

CONTRACT REQUEST FORM

Before completing this form, PLEASE: (1st) double check the most current spreadsheet emailed to you or the E-Value site to make sure there is not an agreement in place and (2nd) Most important, please initiate first contact with the site (this helps to secure the contract).

THIS FORM IS FOR IN-HOUSE USE ONLY

SITE INFORMATION

Agreement Type: Standard Non Standard Grant

Grant Name:

Affiliation Site Name:

Address:

City, State, Zip:

Authorized Signatory for Agreement:

(If unknown leave blank)

E-mail Address for Signatory:

(Actual email addresses, no websites please)

Phone Number for Signatory:

Date of Request:

Note: Affiliation agreements cannot be faxed to site, agreements for signatures need to be hard copy originals.

GOVSTATE DEPARTMENT INFORMATION

Coordinator Department:

Email:

Phone:

ADDITIONAL NOTES

Preceptor Information Only (not authorized signatory):

Additional Notes that may be helpful to secure the agreement: