



EXTERNAL PARTNER COLLABORATION REQUEST FORM

Name _____ Date _____

Email address _____ Phone Ext. _____

Department/School _____ ☐ Faculty ☐ Administration

Project Title _____

External Partner _____

Contact Name _____ Phone number: _____

Email address: _____

Mailing address: _____

Collaboration Details: Clearly state the purpose of the project including the specific roles and responsibilities for each collaborating organization including any respective budgets. If approved, a formal Memorandum of Understanding, signed by the Provost, may be required for approval.

☐ Ongoing ☐ New Partnership Project start date _____ End date _____

Does this project require any University resources? ☐ Yes ☐ No (If yes, include detail in summary.)

Estimated Budget \$ _____ Current funding in place? \$ _____

(If the project needs financial support, please 1) follow the University budget process or 2) complete the "Grant Intent Form."

(Complete Second Page)

CERTIFICATION

The information contained on this form and attached information is accurate and complete. Except as identified, the proposal does not obligate the University for any additional direct, indirect, matching or in-kind funds. This proposal complies with the University's conflict of interest policy. If approved, I agree fulfill all partnership terms as specified and conduct the project as represented, in accordance with all guidelines and University policy.

*Applicant**Date***APPROVALS**

*1. Department Chair or Supervisor**Date*

*2. Dean or Vice President**Date*

*3. Provost**Date***CLEARANCE**

*4. Institutional Relations**Date*

*5. Vice President for Advancement and External Affairs**Date*

The Institutional Relations Department will maintain copies of all partnership agreements and supporting documentation.

Contacts/Resources:

Emory Edwards, Senior Director for Partnerships and Institutional Relations
eedwards@saintpeters.edu or 201-761-6108.