



Affiliation Agreement Checklist

Date: _____

To: Risa Hoffman, MD, MPH, Director, Global Health Program

From: _____
{Submitting Faculty, address, phone, email}

CC: _____
{Submitting Faculty Chief and Submitting Faculty Chair}

Re: _____
{Organization / Partner Name} MOU

Enclosed for your review is a formal request for Dean’s approval to proceed with an Affiliation Agreement (AA) 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 AA, and how the AA 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 AA. 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 AA.
- I have included supporting documentation that describes this proposed collaboration.
- I have verified that the scope of work under the requested AA 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 AA I will be expected to complete a brief survey about the outcomes of the AA for the David Geffen School of Medicine and Health System records.

Signature _____

Printed Name _____

Title _____