**Enclosure 1: Statement of Work template**

# EMF Statement of Work

# Between Name of Client , Adress of Client and Université de Lausanne (UNIL), Quartier UNIL-Centre, Bâtiment Unicentre, CH-1015 Lausanne, Switzerland and governed by the Master Services Agreement concluded on Insert Date.

# To help us to successfully enter your contact, billing and project information into our system, please complete all fields in this form and submit it by email to [nathalie.chavanne@unil.ch](mailto:nathalie.chavanne@unil.ch).

|  |  |
| --- | --- |
| Project title: | Insert text. |

**Client/Principal Investigator:**

|  |  |
| --- | --- |
| Last name: | Insert text. |
| First name: | Insert text. |
| Email address: | Insert text. |
| Phone number: | Insert text. |
| Department: | Insert text. |
| Institution: | Insert text. |
| Invoicing address: | Insert text. |

**Client’s Scientist/EMF user**

|  |  |
| --- | --- |
| Last name: | Insert text. |
| First name: | Insert text. |
| Email address: | Insert text. |
| UNIL member login: | Insert text. |
| Phone number: | Insert text. |

**Third Party**

|  |  |
| --- | --- |
| **Will the research conducted by the Client be performed on behalf of a third party?**  **If yes, please include name and address of the third party:** | **Yes** ☐ **No** ☐ |

|  |  |
| --- | --- |
| Name: | Insert text. |
| Address: | Insert text. |

# Short description of the project in the context of electron microscopy needs

Please, give a short description of your project, while stressing your interest in using EM and your expectations of the results that you would obtain using the EMF techniques:

General background

|  |
| --- |
| Insert text. |

EM context and expectations

|  |
| --- |
| Insert text. |

Description of the material to be analyzed

|  |
| --- |
| Insert text. |

# SERVICES INFORMATION

1. Training course

Client’s Scientist will undergo the training course provided by the EMF staff prior to access to the EMF instruments. The training consists of both theory and practical training on the instruments.

1. Self-use of EMF equipment by Client’s Scientist

Client’s Scientist will be able to connect to the EMF booking system (<https://ppms.eu/unil/login/?pf=2>) that will enable her/him to book the EMF resource of her/his choice, and give her/him access to computers attached to the instruments. Any unjustified cancellation of reservation not announced at least 24 (twenty-four) hours in advance will be billed to Client.

# COSTS AND PAYMENT SCHEDULE

An invoice will be sent every month to Client with a summary of the dates, as well as the total time, each instrument was used by Client’s Scientist. Rates for the use of the instruments as well as the cost for trainings are rated hourly for each machine as per Enclosure 2 of the MSA.

If the Client requests that acquisitions or analyses be realized by an EMF staff member, they will be charged 71 CHF / hour in addition to the above mentioned fees per instrument.

UNIL’s overhead (15%) plus the Swiss VAT (7.7%) will be added to the total amount before sending the invoice. Payment shall be made within 30 days.

The above described fees are subject to change at the discretion of UNIL.

*[Signatures on next page]*

**IN WITNESS WHEREOF**, the duly authorized officers of the Parties have signed this SOW.

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|  |  |
| --- | --- |
| Client | UNIL |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Represented by: XX | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Represented by: **Christel Genoud** |
| Title: XX | Title: Head of the EMF |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| and |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Represented by: XX |  |
| Title: XX |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |