

## Collaboration Agreement

**Date:** Click or tap to enter a date.

**To:** Risa Hoffman, MD, MPH, Interim Director, Global Health Program  
Michael Burke, MHA, Executive Director, International Services

**From:** \_\_\_\_\_  
*{Submitting Faculty, address, phone, email}*

**CC:** \_\_\_\_\_  
*{Submitting Faculty Chief and Submitting Faculty Chair}*

**Re:** \_\_\_\_\_  
*{Organization / Partner Name} Collaboration Agreement*

Enclosed for your review is a formal request for Dean's approval to proceed with a Collaboration Agreement (CA) between \_\_\_\_\_ and UCLA. This agreement is being requested because: *{Organization / Partner Name}*

*{Description of Relationship: Please include brief details regarding the history of the relationship with the institution, the scope of work under the CA, and how the CA will further your relationship with the institution.}*

---

---

---

**I have completed the following requirements (please check all boxes):**

I have obtained approval from my Division Chief (email indicating approval or letter of approval enclosed) for this CA. Note: this requirement is waived for those without a Division Chief who report directly to a Chair.

I have obtained approval from my Department Chair (email indicating approval or letter of approval enclosed) for this CA.

I have included supporting documentation (optional).

I have verified that the scope of work under the requested CA is not covered by a grant, cooperative agreement, contract, or subaward that has already been vetted and approved by the UCLA Office of Contracts and Grants (OCGA).

I understand that at the completion of activities or expiration of the CA I will be expected to complete a brief survey about the outcomes of the CA for the David Geffen School of Medicine and Health System records.

Signature

Printed Name

Title