

(Optional) Ag Ctr No: _____

AES Site/Center: MAC/2430

The University of Arizona
Arizona Experiment Station
SERVICES AGREEMENT

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

* The Central Posting Location will be the source of information regarding pesticide applications at MAC. It is the responsibility of the Project Leader and their employees to check the Central Posting Location prior to entering fields at MAC. A form 1080 shall be posted prior to the application event and should outline the application recommendation. Application information on the form 1080 shall be completed after the application occurs. Additional information provided on page 3.

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.

Any field infrastructure additions or improvements, including the cost of removal, is the responsibility of the project leader or PI. Assignment of that infrastructure responsibility can be transferred to subsequent projects of SA's, but must be acknowledged and accepted by the subsequent project leader or PI.

Additional Information

Ag Center Manager

Project Leader

The Central Posting Location is the method used for providing information about pesticide applications at the Maricopa Agricultural Center (MAC). We expect anyone planning to enter a field at MAC to first stop by the Central Posting Location to see if any applications are conflicting with your entry time or location. Additionally, the Central Posting Location can be used by Project Leaders to notify others of self-applied pesticides in their own field. The Central Posting Location is accessible by everyone at any time of day or night and is located on the West wall of the exercise room/break room across the street from the East side of the Cardon Building. It is indicated on the attached map. 33.073933, -111.973340



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 = \$ _____