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:
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

Signed: ______________________________
Name: ______________________________
Title: ______________________________
Date: ______________________________

CONSULTANT

Signed: ______________________________
Name: ______________________________
Title: ______________________________
Date: ______________________________

ENDORSED:

Vanderbilt University
Department Representative

Signed: ______________________________
Name: ______________________________
Title: ______________________________
Date: ______________________________