

Statement of Work  
RESEARCH AGREEMENT # \_\_\_\_\_

Title of Grant: \_\_\_\_\_

Date: \_\_\_\_\_

Technical Contact(s):

Name: \_\_\_\_\_

Position/Title:

LU Email: \_\_\_\_\_

Administrative Contact(s):

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department Name: \_\_\_\_\_

Dept PO Box: \_\_\_\_\_

