



## Memorandum of Agreement (Grants Form)

The MOA must be sent to the Grants Office PRIOR to work commencing.

**Table 1: Memorandum of Agreement (MOA) – General Procedure**

---

*Prior to Work Commencing*

- 1 PI Drafts MOA
- 2 PI forwards Draft MOA for signatures in order of requested signatures

*Once Work has Commenced*

- 4 Record & Maintain Records of Time Worked on the Sponsored Project

*Post Work*

- 5 Re-Submit the signed MOA with a PA to the Office of Grants & Contracts
    - \* Program Activity / Time & Effort Reports for the Employee will need to be submitted and Approved by the Office of Grants & Contract before the completed MOA will be approved by the Office of Grants & Contracts.
    - ^ For those persons seeking a Payment in Addition, the MOA will need to be attached to your Personnel Action (PA) Form
-

This understanding is made on

This form is to only be used to account for deviations from your annual employment contract (base salary) and **only** if differences are due to grant work.

**Individual / Employee Performing Services:**

Full Name: \_\_\_\_\_

Warrior ID: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

**Hiring Agent:**

Business Name: Lewis-Clark State College

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name of Grant: \_\_\_\_\_

Grant GL Account Number: \_\_\_\_\_

In consideration of the gross salary amount of \$\_\_\_\_\_, the employee agrees to begin the work on \_\_\_\_\_ (date) and complete the described work on or before (date) \_\_\_\_\_.

Payment will be made as follows:

One or two equal payments

**Please contact the Budget Office for Health Insurance calculations at [budgetoffice@lcsc.edu](mailto:budgetoffice@lcsc.edu)**

**(These dates should allow for reasonable delays.)** Please note that applicable payroll taxes will be deducted from the gross amount in your paycheck.

Estimated variable fringe \$

Is health insurance allowable?

(If No, health insurance should = \$0)

Estimated health insurance \$

For a total personnel amount of \$

(salary + variable fringe + health insurance)

Description of the project, including services to be performed:

Will this be: service/non-teaching/advising time, faculty course buyout, staff buyout, faculty course release, research, PIA, PIA for research, or a combination?

If this is a course buyout or release, go to **Appendix A** and complete the matrix. If neither, stop here and begin the approval signature process.

If this is a course buyout or release time, please complete the matrix with updated information every semester.

Time period of buyout or release:

% of Release Time: \_\_\_\_\_ (From Appendix A)

The work will be performed \_\_\_\_\_ On contract \_\_\_\_\_ Off contract

*\*Although off contract, this payment will still be associated with your benefits.*

***\*At the close out of the award, any charges incurred after the termination date will become the responsibility of the respective department.***

**Please attach any supporting documents here, as well as a current budget for the project.**

**By signing this agreement, all parties agree to the terms described above. Alterations to this agreement must be in writing.**

\_\_\_\_\_  
Grant PI Signature (confirmed sufficient funds are available for this MOA)

\_\_\_\_\_  
Budget Office Signature (reviewed the MOA payment calculation)

\_\_\_\_\_  
Division Chair / Department Head Signature (reviewed MOA with faculty member)

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Grants Financial Coordinator Signature (confirmed grant funds area available for this MOA)

\_\_\_\_\_  
Supervisor Signature  
*(N/A if Supervisor is the Dean, Division Chair or Dept Head)*

\_\_\_\_\_  
Human Resource Services Signature (reviewed contracted hours)

\_\_\_\_\_  
Employee Signature

**Employee to sign and forward to PI.**

MOA will be held in grants file until payment is requested.

**POST WORK:** Attach and process a Personnel Action (PA) with a completed MOA.  
*(The PA and MOA amounts must align)*

***The MOA must accompany the Personnel Action Form or the journal entry request.***

Appendix A:

	Credits or Buyout %	Additional Comments if needed
Percent (%) Release Time or Buyout		
# Contracted Credits Teaching per Semester <i>(ex: 12 / semester)</i>		
# Credits Associated with Buyout or Release Time <i>(ex: 3 credit buyout/ release. Use the workload credits, not course credits)</i>		
# Credits Planned to Teach During Associated Semester <i>(ex: 9 teaching credits)</i>		
Total Buyout/Release Credits + Teaching Credits <i>(ex: 3 buyout credits + 9 teaching credits = 12)</i> <b>*This total should be equal to the second row and <i>cannot exceed</i> contract credits above*</b>		
Course Section ID for Buyout <i>(please include adjunct replacement name. If no name, select "no course replacement" or "release time")</i>		