Cooperative Research Project Agreement [FORM AD-11 July 2010] for Services of the NCDA&CS Agronomic Division*

4300 Reedy Creek Road, Raleigh NC 27607-6465 Phone 919-733-2655 FAX 919-733-2837
MAILING ADDRESS: 1040 Mail Service Center, Raleigh NC 27699-1040

Note: This form is not a blanket request. A separate form is required for each research project. Provide all information below except items in gray (to be completed by NCDA&CS staff). Results will be posted online unless otherwise requested. Regardless, all results are public information.

Name of Cooperator					
Name of Regional Agronomist (if applicable):	Cooperator Phone:	Cooperator E-Mail:			
Cooperating Institution, Agency and/or Business:					
Mailing Address of Cooperator:					
Title of Project:					
Project Number	Time Period (not to exceed one calendar year) of Agreement:				
# Samples Soil	Plant	Waste	Solution	Media	Nematode
Fees Soil	**Plant**	**Waste**	**Solution**	**Media**	**Nematode**
Timing of Sample Submission (by sample type):					
Analyses Required Other than Routine:					
Special Considerations or Conditions (i.e., handling, holding, and return of samples):					
Purchase Order No.*	Escrow* (Give Name of Account)	**Internal**	**Other**		
*NOTE: Escrow accounts are advisable because data will not be released until samples are paid for. If you do not have an escrow account, would you like to set up a new escrow account? YES NO					
Name, Address and County Location of Cooperating Grower(s), if applicable:					
Attach a brief description of your experimental treatments of the samples or attach a summary of your proposal.					

Researcher	Date	Lead Section Chief	Date
Agronomic Division Director	Date	Section Chief	Date
		Section Chief	Date