



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. _____
Dean
- 2. _____
Provost
- 3. _____
Controller or VPBA
- 4. _____
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: _____