

**GRADUATE RESEARCH ASSISTANT
LETTER OF AGREEMENT TEMPLATE**

_____ would like to enter into a contractual agreement with **Georgia State University Research Foundation, Inc.** that provides support for Graduate Research Assistants to perform the services outlined in the attached **Exhibit A**.

This Agreement is ____ **New;** or ____ **Amendment No.** _____ **to an existing agreement that is dated** _____.

<p>Performance Period: Start Date: _____ End Date: _____</p>	<p>Agreement Date: _____</p>
<p>Purpose of Agreement This purpose of this agreement is to support Graduate Research Assistants involved in research entitled _____ and detailed in the attached Attachment A.</p>	
<p>Sponsor Administrative Contact: Name _____ Address _____ Phone _____ Fax _____ Email _____</p>	<p>Sponsor Programmatic Contact: Name _____ Address _____ Phone _____ Fax _____ Email _____</p>
<p>GSU Administrative Contact: OSPA Officer Name PO Box 3999; Atlanta, GA 30302-3999 Phone: 404.413.3502 Email _____</p>	<p>GSU Programmatic Contact: PI Name _____ Address _____ Phone _____ Fax _____ Email _____</p>
<p>Total Costs (as detailed in Budget attached as Attachment B): Direct Costs: \$ _____ Indirect Costs (Rate _____ %): \$ _____ Total Costs: \$ _____</p>	

<p>Financial Information: Agreement is: ___ cost-reimbursable ___ fixed-price. Sponsor will pay: ___ upon execution of agreement ___ pay as invoiced (payment is due within thirty (30) days of receipt of invoice and should be addressed to the financial contact listed below).</p>	
<p>Sponsor Financial Contact: Name: _____ Title: _____ Address: _____ Phone: _____ Fax: _____ Email: _____</p>	<p>GSU Financial Contact: Mr. Ken Packman Director, OSPA PO Box 3999 Atlanta, GA 30302-3999 Phone: 404-413-3550 Fax: 404-413-3545 Email: kpackman@gsu.edu _____</p>

Please return **two (2) signed originals** of this agreement, statement of work labeled as Exhibit A, and budget labeled as Exhibit B, by mail or **one (1) signed original** by email to the Georgia State University Administrative Contact listed above. A fully executed original will be returned to you promptly for your official files. This agreement is not enforceable unless signed by both parties.

Signatures of Acceptance

SPONSOR AUTHORIZED OFFICIAL:

_____ Date _____
 Name:
 Title:

GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION, INC.

_____ Date _____
 Monica Swahn, Associate VP for Research