COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
HARRISBURG

For: All Using Agencies
Subject: Pennsylvania State University Master Agreement
Commodity Specialist: Kay Whitsel, 717-787-7675, kwhitsel@pa.gov

CHANGE SUMMARY:

Attachment 1 - Agency Request Work Plan, has been revised and replaced with updated vision this date. Wording change under "Federal Pass Through Information". Revised Attachment 1 can be found in SRM under "Documents".

ALL OTHER TERMS AND CONDITIONS OF THIS AGREEMENT NOT CHANGED BY THIS CHANGE NOTICE REMAIN AS ORIGINALLY WRITTEN.
Rev. 12/14/2011

Attachment 1

The Pennsylvania State University Master Agreement
Contract number: 4400008014
Agency Request - Work Plan
(Agency to complete and provide to University)
If University Principal Investigator is known, please incorporate their contact info below, otherwise complete and forward this form to:
JoAnn Parsons
Email: jxp5@psu.edu
Phone: 814-863-0587

Agency and Project Name:

Objective:

This project is for:

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

Time Frame of Project (enter dates):

From: ________________
To: ________________

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

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

Confidential Information: (If Agency confidential information will be part of this scope of work, please provide details on what is considered confidential. If no Agency confidential information is involved, insert ‘N/A’)

Copyright Ownership: Ownership of materials developed as part of the scope of work for Project Tasks. Agency must check one of the provisions:

___ Work Made for Hire/University Non-Exclusive License

___ Purchase Orders Vesting Title in the University and Granting a Non-Exclusive License for the Commonwealth.
Reporting: (Standard reporting is monthly. List additional or different reporting requirements that are required for the project)

1. 
2. 
3. 

Federal Pass Through Information:

If funding for this project stems from a Federal Agency, the source of these funds must be disclosed notifying the University of the respective percentages of state funds and federal funds that will be utilized for payment for this project. The following information is required for the University to provide a quote.

Prime Award Number: ________________________________
Federal Agency: ________________________________
Sub-Agency: ________________________________
Examples: USDA – CSREES or USDA – ARA
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: ____________%
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).