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1. **Collaborative Support Request**

Top of Form

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| --- |
| Requester Details |
| Your Name/Title |  |
| Department/Division |  |
| Phone |  |
| InstitutionCincinnati Children’s UC Health University of Cincinnati VA Medical Center Cincinnati |
| Briefly describe |
| Name & Goal of collaborative |  |
| Scope of support requested  |  |
| Estimated duration of support | Start month/year End month/year |
| Matching resources *(if any)* |  |
| Sustainability plans *(post-support)* |  |

Approved

Yes No ACRC authorized signature/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Collaborative Support Agreement** (subsequent to section A approval)

|  |  |  |
| --- | --- | --- |
| Goal/Objective | Description/Deliverable | Timeline |
|  |  |  |
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In Agreement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting dept. /div authorized signature/date ACRC authorized signature/date

Note: information in section A-Request is made part of section B-Agreement by reference

*last updated 6/30/17*