

## PEER REVIEW/ADVISORY SERVICES AGREEMENT

The Academy of Natural Sciences of Drexel University (The "Academy") and the Recipient described below hereby enter into this Agreement for review and/or advisory services. For any services performed under this Agreement, the relationship of the Recipient to Academy is that of independent contractor solely. Recipient is directly responsible for the mode, method, and manner of their activities. Under no circumstances shall Recipient be considered an employee, agent, or representative of Academy University. \* **denotes a required field below.**

**Recipient's Name\*:** \_\_\_\_\_ **Date(s)/Term of Service\*:** \_\_\_\_\_  
**Recipient's email address\*:** \_\_\_\_\_ **Recipient's Phone:** \_\_\_\_\_  
**Address/Principal Place of Business\*:** \_\_\_\_\_

### Service\* or Activity\*:

\_\_\_\_\_ Peer Review of a written document  
 Document type (check one): \_\_\_\_\_ Grant proposal \_\_\_\_\_ Other (specify): \_\_\_\_\_  
 Authored by (Academy Faculty name): \_\_\_\_\_

\_\_\_\_\_ Titled: \_\_\_\_\_

\_\_\_\_\_ Panelist or participant in academic-related advisory activity or professional development activity (details described below)

Details (attach exhibit if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Attestation Statement

By signing below, as the Recipient, I confirm that I have reviewed and understand and agree to abide by the terms of this Agreement and, specifically, the following statements pertaining to my Service and/or participation in the Activity described in this Agreement:

1. I understand and agree to follow the criteria and/or directives of Academy and of any outside funder, agency or entity provided to me in performing the services in this Agreement.
2. I understand and agree that the information provided to me and/or the document being reviewed is intellectual property owned by, or licensed to, Academy or the Academy faculty member named above.
3. I agree to keep as confidential the information and/or document(s) provided to me through this Agreement, I will not share or disclose in any manner the information and/or document(s) being reviewed – or any portion thereof- with any individual, organization or entity. I will return (or destroy) all documents to Academy after I have completed the Service/Activity.
4. I understand that I am directly responsible for my actions and activities in the course of and in connection with providing the Service and/or participating in the Activity.
5. I agree to not use the information and/or document(s) provided to me for my personal gain/benefit or for the gain/benefit of another individual, organization or entity.
6. I confirm that the input, ideas, knowledge, opinions and/or other information that I provide as part of my Service or participation in the Activity is/are my own and, to my knowledge, do/does not violate any other person's or entity's intellectual property rights.



7. I grant to Academy University the right to use, display, copy and share with others my ideas, thoughts or other knowledge shared as part of my Service or participation in the Activity for any purpose related to Academy's mission, including, but not limited to, research and education.
8. I understand that Academy does not provide any insurance for me or my property in connection with this Agreement. I acknowledge full and complete responsibility for my acts and omissions in performing the Services and/or participating in the Activity under this Agreement. I further acknowledge that I am financially responsible for any and all claims that relate to my activities in providing the Services/participating in the Activity for Academy.
9. I understand that I can cease my participation in the Services and/or Activity at any time, and Academy may terminate this Agreement at any time for any or no reason. If my participation ends for any reason other than misconduct or a violation of this Agreement, I may still receive some portion (or all) of the fee commensurate with my activity or contributions provided up to the date of such termination.

**Amount of payment\*:** \_\_\_\_\_ (if more than \$1,000 USD, additional documentation may be required).

**How was the amount of pay determined and approved?\***

\_\_\_\_\_

\_\_\_\_\_

**Method of payment\*:** \_\_\_\_ Check      \_\_\_\_ ACH (US bank account only)

NOTE: The University will not pay or withhold federal, state, or local income or any other taxes on behalf of the Individual (U.S. citizens and/or permanent residents). The exception are payments to individuals who are non-Pennsylvania residents, performing Services or participating in activities for Academy in Pennsylvania. Under applicable law, the University is required to withhold Pennsylvania state tax on non-employee compensation payments that exceed \$4,500 in a calendar year.

If payment is anticipated to be greater than \$600 a year, the University must report to the Internal Revenue Service (IRS) on Form 1099- NEC for all U.S. Citizens and Resident Aliens payments of \$600 or greater during a calendar year. As a result, Academy will need to collect a Form W-9, Request for Identification Number, separately from this document.

**Payment Date:**

Payment will be made within 15 business days of completion of the activity or term of service described above. Agreeing to be legally bound, the parties execute this Agreement through their authorized representatives.

**RECIPIENT**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**THE ACADEMY OF NATURAL SCIENCES  
OF DREXEL UNIVERSITY:**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_