SCOPE OF SERVICES

I. Service Provider Information

Name:

Address:

City, State, Zip Code:

Email:

Phone:

II. Scope of Work and Deliverables ("Services"):

Be sure to include a description of the services rendered for compensation including specific deliverables. If applicable include completion dates and a project timeline with milestones.

☐ If additional space is needed, please check the box and attach a detailed scope of work.

III. Term:

This Agreement covers services rendered from through .

IV. Location of Services:

1. Indicate the location of services.
   - ☐ On Campus. Enter location:
   - ☐ Off Campus. Enter address:
   - ☐ Virtual

2. Will the services require driving onto campus grounds to unload or set up (aside from public streets or parking lots)?
   - ☐ Yes
   - ☐ No

V. CSUSM Project Manager:

Provide the name and contact information for the CSUSM employee coordinating with the Contractor.

Name and Title:
Email:
Phone:

VI. Fee and Payment Schedule

1. Contractor shall be paid a lump sum or multiple payments for all services inclusive of travel expenses in an amount not to exceed: _____

2. If Contractor will be paid in multiple payments, please outline the payment schedule below, including a payment rate (flat fee, hourly, project, etc.). Advance payments are not permitted. If multiple payments will not be made pursuant to this Agreement, please put N/A.