

**Federal Work-Study Program  
Off-Campus Agreement  
Exhibit A**

**Section I-Contractor Information**

Name of Contractor \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Address(es) where work is to be performed if different from Contractor's principal office:

Address \_\_\_\_\_

Street City State Zip

Address \_\_\_\_\_

Street City State Zip

Person to Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Title \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Section II-Cost Estimate**

Period Covered by this Cost Estimate: \_\_\_\_\_

From To

Job Classification (Provide descriptions in Section III on the reverse)	Minimum Hourly Pay Rate	Maximum Hourly Pay Rate	Estimated compensation Per Job	Number of Jobs	Summer Only	Academic Year Only	Summer & Academic Year	Total Compensation

(a) Federal Funds (Provided by Institution) \$\_\_\_\_\_ (100 %)

(b) Contractor Matching Funds \$\_\_\_\_\_ (25 %)

(c) Administrative Surcharge \$\_\_\_\_\_ (20 %)

\$\_\_\_\_\_ (100 %) \$\_\_\_\_\_

\*See Paragraph 4 of Agreement

Section III-Job Description(s)

Provide a brief description of each job classification listed in Section II-Cost Estimate.

(Attach a separate sheet if there is insufficient space.)

Work-Study job descriptions are on file with CSUN's Career Center's online job recruitment system.

The job numbers are:

**SEE ATTACHED COPIES**

Section IV-Work in the Public Interest

Describe the type of work/activities carried out by the Contractor.

(Attach hereto copies of Articles of Incorporation or other official documents authorizing the non-profit, tax exempt status of the Contractor.)

List all Supervisors who will be hiring students within your Department:

_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address
_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address
_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address
_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address
_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address
_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address
_____ Name	_____ Unit Name	_____ Telephone #	_____ E-Mail Address

Our Department prefers that all Federal Work-Study business be conducted:

- \_\_\_\_ Through Agency Head only
- \_\_\_\_ Through Agency Contacts, with copies of all correspondence to Agency Head
- \_\_\_\_ Through Agency Contacts only

**Continuing off-campus agencies will be notified of approved Federal Work-Study budget amount in the (2009/2010) Federal Work-Student Contract Agreement being sent to continuing agencies who submit this document by the June 5, 2009 deadline.**