

AFFILIATION AGREEMENT PROPOSAL FORM

****PLEASE NOTE:** This form, including all required signatures, must be completed **before** any agreement is finalized and signed. The completed form should be submitted to MOU@tufts.edu. Following submission, the agreement will be reviewed by the Office of University Counsel and the Office of the Provost, and may be subject to additional review as determined by the Provost **Please allow 10 – 14 days for review.**

PART I: AGREEMENT OVERVIEW

TUFTS SCHOOL OR UNIT		
TUFTS PRIMARY CONTACT <i>(Last, First)</i>	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL
TUFTS AGREEMENT COORDINATOR RESPONSIBLE FOR THE RELATIONSHIP (if different from above) <i>(Last, first)</i>	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL

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

PROJECT TITLE			
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: ☐ Yes ☐ No

TYPE OF AGREEMENT (check all that apply)	
☐	New Affiliation Agreement
☐	Renewal (Original agreement effective date _____; if renewal, please provide the original agreement)
☐	New follow-on Implementation Agreement to an initial MOU or general cooperation agreement (e.g., pursuant to an umbrella MOU)
INDICATE THE GENERAL FORM(S) OF COOPERATION CONTEMPLATED BY THIS AGREEMENT (check all that apply)	
☐	General Memorandum of Understanding or agreement of intent to cooperate
☐	Joint degree, certificate, or continuing education program
☐	Potential or future joint degree, certificate, or continuing education program
☐	For credit student exchange or education abroad

- ☐ Student field placement (internship, externship, service learning, research—international or not using Tufts-approved template)
- ☐ Faculty or Staff Exchange for teaching, research or capacity-building
- ☐ Professional or executive education
- ☐ Extended campus (courses/programs for non-matriculated students)
- ☐ Structured program for visiting scholars or scientists
- ☐ Clinical trials (international)
- ☐ Hospital affiliation or health sciences residency (international)
- ☐ Joint hiring or supervision of employees
- ☐ Other (please describe)

Will any portion of the project occur outside of the United States or will any of the participants come from outside of the United States? ☐ Yes ☐ No

If yes, indicate where:

INDICATE WHETHER ACTIVITIES CONTEMPLATED BY THIS AGREEMENT WILL REQUIRE ANY OF THE FOLLOWING (mark all that apply)

- ☐ Intellectual property ownership or licensing terms
- ☐ Use funds from (i) US government or foreign government grants, (ii) third party grants, or (iii) tuition (which may be subject to Title IV scholarships.
- ☐ Sharing of information, data, technology, business proprietary, human subjects or other sensitive data
- ☐ Hiring U.S. citizens, non-U.S. citizens or green card holders to work outside the U.S.
- ☐ Bringing non-U.S. citizens/green card holders to Tufts
- ☐ Establishing an office or legal presence outside the U.S. (having any person in a foreign country for 6 months or more usually establishes a legal presence; some countries require less)
- ☐ Clinical work – observation and treatment of patients
- ☐ Shipment/transmission of research materials, equipment, or technical data outside the U.S.
- ☐ Construction, purchase or leasing of office space and/or vehicle(s)
- ☐ Do not know or not yet determined
- ☐ Other (please describe)

PART II: DETAILS OF COLLABORATION

SUMMARY OF AGREEMENT: *Please provide a brief summary of the proposed agreement, including the purpose of the agreement, and expected outcomes, activities, and potential participants. The summary may be published in an online database of agreements accessible with a Tufts UTLN. Please describe the current status/stage of the discussions.*

PROFILE OF COLLABORATING INSTITUTION: *Please describe why this institution/entity was selected for collaboration, including its specific strengths. Include a brief description of the partnering institution, including verification of the institution's accreditation and standing and quality. Please also describe any due diligence undertaken regarding the collaborating institution, as well as any internal review process (e.g., committee approval or faculty vote) undertaken by the Tufts school or unit..*

HISTORY OF COLLABORATION: *Please describe any previous and/or current collaboration(s) or agreement(s) between your unit and this institution and any outcomes achieved through this linkage.*

INSTITUTIONAL COMMITMENT REQUIRED: *Please explain or attach a proposal regarding the resources and/or specific funding and other resources that will be required to carry out the proposed activity, including whether the resources have been secured.*

- ☐ Funding (amount, source, duration)
- ☐ Exchange of students/tuition where there is a desire to equalize the exchange
- ☐ Space (amount, location, duration)
- ☐ Other

BENEFIT TO TUFTS: *Please insert or attach a statement outlining why this institution/entity was selected for collaboration and its specific strengths. Please describe how the proposed agreement would be beneficial to Tufts University and your unit.*

AGREEMENT RENEWAL. *If this is a renewal of an existing agreement, please assess the extent to which the purpose of the original agreement was met and why it is important that the collaboration continue.*

PART III: ENDORSEMENTS

	Signature	Date
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*TUFTS PRIMARY CONTACT/AGREEMENT COORDINATOR		
*DEPARTMENT CHAIR OR DESIGNEE		
*DEAN OR UNIT DIRECTOR (Indicates endorsement and approval of proposed agreement including any resulting financial or administrative obligation)		
*EAD OF SCHOOL OR UNIT		
EXPORT CONTROLS/DESIGNATED REVIEWER (Must be signed if any portion of the project occurs outside the U.S. or foreign nationals are involved)		