

PRE-APPROVAL FORM
NOTICE OF INTENT TO DEVELOP
MOU/MOA/PROPOSAL INVOLVING EXTERNAL
AFFILIATIONS / PARTNERSHIPS / FUNDING

For Office Use Only:
Date Logged: _____
Logged in by: _____

PLEASE NOTE: This form, including all required signatures, must be completed **before** any external agreement is initiated or executed on behalf of the University. The completed form should be submitted via email to sponsoredprograms@udc.edu and cao@udc.edu. **Please allow at least two weeks for approval.**

PART I: OVERVIEW

UDC COLLEGE/SCHOOL OR UNIT		
UDC PRIMARY CONTACT (<i>Last, First</i>)	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL

PARTNERING INSTITUTION/ORGANIZATION (<i>Name, Location</i>)		
PRIMARY CONTACT (<i>Last, First</i>)	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL

PROJECT TITLE/ FOCUS:

TYPE OF AGREEMENT (check all that apply)		
<input type="checkbox"/> New MOU/MOA	<input type="checkbox"/> Renewal (Original agreement effective date _____)	<input type="checkbox"/> Research Collaboration
<input type="checkbox"/> Funding Opportunity	<input type="checkbox"/> SubAward/SubRecipient Opportunity	<input type="checkbox"/> Intra-district (DC Agency-led)
<input type="checkbox"/> Student and/or Faculty/Staff Exchange <input type="checkbox"/> OTHER (please describe) _____		
Will any portion of the project occur outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ALL SECTIONS REQUIRED FOR SUCCESSFUL PROCESSING.
Failure to submit a complete form will result in delays in the approval process.

PURPOSE OF AGREEMENT: <i>Please insert or attach a brief statement describing the purpose and goals of the proposed agreement.</i>

PROFILE OF PARTNERING INSTITUTION: <i>Please insert or attach a brief description of the partnering institution. Required: Verification of the institution's accreditation, academic standing and quality, as well as an outline of the internal review process undertaken by the UDC college/school or unit (i.e., faculty vote if appropriate).</i>
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BENEFIT TO UDC: <i>Please insert or attach a statement outlining why the proposed agreement would be beneficial to UDC. Required: Include details describing why you have chosen to work with this specific institution, agency, etc.</i>
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UNIVERSITY OF THE DISTRICT OF COLUMBIA – OFFICE OF THE CHIEF ACADEMIC OFFICER
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AGREEMENT DURATION <i>(All agreements must include an effective date and an end date or project duration. In general, agreements are approved for a period of up to five years.)</i>			
Effective Date:	End Date:	Project Duration:	Potential for Renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No

INSTITUTIONAL COMMITMENT REQUIRED <i>(Please explain or attach a proposal)</i>	
<input type="checkbox"/> Funding (amount, source, duration)	<input type="checkbox"/> Space (amount, location, duration)
<input type="checkbox"/> Other	

PART II: INTERNAL APPROVALS *(Signatures with an asterisk or * are required.)*

	Name	Signature	Date
*UDC PRIMARY CONTACT/ PROJECT DIRECTOR			
*DEPARTMENT CHAIR OR DESIGNEE			
*DEAN OR UNIT DIRECTOR <i>(Indicates endorsement and/or approval of proposed agreement including any resulting financial or administrative obligations)</i>			
OFFICE OF SPONSORED PROGRAMS (*If funding involved) VICE PRESIDENT FOR RESEARCH <i>(Must be signed if any portion of project involves research or occurs outside the U.S.)</i>			
To be completed by the Office of the Chief Academic Officer:			
*OFFICE OF THE CHIEF ACADEMIC OFFICER			
<u>If MOU/MOA will be required:</u> *OFFICE OF GENERAL COUNSEL / PRESIDENT			