

# How to complete a Research Foundation PSC Template

1 Enter name of consultant or firm.

Encu
Cont (date Legisla Comm Cont

**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.**  
**PERSONAL SERVICES CONTRACT**

THIS CONTRACT is made and entered into this \_\_\_\_\_ day  
between the University of Louisville Athletic Association, Inc., hereinaf  
\_\_\_\_\_ at \_\_\_\_\_  
(Name of Individual or Firm) (Street Add  
\_\_\_\_\_, hereinafter referred to as the "Second  
(Social Security# or FEIN)

Second Party, or any principal thereof, will indicate by checking the app  
University of Louisville or any affiliate.

University of Louisville Employee: YES  NO

If yes, name individual: \_\_\_\_\_

**2** Enter address of consultant or firm.

**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.  
PERSONAL SERVICES CONTRACT**

Encumbrance Amount	\$
Contract Effective Date (date of delivery to the Legislative Research Commission)	
Contract Expiration Date	

THIS CONTRACT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the University of Louisville Athletic Association, Inc., hereinafter referred to as the "First Party", and

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Individual or Firm) (Street Address) (City/State/Zip Code)

\_\_\_\_\_ hereinafter referred to as the "Second Party".  
(Social Security# or FEIN)

Second Party, or any principal thereof, will indicate by checking the appropriate box below if employed by the University of Louisville or any affiliate.

University of Louisville Employee: YES  NO

If yes, name individual: \_\_\_\_\_

**3** Enter consultant social security number or Federal Employer ID Number.

**PERSONAL SERVICES CONTRACT**

(date  
Legis:  
Comm  
Cont

THIS CONTRACT is made and entered into this \_\_\_\_\_ da between the University of Louisville Athletic Association, Inc., hereinal

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Individual or Firm) (Street Add

\_\_\_\_\_ hereinafter referred to as the "Secon  
(Social Security# or FEIN)

Second Party, or any principal thereof, will indicate by checking the app University of Louisville or any affiliate.

University of Louisville Employee: YES  NO

If yes, name individual: \_\_\_\_\_

If yes, Second Party agrees to accept the contract based on the law set conflicts of interest of public officers and employees.

4

Check one box as appropriate. If 'YES' was selected, enter individual name on line below.

THIS CONTRACT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between the University of Louisville Athletic Association, Inc., hereinafter referred to as the "First Party", and

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Individual or Firm) (Street Address) (City/State/Zip Code)

\_\_\_\_\_ hereinafter referred to as the "Second Party".  
(Social Security# or FEIN)

Second Party, or any principal thereof, will indicate by checking the appropriate box below if employed by the University of Louisville or any affiliate.

University of Louisville Employee: YES  NO

If yes, name individual: \_\_\_\_\_

If yes, Second Party agrees to accept the contract based on the law set forth in [KRS 45A.340](#) as it related to conflicts of interest of public officers and employees.

WHEREAS, the First Party, in the exercise of its lawful duties, has determined upon the necessity of the performance of the following described functions(s):

\_\_\_\_\_  
\_\_\_\_\_

5

Enter brief description of services to be provided.

University of Louisville or any affiliate.

University of Louisville Employee: YES  NO

If yes, name individual: \_\_\_\_\_

If yes, Second Party agrees to accept the contract based on the law set forth in [KRS 45A.340](#) as it related to conflicts of interest of public officers and employees.

WHEREAS, the First Party, in the exercise of its lawful duties, has determined upon the necessity of the performance of the following described functions(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREAS, the First Party has concluded that either state personnel are available to perform this function, or it would not be feasible to utilize state personnel to perform this function.

WHEREAS, the Second Party is available and would be qualified to perform this function.

6

Enter detailed description of ALL services that are to be provided and any relevant information that consultant must provide. Use all space available and if more room is needed, include on a separate page.

hereinafter described with particularity as follows. Where applicable, to the Louisville Office of Communications and Marketing (OCM) to ensure compliance with current identity standards and strategic planning/branding initiatives. When applicable, the Party's services will be in compliance with current Americans with Disabilities Act applicable current ADA Standards for Accessible Design, WCAG 2.1, Section 255 of the Communications Act, as amended (29 U.S.C. 794),



7

Enter total Fee. This is the amount the consultant will charge for their services. Travel and Other expenses are NOT included in this amount unless specifically stated to include.

2. **CONSIDERATION:**

a. **FEE:**

As fee for the services hereinbefore set forth, having been performed to the satisfaction of the First Party, the First Party agrees to pay the Second Party:

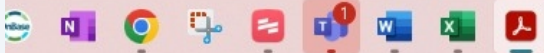
A sum not to exceed \$ \_\_\_\_\_

To be paid in the following manner or on the following terms: (State hourly rate and hours worked, frequency of payment, amount to be paid for specific services rendered or milestones/phases completed).

\_\_\_\_\_

\_\_\_\_\_

The Second Party's invoice(s) for fee shall be signed and shall include not less than the following information:



8

Enter details regarding how payments are to be billed. Must include hourly rates, number of hours worked, services rendered, milestone/phase completed, as relevant in order to properly evaluate invoice for approval.

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2. **CONSIDERATION:**

a. **FEE:**

As fee for the services hereinbefore set forth, having been performed, the First Party agrees to pay the Second Party:

A sum not to exceed \$ \_\_\_\_\_

payment, amount to be paid for specific services rendered or milestones/phases completed [1]

To be paid in the following manner or on the following terms: (State how payment, amount to be paid for specific services rendered or milestone

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The Second Party's invoice(s) for fee shall be signed and shall include a



9

Enter all details that must be included on the invoice submitted by the consultant.

Party agrees to pay the Second Party:

A sum not to exceed \$ \_\_\_\_\_

To be paid in the following manner or on the following terms: (State how payment, amount to be paid for specific services rendered or milestone

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The Second Party's invoice(s) for fee shall be signed and shall include a

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The Second Party shall maintain supporting documents to substantiate by the First Party.

The First Party payment terms are Net 30 days upon receipt of invoice,

b. **TRAVEL EXPENSES**, if authorized herein.

The Second Party shall be paid for no travel expenses unless and except as otherwise follows:



10 Click "AVPageView"

The Second Party's invoice(s) for fee shall be signed and shall include not less than the following information:

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The Second Party shall maintain supporting documents to substantiate invoices and shall furnish same to the First Party.

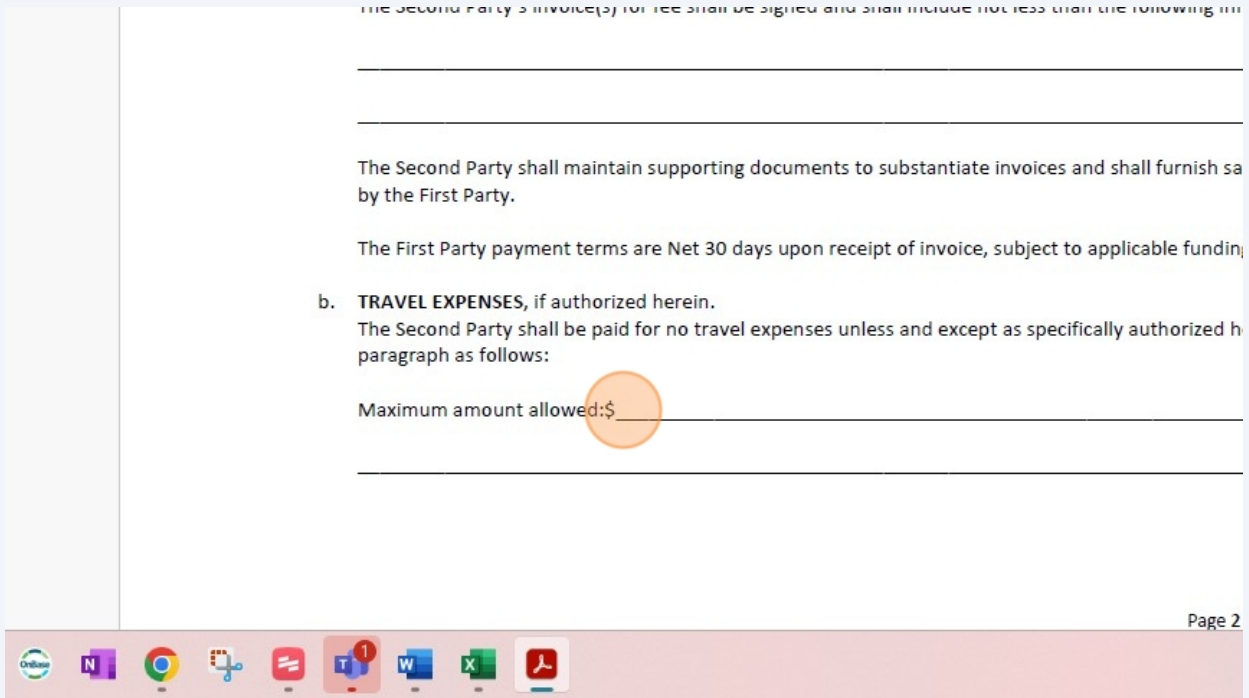
The First Party payment terms are Net 30 days upon receipt of invoice, subject to applicable funding.

b. **TRAVEL EXPENSES**, if authorized herein.  
The Second Party shall be paid for no travel expenses unless and except as specifically authorized in the following paragraph as follows:

Maximum amount allowed: \$ \_\_\_\_\_

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Page 2



11 If Travel Expenses are allowed, include a maximum amount allowed. This amount can be estimated. Consultant must pay for expenses and request reimbursement on invoice. Also include details regarding documents or information that must be provided by consultant to be reimbursed for allowed travel expenses in the second section.

\_\_\_\_\_

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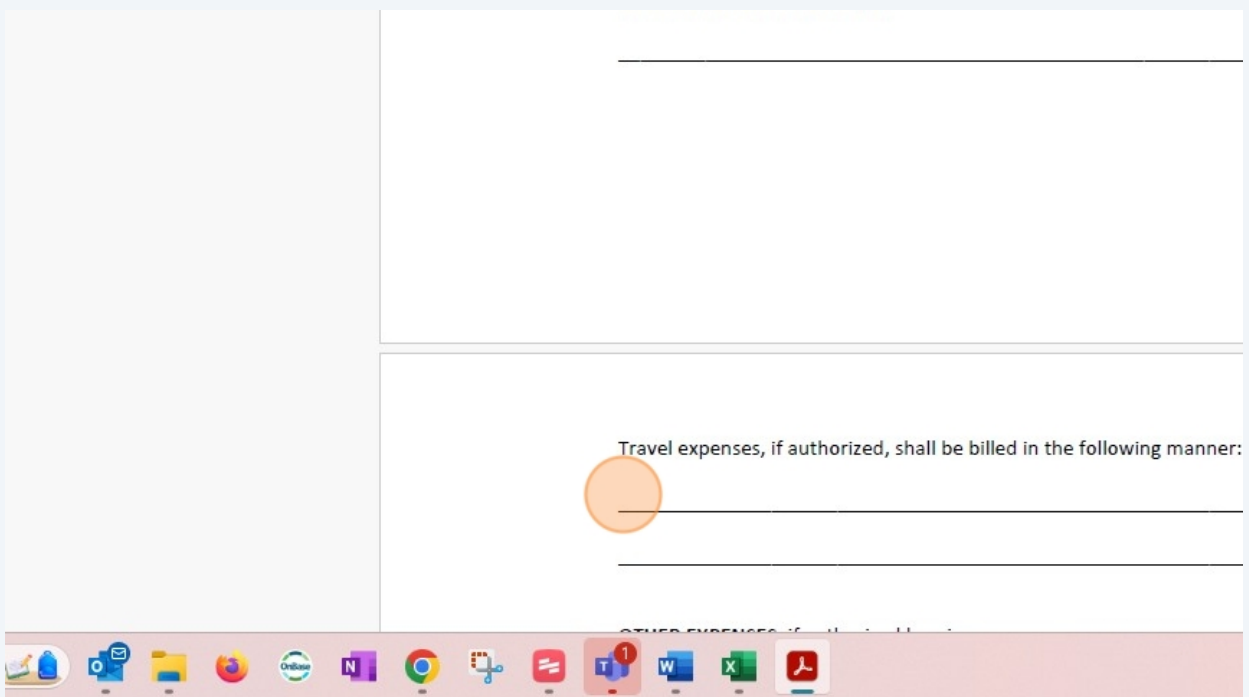
Travel expenses, if authorized, shall be billed in the following manner:

\_\_\_\_\_

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OTHER EXPENSES, if authorized, shall be billed in the following manner:

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12

If Other Expenses are allowed, enter maximum amount here and type of expense(s) allowed. Other expenses may include administrative expenses, postage fees, office supplies, etc.

Travel expenses, if authorized, shall be billed in the following manner:

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c. **OTHER EXPENSES**, if authorized herein.

The Second Party shall be reimbursed for no other expenses of any kind, unless and except as specifically authorized as follows:

Maximum amount allowed: \$ \_\_\_\_\_

If the reimbursement of such expense is authorized, the reimbursement shall be only on an out-of-pocket basis. Request for payment of the same shall be processed upon receipt of the Second Party of valid, itemized statement submitted periodically for payment at the time any fees are due. The Second Party shall maintain supporting documents that substantiate every claim for expenses and shall furnish same if requested by the First Party.

d. **MAXIMUM FOR FEE AND EXPENSES (a+b+c)**

The Second Party's fee, travel expense reimbursement (if any), and other expenses reimbursement (if any) shall not exceed a total of \$ \_\_\_\_\_.

13

Enter total for Fees and Expenses. This amount will be the sum of the amounts in sections A, B, and C.

Maximum amount allowed: \$ \_\_\_\_\_

If the reimbursement of such expense is authorized, the reimbursement shall be only on an out-of-pocket basis. Request for payment of the same shall be processed upon receipt of the Second Party of valid, itemized statement submitted periodically for payment at the time any fees are due. The Second Party shall maintain supporting documents that substantiate every claim for expenses and shall furnish same if requested by the First Party.

d. **MAXIMUM FOR FEE AND EXPENSES (a+b+c)**

The Second Party's fee, travel expense reimbursement (if any), and other expenses reimbursement (if any) related to the services shall not exceed a total of \$ \_\_\_\_\_.

3. **INVOICING**

- Invoicing for Fee: The Second Party's fee shall be by original invoice(s). The invoice(s) must conform to the method prescribed under Section 2, Consideration, paragraph a, and in compliance with paragraph d below.
- Invoicing for Travel Expenses: The Second Party must follow instructions prescribed under Section 2, Consideration, paragraph b. Either original or certified copies of receipts must be submitted for airline tickets, lodging bills, restaurant charges, rental car charges, and any other miscellaneous travel expenses.
- Invoicing for Miscellaneous Expenses: The Second Party must follow instructions prescribed under Section 2, Consideration, paragraph c. Expenses submitted shall be either original or certified copies.

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Enter begin and end dates for services/work to be performed. Dates are not to be backdated.

Section 1001 and Title 31, Sections 3/29-3/30 and 3801-3812)." By signature of an official who is authorized to legally bind the Second Party, that any invoice submitted to the First Party for payment under this Agreement comply with the additional information, as requested, to assure the First Party that the invoice is accurate with that certification.

4. SIGNIFICANT CONTRACT DATES

a. EFFECTIVE DATE:

This Agreement is not effective unless and until the Agreement is signed by the Second Party.

b. DATES WORK IS TO BE PERFORMED:

The period within the current fiscal year in which the services are to be performed is:

\_\_\_\_\_ 20\_\_\_\_, to \_\_\_\_\_ 20\_\_\_\_.  
(Month & Day) (Month & Day)

15

A response to the question is required if either box in sections 11 and 12 are marked Yes. Can remain blank if not using federal funds or sponsored projects funds to pay for this project but must be answered if either box is checked 'YES' in sections 11 or 12 and Second Party must enter URL.

and / or qualifying adult. A qualifying adult must be over 18 years of age, and, if a blood relative (including a spouse or partner in a common-law marriage) must be of the same or younger generation of the individual (as used in KRS 391.010), a member of the individual's household and have done so for a period of at least 12 months, and, must be financially dependent on the individual, for example, have joint checking account or joint mortgage) for 12 months or longer, and, must be unmarried.

Does the Second Party maintain and enforce policy and procedures that comply with [42](#) CFR 200.101-101.101?

YES  NO

If yes, add URL: \_\_\_\_\_

If NO<sup>2</sup>, the Second Party agrees to abide by the current policy<sup>3</sup> of UofL including disclosure of any necessary corrective actions for the duration of this Agreement. Disclosure and reporting of any conflict of interest related to this Agreement must be submitted to the Conflict-of-Interest Officer in writing, no later than thirty (30) calendar days after identification. Documentation, pursuant to the policy, must be sent to:





16 Check one box as appropriate.

Supplier Co.

Conflict of Interest Program  
LL05 Jouett Hall  
2301 South Third Street  
University of Louisville  
Louisville, KY 40292

10. **COMPLIANCE AND CHOICE OF LAW**

Second Party will comply with all applicable law, regulation, and University of Louisville Policy. All questions as to the execution, validity, interpretation, construction, and performance of this Agreement shall be governed by the laws of the Commonwealth of Kentucky. Furthermore, the parties hereto agree that any legal action which is brought based on this Agreement shall be filed in the Franklin County Circuit Court of the Commonwealth of Kentucky.

11. **SUPPLIER CERTIFICATION**

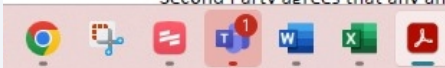
Are any federal funds<sup>4</sup> being used for this project? YES  NO

If YES, note that the Supplier Certification contains multiple provisions that are applicable when the funding source is federal.

Are funds from a sponsored project<sup>5</sup> being used for this project? YES  NO

12. **OWNERSHIP OF INTELLECTUAL PROPERTY**

Second Party agrees that any and all inventions, improvements, modifications, discoveries, information, data, and materials



17 Check one box as appropriate.

Supplier Co.

Conflict of Interest Program  
LL05 Jouett Hall  
2301 South Third Street  
University of Louisville  
Louisville, KY 40292

10. **COMPLIANCE AND CHOICE OF LAW**

Second Party will comply with all applicable law, regulation, and University of Louisville Policy. All questions as to the execution, validity, interpretation, construction, and performance of this Agreement shall be governed by the laws of the Commonwealth of Kentucky. Furthermore, the parties hereto agree that any legal action which is brought based on this Agreement shall be filed in the Franklin County Circuit Court of the Commonwealth of Kentucky.

11. **SUPPLIER CERTIFICATION**

Are any federal funds<sup>4</sup> being used for this project? YES  NO

If YES, note that the Supplier Certification contains multiple provisions that are applicable when the funding source is federal.

Are funds from a sponsored project<sup>5</sup> being used for this project? YES  NO

12. **OWNERSHIP OF INTELLECTUAL PROPERTY**

Second Party agrees that any and all inventions, improvements, modifications, discoveries, information, data, and materials



18

Check one box as appropriate. If 'YES' is selected, a Business Associate Agreement must be completed and the Second Party must initial this section.

vi. Is required to be disclosed by operation of law, regulation, or an order of a court or other governmental authority of competent jurisdiction.

Receiving party shall notify disclosing party promptly of making a determination that any Confidential Information falls within subcategory (i), (ii), (iii), (v), or (vi) above and will cooperate with the disclosing party's effort to contest or limit the scope of any disclosure required by subsection (vi).

No license, express or implied, in Confidential Information provided by the disclosing party is granted to the receiving party other than to the extent authorized by this Agreement.

b. **Protected Health Information:** Protected health information<sup>6</sup> (PHI) is not intended to be shared under this Agreement unless a Business Associate Agreement (BAA) is executed as part of this Agreement. Second Party agrees that it will not receive or share protected health information under this Agreement unless the box below is checked, and the Second Party has executed a BAA acceptable to the First Party.

PHI may be shared: YES  NO

Check if applicable, and if so, initial here: \_\_\_\_\_ (Second Party initial).

<sup>6</sup> See <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/De-identification/guidance.html#protected> Page 7 c



19

Check box if funds are from a grant or sponsored project. Enter the name of the award and the reference number.

For purposes of this Agreement, a non-affiliated third party means any person or entity that has an agreement with the Commonwealth and receives (accesses, collects, or maintains) personal information from the Commonwealth pursuant to the contract or agreement."

19. **PRIME AWARD:**  Check if applicable. The funding for the Services of this Agreement is provided by a prime award. If applicable, the name of the prime award and the reference number of the subaward First Party has received from \_\_\_\_\_

(referenced as \_\_\_\_\_). Second Party agrees to abide by the terms and conditions of the prime award or subaward and, if applicable, any provisions flowed down from the prime award which are applicable to the Services.

20. **ENTIRE UNDERSTANDING:** This Agreement represents the entire understanding and agreement between the First Party and the Second Party relating to the services and supersedes all prior negotiations and agreements relative to the services. This Agreement shall in all cases be construed as a whole according to its fair meaning as intended by the University or Second Party. No provision of this Agreement may be amended or added to or deleted from this Agreement without the written signature of both the University or Second Party and the First Party.

21. **AUTHORITY TO CONTRACT:** Second Party and the principal signing on its behalf certifies that it is authorized to enter into this Agreement on behalf of the Second Party.

20

Send completed document to Procurement Services for review PRIOR to obtaining any signatures. If signatures are obtained prior to Procurement Services review and edits are needed, new signatures will need to be requested.

21

Department Chair / Department Head to sign here. Must be signed, name printed, and dated or will be returned.

**RECOMMENDED BY:**  
\*Signature confirms that funds are available to cover the cost of these services.

Chair / Dept. Head Signature

Print Name

Date

22

Second Party (consultant) to sign here. Must be signed, name printed, and dated or will be returned.

Signature confirms that funds are available  
to cover the cost of these services.

\_\_\_\_\_

/ Dept. Head Signature

\_\_\_\_\_

Name

\_\_\_\_\_

\_\_\_\_\_

Principal Investigator Signature (Required for Sponsored Projects)

Signature confirms that the services are appropriate and needed for  
this sponsored project.

\_\_\_\_\_

Name

\_\_\_\_\_

RECOMMENDED BY:

\_\_\_\_\_

UNIVERSITY OF LOUISVILLE

FIRST PARTY:

\_\_\_\_\_

Chief Financial Officer or Designee Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

SECOND PARTY:

\_\_\_\_\_

Authorized Representative Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title



23

Enter department name, contact, email and phone.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

RECOMMENDED BY:

\_\_\_\_\_

Purchasing Officer or Authorized Representative

\_\_\_\_\_

Date

Department Name	
Department Contact	
Department Phone	
Contact Email	



24

Return PSC document to Procurement Services after obtaining Second Party signature. Procurement Services will obtain remaining signatures and finalize PSC.

# How to Complete a Research Foundation Amendment/Extension Template Form

1

Enter name and address of consultant individual or firm.

The image shows a screenshot of a form titled "UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION NOTICE OF AMENDMENT/EXTENSION TO". The form is divided into two main sections. The top section is for entering the name and address of the consultant individual or firm. This section includes a header with the University of Louisville logo and the text "UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION NOTICE OF AMENDMENT/EXTENSION TO". Below this, there is a field labeled "Name and Address of Individual or Firm:" with two lines for text entry. A tooltip with the text "Name and Address of Individual or Firm [1]" is visible over the first line. Below the name and address fields, there is a field for "Personal Services Contract # \_\_\_\_\_ dated \_\_\_\_\_". The bottom section of the form is for describing the amendment or extension, starting with the text "Foundation, Inc. is being amended/extended as follows:". Below this text, there is a checkbox labeled "AMENDMENT:" followed by two lines for text entry.

2 Enter current date and departmental unit contact information.

**UNIVERSITY OF LOUISVILLE.**

**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.**  
**NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT**

Individual or Firm:

_____	Date	_____
_____	Department Name	_____
_____	Department Contact	_____
	Department Phone	_____
	Contact Email	_____

# \_\_\_\_\_ dated \_\_\_\_\_, between you and University of Louisville Research Foundation, Inc. is being amended/extended as follows:

\_\_\_\_\_

\_\_\_\_\_

3 Enter PSC # that amendment/extension request is for.

**UNIVERSITY OF LOUISVILLE.**

**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.**  
**NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT**

Name and Address of Individual or Firm:

_____	Date	_____
_____	Department Name	_____
_____	Department Contact	_____
	Department Phone	_____
	Contact Email	_____

Personal Services Contract # \_\_\_\_\_ dated \_\_\_\_\_, between you and University of Louisville Research Foundation, Inc. is being amended/extended as follows:

**AMENDMENT:**

\_\_\_\_\_

\_\_\_\_\_

**EXTENSION:** If contract is to be extended beyond the original expiration date, please indicate new expiration date extended beyond the current biennium.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

All other terms and conditions of this contract remain unmodified herein.

4 Enter original date of PSC. Procurement Services can complete this if unknown.

**UNIVERSITY OF LOUISVILLE.**

**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.**  
**NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT**

Name and Address of Individual or Firm: \_\_\_\_\_

Date	_____
Department Name	_____
Department Contact	_____
Department Phone	_____
Contact Email	_____

Personal Services Contract # \_\_\_\_\_ dated \_\_\_\_\_, between you and University of Louisville Research Foundation, Inc. is being amended/extended as follows:

AMENDMENT:  
\_\_\_\_\_  
\_\_\_\_\_

EXTENSION: If contract is to be extended beyond the original expiration date, please indicate new period below. NOTE: Contract can be extended beyond the current biennium.  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

All other terms and conditions of this contract except as modified herein remain in full force and effect.

5 If amending, check box and enter details for change requested on PSC.

**UNIVERSITY OF LOUISVILLE RESEARCH**  
**NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT**

Name and Address of Individual or Firm: \_\_\_\_\_

Date	_____
Department Name	_____
Department Contact	_____
Department Phone	_____
Contact Email	_____

Personal Services Contract # \_\_\_\_\_ dated \_\_\_\_\_, between you and University of Louisville Research Foundation, Inc. is being amended/extended as follows:

AMENDMENT:  
\_\_\_\_\_  
\_\_\_\_\_

EXTENSION: If contract is to be extended beyond the original expiration date, please indicate new period below. NOTE: Contract can be extended beyond the current biennium.  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

All other terms and conditions of this contract except as modified herein remain in full force and effect.  
Please signify your acceptance of the above amendment/extension to the contract by signing and returning this form to the Procurement Services Office.

RECOMMENDED BY: \_\_\_\_\_



**6** If extending, check box and enter date range of extension request.

	_____	Depar
	_____	Depar
	_____	Conta

Personal Services Contract # \_\_\_\_\_ dated \_\_\_\_\_,  
Foundation, Inc. is being amended/extended as follows:

AMENDMENT:  
\_\_\_\_\_  
\_\_\_\_\_

EXTENSION: If contract is to be extended beyond the original expiration date  
extended beyond the current biennium.  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

All other terms and conditions of this contract except as modified herein re  
Please signify your acceptance of the above amendment/extension to the o

**RECOMMENDED BY:**  
\*Signature confirms that funds are available  
to cover the cost of these services.

Chair / Dept. Head Signature \_\_\_\_\_ Chief Fi  
Print Name \_\_\_\_\_ Print Ni

**7** If amending and extending, check both boxes and complete section as appropriate.

8

Obtain signature from department chair / head. All lines in this section must be completed or it will be returned by Procurement Services.

EXTENSION: If contract is to be extended beyond the original expiration extended beyond the current biennium.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

All other terms and conditions of this contract except as modified here  
Please signify your acceptance of the above amendment/extension to

**RECOMMENDED BY:**  
\*Signature confirms that funds are available to cover the cost of these services.

Chair / Dept. Head Signature \_\_\_\_\_ U  
Print Name \_\_\_\_\_ F  
Date \_\_\_\_\_ C  
Principal Investigator Signature \_\_\_\_\_ P  
Print Name \_\_\_\_\_ D  
Date \_\_\_\_\_ S

Principal Investigator Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ A  
Date \_\_\_\_\_ P

9

Obtain signature from consultant individual or firm. All lines in this section must be completed or it will be returned by Procurement Services.

Please signify your acceptance of the above amendment/extension to the contract by affixing your signature in the space provided below.

**RECOMMENDED BY:**  
\*Signature confirms that funds are available to cover the cost of these services.

Chair / Dept. Head Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

Executive Vice President for Research and Innovation or Designee \_\_\_\_\_  
Date \_\_\_\_\_

**REVIEWED AS TO FORM AND LEGALITY:**  
Attorney, University of Louisville Signature \_\_\_\_\_

**UNIVERSITY OF LOUISVILLE  
FIRST PARTY:**

Chief Financial Officer or Designee Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

**SECOND PARTY:**

Authorized Representative Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**RECOMMENDED BY:**  
Director, Procurement Services or Authorized Representative Signature \_\_\_\_\_

**10**

Send signed document to Procurement Services to obtain remaining signatures and finalize document.