

## GENERAL MEMORANDUM OF AGREEMENT

## Between

Mississippi Agricultural and Forestry Experiment Station (MAFES) Box 9740, Mississippi State, MS 39762 Forest & Wildlife Research Center (FWRC) Box 9680, Mississippi State, MS 39762

Mississippi State University Extension Service (MSU-ES) Box 9601, Mississippi State, MS 39762

And

(Sponsor) MSU Employer Identification Number: 64-6000819 Account No. , as sponsor, agrees to place at the disposal of the Mississippi State University (the University) for the general or unrestricted use of the \_\_\_ under the following conditions: the sum of \$ (Department or Branch Station) The University agrees to conduct its research program in a professional manner. A. Rights to initial publication, formal release or other disclosure of data generated from these services will be retained by the University. Results В. of this investigation are not to be published by the sponsor or others before publication by the University except by written permission. SPONSOR shall not use the names, logos, trademarks, or any other mark or image considered by MSU to be identified with or protected by MSU, or those of any of the institution's employees or former employees, or any adaptation thereof, in any advertising, promotional or sales literature without prior written consent being obtained from the MSU Licensing Program Office, and either the MAFES/FWRC Director or MSU ES Director, and the Vice President for Agriculture, Forestry, and Veterinary Medicine, in each case, except that SPONSOR may state that SPONSOR has employed MSU to perform services for the SPONSOR under this Agreement. C. The sponsor acknowledges by signing this agreement that these funds are provided as an unrestricted gift or contribution to the research program of the department(s) named above, absent of any requirements involving adherence to a specific protocol or other performance obligations, such as reports or other products of this research program. This unrestricted support will be assessed a 5% administrative fee by the respective Director's Office. D. Other considerations: CONCURRENCE: For the University: Name of Scientist (printed or typed) Name (printed or typed) Date Signature of Scientist Date *Title (printed or typed)* Department Head Date Signature Date Director, MAFES/FWRC/Extension Service APPROVED: AOR, Office of Sponsored Projects Date