

(Optional) Ag Ctr No: _____

AES Site/Center: _____

**The University of Arizona
Arizona Experiment Station
SERVICES AGREEMENT ¹**

Accession No² _____

Directions: Project Leader completes, signs, then emails to AES Business Office. AES Business Office will obtain remaining signatures and provide to melissalgomez@email.arizona.edu for Accession number. Please contact AES Business Office if there are any questions.

DEPARTMENT(s): _____

PROJECT TITLE³: _____

BRIEF DESCRIPTION:
(Objectives)

PERSONNEL: (name / email / phone)

- Professional(s)** 1. _____
 2. _____
 3. _____

- Technician(s)** 1. _____
 2. _____
 3. _____

BIOSAFETY OR OTHER REQUIRED PERMITS / LICENSES: YES _____ NO _____ (If yes, provide attachments.)

FUNDING: Project _____ Other _____ **Account:** _____ **Amount:** _____
N/A if NO account number is required.

LOCATION: _____ Acres _____ Field _____ Borders _____ Bench _____ Greenhouse _____

START DATE: _____ **APPROX. COMPLETION DATE:** _____
MO/DAY/YEAR MO/DAY/YEAR

PROCEDURE/MATERIALS: (Give details, including experimental design. Include additional pages, if needed.) **Continue on next page if necessary.**

- ¹ Agreement must be completed in full and signed annually before work can be initiated.
- ² Assigned by the Dean's Office.
- ³ Must correspond to approved project, demonstration, or teaching plan on file in Dean's Office. Project account must be listed; if not, a revenue or gift account is required. Home department can make changes when the project account becomes active. Payment will initiate in 24 hours.

APPROVALS:

*(If routing electronically, add
Melissa Gomez after
Director/AZ Experiment
Stations.)*

_____	_____	_____	_____
Project Leader	Date	PI Business Office	Date
_____	_____	_____	_____
Ag Center Business Office	Date	Ag Center Director	Date
_____	_____	_____	_____
Director/AES	Date	Greenhouse Supervisor (if applicable)	Date

PLEASE COMPLETE PRODUCTION RESPONSIBILITY ON NEXT PAGE.

PLEASE COMPLETE CROP PRODUCTION RESPONSIBILITY SECTION BELOW

CROP PRODUCTION RESPONSIBILITY

PROCEDURES	REMARKS	RESPONSIBILITY	
		PROJECT LEADER	Ag Center
FIELD PREP	Land Prep _____		
	Planting _____		
	Seed Cost _____		
	Cultivations _____		
	Custom Labor _____		
IRRIGATIONS	Sprinklers _____		
	Custom Labor _____		
	Water Cost _____		
CHEMICALS	Fertilizers _____		
	Insecticides _____		
	Herbicides _____		
	Fungicides _____		
HARVEST	Equipment _____		
	Custom Labor _____		

ADDITIONAL REMARKS: * PI will be responsible for any additional acre cost if trials extend beyond contract date.
 * PI will be responsible for returning field to original condition.
 * Requests outside of standard farm practices will be invoiced separately.

OTHER:

 Ag Center Manager

 Project Leader

MAC FSA WORKSHEET

Initial Field Cost

Land Rate: \$ _____ X _____ Acres X (_____ + _____ month) = \$ _____

Irrigation Rate: Please choose one option below

Standard Rate: \$ _____ X _____ months X _____ Acres = \$ _____

Optional Rate: \$19 X _____ Estimated Acre Inches X _____ Acres = \$ _____

Total Field Cost = \$ _____