EXHIBIT A

**Scope of Work for Sponsored Projects**

This Scope of Work (this “SOW”) is entered into effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_ between **Syracuse University** (“University”) and **­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (“Consultant”) and is subject to the terms of the Consulting Agreement, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, between the parties (the “Agreement”), which is incorporated herein by this reference. In the event of a conflict between any terms of the Agreement and the terms of this SOW, the applicable terms of this SOW shall control for the work set forth herein only.

**UNIVERSITY PRINCIPAL INVESTIGATOR**

* [List the University faculty or staff member that is overseeing the project/work]

**UNIVERSITY CHARTSTRING FUNDING THE WORK**

[List the University Sponsored Programs Chartstring # that is providing the project/work funding]

**PERIOD OF PERFORMANCE** (subject to change only upon University’s prior written approval)

* [Fill in with anticipated dates (i.e. anticipated start date, expected performance dates)]

**SUMMARY OF WORK**

* [Clearly describe project/work]

**SERVICES**

Consultant’s Obligations:

* [Clearly describe/list services/obligations that will be provided by Consultant]

University Obligations:

* [Clearly describe/list any University obligations]

**PLACE OF PERFORMANCE**

* [Fill in and clearly describe where work will be performed by Consultant]

**PAYMENT TERMS**

* [Fill in how Consultant is being paid (i.e., compensation amount, type of compensation (fixed/hourly), payment schedule, reimbursements)]

**OTHER REQUIREMENTS**

* [Describe/list any other requirements that are not addressed above. Delete if not applicable]

**ACCEPTANCE:**

**SYRACUSE UNIVERSITY**

By: Name:

Title:

**[FILL IN WITH CONSULTANT NAME]**

By:

Name:

Title: