

Iowa Science Foundation Agreement - ISF <Grant Number>: <Grant Amount>
<Project Title>

Principal Investigator: **<Name of PI>**, <Institution Name>

Grant duration date: **July 1, 2015 thru June 30, 2016**

Responsibilities and Timelines:

1. **The uses of this award are limited to those specified in your proposal.**
2. **Expenditures of grant funds may be made only during the term of this grant** and must be for materials, services, and grant activities during that time. Accompanying your request(s) must be original itemized receipts or a certified ledger from your organization (certifying expenditures are true and correct within the context of the grant proposal). Here are the options for receiving payments:
 - a. Submit quarterly billings to the Executive Director or,
 - b. Submit one final bill **by June 1, 2016** with your financial documentation.
 - c. **A progress report is required by December 15, 2015.** This report should be sent to the Executive Director, Iowa Academy of Science, BRC 50, University of Northern, Cedar Falls, IA 50614-0508.
3. **All final requests for funds must be received by June 1, 2016, no exceptions.** Accompanying your request must be original itemized receipts or a certified ledger from your organization.
4. At the conclusion of the project the following materials are required (due 90 days after the expiration of the grant – **September 28, 2016**)

Final report (description of project/results) including:

- a. A one-page summary of findings/accomplishments of the project. Instructions are found on the IAS website at www.scienceiniowa.org/iowa-science-foundation. Click on the ISF Guidelines button.
- b. Slides, graphics, publications or other project products for use by Academy personnel in approaching the legislature in support of continued funding of the Iowa Science Foundation program.
- c. A detailed accounting of project expenditures incurred under the grant.

I have read and understand the responsibilities shown here. I further understand the Iowa Academy of Science will not be held responsible for funding requests received after the **June 1, 2016** deadline. I hereby agree to these conditions and accept the award as described.

Authorized Organizational Representative

(Date)

Principal Investigator

(Date)

Email: _____

PH: _____

(Craig A. Johnson, IAS Executive Director)

(Date)

Include your ISF Number in all future communications.

Return this completed form to the Iowa Academy of Science, BRC 50, University of Northern Iowa,
Cedar Falls, IA 50614-0508