**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**NAME**

**DEPARTMENT/UNIVERSITY**

**AND**

**CASE WESTERN RESERVE UNIVERSITY’S**

**INSTITUTIONS DEVELOPING EXCELLENCE IN ACADEMIC LEADERSHIP - NATIONAL (IDEAL-N)**

**Funded by the National Science Foundation – HRD-XXXXXXX**

THIS MEMORANDUM OF UNDERSTANDING is hereby made and entered into by and between Name and Case Western Reserve University’s Institutions Developing Excellence in Academic Leadership, herein after referred to as IDEAL.

1. **PURPOSE**:

The purpose of this MOU is to mutually understand the guidelines for participating as a Change Leader Team member. In consideration for your time and effort, a stipend in the amount of **$XXX.XX** will beprovided by IDEAL to NAME OF RECIPIENT.

1. **IDEAL SHALL:**
2. Coordinate, along with the five regional partner universities, training sessions and provide training materials.
3. Process the stipend to be payable at training session #2 in January, or soon thereafter.
4. Reimburse participants for mileage to each training session at the IRS standard mileage rate. Parking will be reimbursed with an original receipt. Parking may be pre-arranged at some universities. **One car per university will be reimbursed.**
5. NAME OF RECIPIENT **SHALL:**
6. Attend each of the four (4) training sessions.
7. Meet two (2) times annually with the team coach.
8. Develop an Annual ***Change Project*** with customized plans and actions for improving gender equity on your respective campus, with the implementation of the plans aided by the Co-Director to assure sustainability. Present the team project at the annual Plenary Conference.
9. Return Vendor form and W-9 which is required to process stipend and reimbursements.
10. Provide accurate and original documentation for expense reimbursements.
11. **STIPEND:**

Once this MOU has been reviewed and agreed to by the parties, your stipend will be processed and paid at the second group training session in January.

**CWRU faculty**: Since your stipend will be taxed as additional pay, you have the options of receiving your stipend in the full amount as a transfer to a departmental research account within your department. You will be able to access the funds as you would normally manage your account. Please indicate below the method of payment you prefer.

I would like to receive a check payable to me.

I would like my stipend to be transferred to the following account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:**
2. MODIFICATION: Contact your Co-Director, or Heather Burton immediately should any problems arise.
3. TERMINATION: This agreement may terminate upon breach of duties as listed above.
4. PRINCIPAL CONTACTS: The principal contacts for this instrument are:

|  |  |
| --- | --- |
| **IDEAL-N** | **NAME OF University** |
| Lynn Singer, Deputy Provost and Vice President for Academic Programs  Phone: 216-368-1610  Email: [lynn.singer@case.edu](mailto:lynn.singer@case.edu) | Co-Director NAME  Phone:  Email: |
| Heather Burton, Project Director  Phone: 216-368-0086  Email: [heather.burton@case.edu](mailto:heather.burton@case.edu) |  |
|  |  |

1. COMMENCEMENT/EXPIRATION DATE:

This agreement shall become effective as of the MM/DD/YY and effective through the end of the program at which time it will expire.

IN WITNESS WHEREOF, the parties hereto executed this agreement as of the date written below.

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| Lynn Singer, Deputy Provost  And Vice President for Academic Programs  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE | Name of recipient, Title,  Department, University  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE |