

EXHIBIT A

Task Order No. _____
RCUH Project No. _____

PROJECT TASK ORDER FORM

_____ (Client)/
THE RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII (RCUH)

In accordance with the terms and conditions of the Master Agreement between Client and RCUH, Client hereby requests that RCUH establish a direct project account and provide administrative services for the following:

Project Title: _____
Principal Investigator: _____
Email: _____ Phone: _____
Project Period: _____
Amount of Task Order: _____

Brief description of project:

Project scope of work and deliverables:

Source of funding. Please list the agency/sponsor and attach a copy of sponsored agreement, if applicable.

	<u>Agency/Sponsor</u>	<u>Amount</u>
Federal agency	_____	\$ _____
State agency	_____	\$ _____
Other	_____	\$ _____

Does your project have cost share or matching requirements? Yes ___ No ___. If yes, please provide details:

Will this project involve any of the following? Check all that apply and explain:

<input type="checkbox"/> Construction	_____
<input type="checkbox"/> Exporting of Tech Equip/Data	_____
<input type="checkbox"/> Firearms	_____
<input type="checkbox"/> Foreign Operations	_____
<input type="checkbox"/> Hazardous Materials	_____
<input type="checkbox"/> Helicopter/Aircrafts	_____
<input type="checkbox"/> HIPAA (Protected Health Info)	_____
<input type="checkbox"/> Human Subjects	_____
<input type="checkbox"/> Live Animals	_____
<input type="checkbox"/> Marine/Diving Activities	_____
<input type="checkbox"/> Subcontracts	_____

Budget:

Salaries	_____	*
Fringe	_____	
Supplies	_____	
Travel	_____	
Equipment	_____	
Other	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Direct Costs	_____	
RCUH Indirect Costs (___ %)	_____	
Total	_____	

Indirect costs rate is subject to change with a 60-day notice from RCUH

*Personnel requirements/brief job description:

<u>Position</u>	<u>Description</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this project have existing employees? Yes ___ No ___. If yes, is the intent for them to become RCUH employees? Yes ___ No ___.

Note: RCUH reserves the right to evaluate incumbent employees and determine appropriateness of conversion to RCUH.

Is there intellectual property associated with your project(s)? Yes ___ No ___. If yes, who is the owner of the intellectual property?

An advance of \$_____ (equivalent to 2 months of estimated expenditures) will be provided to RCUH upon execution of this task order and receipt of the RCUH invoice. Payment of each subsequent monthly invoice is due within 30 days of receipt of invoice.

Email RCUH invoices to:

Name: _____

Email address: _____

Requested by: _____
Name: _____
Title: _____
Date: _____

Reviewed and approved by: _____
Name: _____
Its: Financial Officer
Date: _____

Name: _____
Its: President/Executive Director
Date: _____

Research Corporation of the University of Hawaii

Accepted by: _____
Name: Leonard R. Gouveia, Jr.
Its: Executive Director
Date: _____