



**DAEMEN**  
— UNIVERSITY —

**Approval to Enter into an Affiliation Agreement/Contract (MOA/LOA)**

Date of submission for approval: \_\_\_\_\_

Daemen employee seeking approval of agreement:

Name: \_\_\_\_\_ Title/Dept: \_\_\_\_\_

Details of agreement:

Affiliate name: \_\_\_\_\_

Description: \_\_\_\_\_

Period of performance: \_\_\_\_\_

Actual or estimated dollar value (terms) of proposed agreement (if any): \_\_\_\_\_

Insurance requirements: \_\_\_\_\_

Required Signatures:

- 1. \_\_\_\_\_  
Cabinet Officer/Dean
- 2. \_\_\_\_\_  
Controller
- 3. \_\_\_\_\_  
Grants Administrator (if applicable)

*Please attach a copy of the agreement to this form.*

***A copy of all finalized, fully signed agreements must be submitted to the business office electronically or on paper.***

\*\*\*\*\*Business Office use only\*\*\*\*\*

Date agreement reviewed by insurance agent: \_\_\_\_\_

Scanned to contract folder: \_\_\_\_\_