



Sultan Qaboos University
Support Services Agreement

SQU Project Code:		SPONSOR File No:	
PROJECT TITLE:			

SQU PROJECT LEADER

Name:	_____	Position:	_____
Department:	_____	College:	_____
Telephone:	_____	Fax:	_____
E-mail:	_____	Address:	P.O. Box _____ , Al-Khod Postal Code 123, Sultanate of Oman

Investigator 1	Investigator 2
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Name:	_____	Name:	_____
College/Dept:	_____	College/Dept:	_____

Investigator 3	Investigator 4
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Name:	_____	Name:	_____
College/Dept:	_____	College/Dept:	_____

SPONSOR'S MAIN CONTACT

Institution:	_____	Full Address:	_____
Name:	_____	E-mail:	_____
Position:	_____	Phone:	_____
		Fax:	_____

ESTIMATED PROJECT COST	EXPECTED PROJECT DURATION
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PROJECT SUMMARY

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CONFIDENTIALITY AND INTELLECTUAL PROPERTY DECLARATION

It shall be the responsibility of the University Project Team, including subcontractors, to treat the details of this Research Project as confidential, save in so far as may be necessary for the performance of their duties, and to not publish or disclose the same or any particulars thereof in any trade or technical paper or elsewhere without the previous consent in writing of the University. Furthermore, the Research Team shall not make any use of any results arising from this project for private or commercial gain without an official authorisation from the University. Accordingly each member of the University Research Team will be required to sign a “Confidentiality and Intellectual Property Declaration” prior to working on this project.

WORK DESCRIPTION

Not required if details already included in an attached Project Description document

Technical and Business Background

Services to be provided

MILESTONES AND DELIVERABLES

PAYMENT SCHEDULE	Amount	Timing
Down Payment		<i>(Upon signing the Agreement)</i>
Interim Payments:		
Final Payment		<i>(Upon completing the Project) With a Release Letter from the Sponsor</i>

Project Short Title and Code:

BUDGET

Personnel	No. of Hours	Hourly Rate (R.O.)	Total Project Cost (R.O.)	SQU Share of Total Cost (R.O.)	Financial Code
Project Leader					
Investigator 1					
Investigator 2					
Investigator 3					
Investigator 4					
Total Personnel Costs					01
Overhead @ 40% of Total Personnel Costs					03
Recurrent Items (Consumables)					05
Fees for Use of University Facilities					06
Research Assistants (Technicians, Secretaries, Students, ... etc.)					
Local Travel and Transport Costs					07
Computing Costs					08
Insurance					09
Miscellaneous					11
TOTALS					
AMOUNT PAYABLE TO SQU = Total Project Cost - SQU Share				R.O.	

FINANCIAL EXPENDITURES

Details of Proposed Expenditure

PERSONNEL

Names of Project Team members and areas of specialisation

NON-DISCLOSURE OBLIGATIONS

During the period of performing this Project, the University and the Sponsor (the parties) may be disclosing relevant Proprietary Information to each other. Prior to any disclosure of such information the Sponsor shall indicate its intent to disclose Proprietary Information to the University Project team, who shall have the right to decline receipt of such information. Each party agrees to treat Proprietary Information received from the other with the same degree of secrecy with which it treats its own Proprietary Information and further agrees not to disclose such Proprietary information to a third party without prior written consent of the disclosing party, except if such Information

Was known to the recipient prior to the disclosure hereunder;

Was received from a third party not under an obligation of confidence to recipient;

is in the public domain at the time of disclosure hereunder or subsequently entered the public domain without the fault of the recipient;

has been independently developed by an employee of recipient that has not had access directly or indirectly to such Proprietary Information and recipient can substantiate any claim of independent development by written evidence; or

is required to be disclosed by law.

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SIGNATURES AND SEALS	
Project Leader	Head of Department
Signature: _____	Signature and Seal _____
Name: _____	Name: _____
Date: _____	SQU Department: _____
	Date: _____
Sponsor's Main Contact	Authorised Sponsor's Official
Signature: _____	Signature and Seal _____
Name: _____	Name: _____
Position: _____	Position: _____
Date: _____	Date: _____