

Exhibit A – Scope of Work

Project Summary & Scope of Work

☐ Contract

☐ Grant

Does this project include Research (as defined in the UTC)?

☐ Yes

☐ No

PI Name:

Project Title:

Project Summary/Abstract

Briefly describe the long-term objectives for achieving the stated goals of the project.

If Third-Party Confidential Information is to be provided by the State:

- ☐ Performance of the Scope of Work is anticipated to involve use of third-party Confidential Information and is subject to the terms of this Agreement; **OR**
- ☐ A separate CNDA between the University and third-party is required by the third-party and is incorporated in this Agreement as Exhibit A7, Third Party Confidential Information.



Scope of Work

Describe the goals and specific objectives of the proposed project and summarize the expected outcomes. If applicable, describe the overall strategy, methodology, and analyses to be used. Include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate. Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the goals and objectives.

Exhibit A1 - Deliverables

SCHEDULE OF DELIVERABLES

List all items that will be delivered to the State under the proposed Scope of Work. Include all reports, including draft reports for State review, and any other Deliverables, if requested by the State and agreed to by the Parties.

If use of any Deliverable is restricted or is anticipated to contain preexisting Intellectual Property with any restricted use, it will be clearly identified in Exhibit A4, Use of Preexisting Intellectual Property & Data.

Unless otherwise directed by the State, the University Principal Investigator shall submit all Deliverables to the State Contract Project Manager, identified in Exhibit A3, Authorized Representatives.

[illegible]

Exhibit A2 – Key Personnel

KEY PERSONNEL

List Key Personnel as defined in the Agreement starting with the PI, by last name, first name followed by Co-PIs. Then list all other Key Personnel in alphabetical order by last name. For each individual listed include his/her name, institutional affiliation, and role on the proposed project. Use additional consecutively numbered pages as necessary.

Last Name, First Name	Institutional Affiliation	Role on Project
PI:		
Co-PI(s) – if applicable:		
Other Key Personnel (if applicable):		

Exhibit A3 – Authorized Representatives

AUTHORIZED REPRESENTATIVES AND NOTICES

The following individuals are the authorized representatives for the State and the University under this Agreement. Any official Notices issued under the terms of this Agreement shall be addressed to the Authorized Official identified below, unless otherwise identified in the Agreement.

State Agency Contacts	University Contacts
Agency Name: Department of Cannabis Control	University Name:
<i>Contract Project Manager (Technical)</i>	<i>Principal Investigator</i>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
	Designees to certify invoices under Section 14 of Exhibit C on behalf of PI: 1. 2. 3.
<i>Authorized Official (contract officer)</i>	<i>Authorized Official</i>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
<i>Send notices to (if different):</i>	<i>Send notices to (if different):</i>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

<i>Administrative Contact</i> Name: Address: Telephone: Fax: Email:	<i>Administrative Contact</i> Name: Address: Telephone: Fax: Email:
<i>Financial Contact/Accounting</i> Name: Address: Telephone: Fax: Email:	<i>Authorized Financial Contact/Invoicing/Remittance</i> Name: Address: Telephone: Fax: Email: Designees for invoice certification in accordance with Section 14 of Exhibit C on behalf of the Financial Contact: 1. 2. 3.

Exhibit A4 – Use of Intellectual Property & Data

USE OF INTELLECTUAL PROPERTY & DATA

If either Party will be using any third-party or pre-existing intellectual property (including, but not limited to copyrighted works, known patents, trademarks, service marks and trade secrets) "IP" and/or Data with restrictions on use, then list all such IP/Data and the nature of the restriction below. If no third-party or pre-existing IP/Data will be used, check "none" in this section.

- A. State: Preexisting IP/Data to be provided to the University from the State or a third party for use in the performance in the Scope of Work.

☐ None or ☐ List:

Owner (Name of State Agency or 3 rd Party)	Description	Nature of restriction:

- B. University: Restrictions in Preexisting IP/Data included in Deliverables identified in Exhibit A1, Deliverables.

☐ None or ☐ List:

Owner (Name of University or 3 rd Party)	Description	Nature of restriction:

- C. Anticipated restrictions on use of Project Data.

If the University PI anticipates that any of the Project Data generated during the performance of the Scope of Work will have a restriction on use (such as subject identifying information in a data set) then list all such anticipated restrictions below. If there are no restrictions anticipated in the Project Data, then check "None" in this section.

☐ None or ☐ List:

Owner (University or 3 rd Party)	Description	Nature of Restriction:

Exhibit A5 - RÉSUMÉ/BIOSKETCH

RÉSUMÉ/BIOSKETCH

Attach 2-3 page Resume/Biosketch for the PI and other Key Personnel listed in Exhibit A2, Key Personnel.

Exhibit A6 – Current & Pending Support

CURRENT & PENDING SUPPORT

University will provide current & pending support information for Key Personnel identified in Exhibit A2 at time of proposal and upon request from State agency. The “Proposed Project” is this application that is submitted to the State. Add pages as needed.

PI:					
Status (currently active or pending approval)	Award # (if available)	Source (name of the sponsor)	Project Title	Start Date	End Date
Proposed Project					
CURRENT					
CURRENT					
PENDING					

NAME OF INDIVIDUAL:					
Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project					
CURRENT					
CURRENT					
PENDING					

NAME OF INDIVIDUAL:					
Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project					
CURRENT					
CURRENT					
PENDING					

NAME OF INDIVIDUAL:					
Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project					
CURRENT					
CURRENT					
PENDING					

NAME OF INDIVIDUAL:					
Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project					
CURRENT					
CURRENT					
PENDING					

Exhibit A7

Third Party Confidential Information

Confidential Nondisclosure Agreement

(Identified in Exhibit A, Scope of Work – will be incorporated, if applicable)

If the Scope of Work requires the provision of third party confidential information to either the State or the Universities, then any requirement of the third party in the use and disposition of the confidential information will be listed below. The third party may require a separate Confidential Nondisclosure Agreement (CNDA) as a requirement to use the confidential information. Any CNDA will be identified in this Exhibit A7.

Exhibit B - Budget

Budget for Project Period

Principal Investigator (Last, First):

Exhibit B

COMPOSITE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD				
07/01/2016 to 06/30/2019				
BUDGET CATEGORY	From: To:	7/1/2016 6/30/2017 Year 1	7/1/2017 6/30/2018 Year 2	7/1/2018 6/30/2019 Year 3 TOTAL
PERSONNEL: <i>Salary and fringe benefits.</i>		\$0	\$0	\$0
TRAVEL		\$0	\$0	\$0
MATERIALS & SUPPLIES		\$0	\$0	\$0
EQUIPMENT		\$0	\$0	\$0
CONSULTANT		\$0	\$0	\$0
SUBRECIPIENT		\$0	\$0	\$0
OTHER DIRECT COSTS (ODC)	<i>Subject to IDC Calc</i>			
ODC #1	Y	\$0	\$0	\$0
ODC #2	Y	\$0	\$0	\$0
ODC #3	Y	\$0	\$0	\$0
ODC #4	Y	\$0	\$0	\$0
ODC #5	Y	\$0	\$0	\$0
ODC #6	Y	\$0	\$0	\$0
TOTAL DIRECT COSTS		\$0	\$0	\$0
Indirect (F&A) Costs	<i>F&A Base Rate MTDC *</i>	\$0	\$0	\$0
		\$0	\$0	\$0
TOTAL COSTS PER YEAR		\$0	\$0	\$0
TOTAL COSTS FOR PROPOSED PROJECT PERIOD				\$0

* MTDC = Modified Total Direct Cost

JUSTIFICATION. See Exhibit B1 - Follow the budget justification instructions.

Funds Reversion Dates: Unless otherwise specified as following, fund reversion dates are three years from fiscal year end of year funded

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

%	10.00%
Amount	\$10,000

Exhibit B - Budget

Budget for Project Period

Principal Investigator (Last, First):

Exhibit B

COMPOSITE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD to				
BUDGET CATEGORY	From: To:	Year 1	Year 2	TOTAL
PERSONNEL: <i>Salary and fringe benefits.</i>				
TRAVEL				
MATERIALS & SUPPLIES				
EQUIPMENT				
CONSULTANT				
SUBRECIPIENT				
OTHER DIRECT COSTS (ODC)	<i>Subject to IDC Calc</i>			
ODC #1				
ODC #2				
ODC #3				
ODC #4				
ODC #5				
ODC #6				
TOTAL DIRECT COSTS				
Indirect (F&A) Costs	<u>F&A Base</u> <i>MTDC *: Rate:</i>			
TOTAL COSTS PER YEAR				
TOTAL COSTS FOR PROPOSED PROJECT PERIOD				

* MTDC = Modified Total Direct Cost, please add up all applicable costs and enter the total.

JUSTIFICATION. See Exhibit B1 - Follow the budget justification instructions.

Funds Reversion Dates: Unless otherwise specified as following, fund reversion dates are three years from fiscal year end of year funded

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% 10.00%
Or
Amount \$10,000

Principal Investigator (Last, First):

Anticipated Program Income
(applicable only when the funded portion of the project generates income)
to

From: To:				
	Year 1	Year 2		TOTAL
ANTICIPATED PROGRAM INCOME				

Anticipated Program Income is an estimate of gross income earned by the University that is directly generated by a supported activity and earned only as a result of the State funded project, and this fact is known by the University at time of proposal. Anticipated Program Income is an estimate of potential income and not a guarantee of income to support the project.

Page 2 of Exhibit B will only be incorporated in the Agreement when Program Income is anticipated and proposed.

Program Income is subject to Section 14.D of Exhibit C of this Agreement.

If known, provide source(s) of Program Income:

Source	Estimated Amount

Exhibit B1

Budget Justification

The Budget Justification will include the following items in this format.

Personnel

Name. Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as “to be determined” (TBD).

Role on Project. For all personnel by name, position, function, and a percentage level of effort (as appropriate), including “to-be-determined” positions.

Personnel***Fringe Benefits.***

In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

Materials and Supplies

Itemize materials supplies in separate categories. Include a complete justification of the project's need for these items. Theft sensitive equipment (under \$5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.

Equipment

List each item of equipment (greater than or equal to \$5,000 with a useful life of more than one year) with amount requested separately and justify each.

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole. Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: _____

Principal Investigator (Last, First): _____

Exhibit B2

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD			
07/01/2016		to	06/30/2019

From: To:	7/1/2016 6/30/2017	7/1/2017 6/30/2018	7/1/2018 6/30/2019	
BUDGET CATEGORY	Year 1	Year 2	Year 3	TOTAL
PERSONNEL: <i>Salary and fringe benefits.</i>	\$0	\$0	\$0	\$0
TRAVEL	\$0	\$0	\$0	\$0
MATERIALS & SUPPLIES	\$0	\$0	\$0	\$0
EQUIPMENT	\$0	\$0	\$0	\$0
CONSULTANT	\$0	\$0	\$0	\$0
SUBRECIPIENT	\$0	\$0	\$0	\$0
OTHER DIRECT COSTS (ODC) <i>Subject to IDC Calc</i>				
ODC #1 Y	\$0	\$0	\$0	\$0
ODC #2 Y	\$0	\$0	\$0	\$0
ODC #3 Y	\$0	\$0	\$0	\$0
ODC #4 Y	\$0	\$0	\$0	\$0
ODC #5 Y	\$0	\$0	\$0	\$0
ODC #6 Y	\$0	\$0	\$0	\$0
TOTAL DIRECT COSTS	\$0	\$0	\$0	\$0
Indirect (F&A) Costs F&A Base				
<i>Rate</i> <i>MTDC *</i>	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
TOTAL COSTS PER YEAR	\$0	\$0	\$0	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD				\$0

* MTDC = Modified Total Direct Cost

JUSTIFICATION. See Exhibit B1 - Follow the budget justification instructions.

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

%	10.00%
	<i>or</i>
Amount	\$10,000

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: _____

Principal Investigator (Last, First): _____

Exhibit B2

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD to
--

From: To:				
BUDGET CATEGORY	Year 1	Year 2		TOTAL
PERSONNEL: <i>Salary and fringe benefits.</i>				
TRAVEL				
MATERIALS & SUPPLIES				
EQUIPMENT				
CONSULTANT				
SUBRECIPIENT				
OTHER DIRECT COSTS (ODC) <i>Subject to IDC Calc</i>				
ODC #1				
ODC #2				
ODC #3				
ODC #4				
ODC #5				
ODC #6				
TOTAL DIRECT COSTS				
Indirect (F&A) Costs <u>F&A Base</u> <i>MTDC * :</i> <i>Rate:</i>				
TOTAL COSTS PER YEAR				
TOTAL COSTS FOR PROPOSED PROJECT PERIOD				

* MTDC = Modified Total Direct Cost

JUSTIFICATION. See Exhibit B1 - Follow the budget justification instructions.

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

%	10.00%
	<i>or</i>
Amount	\$10,000

Exhibit B3 – Invoice Elements

Invoice and Detailed Transaction Ledger Elements

In accordance with Section 14 of Exhibit C – Payment and Invoicing, the invoice, summary report and/or transaction/payroll ledger shall be certified by the University’s Financial Contact and the PI (or their respective designees).

Invoicing frequency

☐ Quarterly ☐ Monthly

Invoicing signature format

☐ Ink ☐ Facsimile/Electronic Approval

Summary Invoice – includes either on the invoice or in a separate summary document – by approved budget category (Exhibit B) – expenditures for the invoice period, approved budget, cumulative expenditures and budget balance available¹

- Personnel
- Equipment
- Travel
- Subawardee – Consultants
- Subawardee – Subcontract/Subrecipients
- Materials & Supplies
- Other Direct Costs
 - TOTAL DIRECT COSTS (if available from system)
- Indirect Costs
 - TOTAL

Detailed transaction ledger and/or payroll ledger for the invoice period ²

- University Fund OR Agency Award # (to connect to invoice summary)
- Invoice/Report Period (matching invoice summary)
- GL Account/Object Code
- Doc Type (or subledger reference)
- Transaction Reference#
- Transaction Description, Vendor and/or Employee Name
- Transaction Posting Date
- Time Worked
- Transaction Amount

¹ If this information is not on the invoice or summary attachment, it may be included in a detailed transaction ledger.

² For salaries and wages, these elements are anticipated to be included in the detailed transaction ledger. If all elements are not contained in the transaction ledger, then a separate payroll ledger may be provided with the required elements.

Exhibit C – University Terms and Conditions

[CMA \(AB20\) State/University Model Agreement Terms & Conditions UTC-220](#)

Exhibit D- Additional Requirements Associated with Funding Sources

(if applicable)

If the Agreement is subject to any additional requirements imposed on the funding State agency by applicable law (including, but not limited to, bond, proposition and federal funding), then these additional requirements will be set forth in Exhibit D. If the University is a subrecipient, as defined in 2 CFR 200 (Uniform Guidance on Administrative Requirements, Audit Requirements and Cost Principles for Federal Financial Assistance), and the external funding entity is the federal government, the below table must be completed by the State agency. (Please see sections 10.A and 10.B of the Exhibit C.)

State Agency to Complete (Required for Federal Funding Source):

Federal Agency	
Federal Award Identification Number	
Federal Award Date	
Catalog of Federal Domestic Assistance (CFDA) Number and Name	
Amount Awarded to State Agency	
Effective Dates for State Agency	
Federal Award to State Agency is Research & Development (Yes/No)	

University to Complete:

Research and Development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other R&D activities and where such activities are not included in the instruction function.

This award ☐ does ☐ does not support Research & Development.

Exhibit E – Special Conditions for Security of Confidential Information

(if applicable)

If the Scope of Work or project results in additional legal and regulatory requirements regarding security of Confidential Information, those requirements regarding the use and disposition of the information, will be provided by the funding State agency in Exhibit E. (Please see section 8.E of Exhibit C.)

Exhibit F – Access to State Facilities or Computing Resources

(if applicable)

If the Scope of Work or project requires that the Universities have access to State agency facilities or computing systems and a separate agreement between the individual accessing the facility or system and the State agency is necessary, then the requirement for the agreement and the agreement itself will be listed in Exhibit F. (Please see section 21 of Exhibit C.)

Exhibit G – Negotiated Alternate UTC Terms (if applicable)

An alternate provision in Exhibit G must clearly identify whether it is replacing, deleting or modifying a provision of Exhibit C. The Order of Precedence incorporated in Exhibit C clearly identifies that the provisions on Exhibit G take precedence over those in Exhibit C.

*While every effort has been made to keep the UTC as universal in its application as possible, there may be unique projects where a given term in the UTC may be inappropriate or inadequate, or additional terms may be necessary. California Education Code §67327(b) allows for terms to be changed or added, but only through the mutual agreement and negotiation of the State agency and the University campus. If a given term in the UTC is to be changed, the change should **not** be noted in Exhibit C, but rather noted separately in Exhibit G.*