

# PRE-APPROVAL FORM FOR EXTERNAL AFFILIATIONS and AGREEMENTS

MOU / MOA / CONTRACT

PROPOSAL INVOLVING EXTERNAL AFFILIATION /  
PARTNERSHIP / 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. **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:
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<b>TYPE OF AGREEMENT (check all that apply)</b>		
<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)
Amount (\$) <input type="text"/>	<input type="checkbox"/> OTHER (please describe) _____	
<input type="checkbox"/> Student and/or Faculty/Staff Exchange	Will any portion of the project occur outside of the U.S.?	<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.**

<b>PURPOSE OF AGREEMENT:</b> <i>Please insert or attach a brief statement describing the goals of the proposed agreement.</i>
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<b>PROFILE OF PARTNER:</b> <i>Please insert or attach a brief description of the partnering institution, organization, or agency.</i>
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<b>BENEFIT TO UDC:</b> <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**  
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**AGREEMENT DURATION**

*(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.)*

Effective Date:                      End Date:                      Project Duration:                      Potential for Renewal: ☐ Yes ☐ No

**INSTITUTIONAL COMMITMENT REQUIRED** *(Please explain or attach a proposal outlining UDC resources needed)*

☐ Funding (amount, source, duration):

☐ Space (amount, location):

☐ Other (describe):

**PART II: INTERNAL APPROVALS**

	Name	Signature	Date	Not Approved / Comments (continue below if needed)
PRIMARY CONTACT PROJECT DIRECTOR				
DEPARTMENT CHAIR OR DESIGNEE				
DEAN OR UNIT DIRECTOR (Indicates endorsement and/or approval of proposed agreement including any resulting financial or administrative obligations)				
OFFICE OF SPONSORED PROGRAMS (If funding involved)				
VICE PRESIDENT FOR RESEARCH (Must be signed if any portion of the project involves research or occurs outside the U.S.)				
UDC FOUNDATION				
<b>To be completed by the Office of the Chief Academic Officer:</b>				
OFFICE OF THE PROVOST CHIEF ACADEMIC OFFICER				

**ADDITIONAL COMMENTS:**

The section below to be completed only if a Legal Sufficiency Review of the MOU/MOA/Agreement is required.

**To be completed by Office of General Counsel (OGC) after Internal Approvals and Legal Review.**

	Name	Signature	Date
OFFICE OF GENERAL COUNSEL	Avis Russell		

Date OGC Review Completed: \_\_\_\_\_