

Agreement No: _____
Consultant Name: _____
Schedule Date: _____

SCHEDULE "A"

1. Objective/Scope of Work to Be Performed: _____

2. VANDERBILT Responsibilities: _____

3. Deliverables: _____

4. Deliverable Due Date(s): _____

5. Fees: _____

 Fee Arrangement Type: _____

 Invoicing Schedule: _____

 Send Payments To: _____

6. Names, Telephone Numbers, and Email Addresses of Project Managers:

VANDERBILT UNIVERSITY:

CONSULTANT:

7. Confidential Information to Be Exchanged: _____

8. Additional Terms and Conditions: _____



Agreement No: _____
Consultant Name: _____
Schedule Date: _____

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective authorized representatives to be effective as of the date first above written.

EXECUTED:

VANDERBILT UNIVERSITY

CONSULTANT

Signed: _____
Name: _____
Title: _____
Date: _____

Signed: _____
Name: _____
Title: _____
Date: _____

ENDORSED:

**Vanderbilt University
Department Representative**

Signed: _____
Name: _____
Title: _____
Date: _____