

CN Number:  
SRM Parent Number:  
SAP/SRM Contract Number: 4400008014  
Change Number: 2  
Change Effective Date: 12/15/2011

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF GENERAL SERVICES  
HARRISBURG**

**For:** All Using Agencies  
**Subject:** Pennsylvania State University Master Agreement  
**Contract Period:** Beginning 6/1/2011 and Ending 6/30/2016  
**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.

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.

Attachment 1

**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: UDSA – 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).