______ %

If at any time, the funding sources or percentages are changed it is the responsibility of the Agency to notify the University. If Federal funds are increased, the University has the right to revise the indirect costs at that time or anytime that the percentage of Federal Funds has increased. The Agency will be responsible for payment of additional costs associated with the change in funding source or change in funding percentages.

Signature attesting to Funds appropriated for Project:

________________________________________________________
Agency Head or Designee Date

(The Agency has the option to competitively solicit the procurement with other suppliers if the University’s proposed budget is not considered reasonable).