# uc anr PCPA new agreement request form

# (send to newagreement@ucanr.edu)

## UC ANR requestor Information

|  |  |
| --- | --- |
| Contact Name | Location (UCCE, REC, etc.) |
| Street Address | Program (EFNEP, 4H, MGP, etc.) |
| City, State, Zip | Name of Activity |
| Phone | Date of Activity |
| Email | |

## Other party information

|  |  |
| --- | --- |
| Contact Name | Name of Organization |
| Street Address | Authority for Signature: |
| City, State, Zip | Name |
| Phone | Title |
| Contact Email | Signature Email |

|  |
| --- |
| other Information |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Agreement (e.g. MOU, license, etc) |  |  |  |
|  | □ New Draft | □ Amendment | □ APBC Template |
|  | □ Renewal | □ Other Party Form | □ Other |
| If renewal or amendment, date of execution of original agreement: | | | |
| Term Length | | | |
| If intern agreement: Begin intern intake process by contacting Staff HR (Bethanie Brown)[brbbrown@ucanr.edu](mailto:brbbrown@ucanr.edu) □ | | | |
| Description of Activity | | | |
| Description of Responsibilities (Terms) | | |  |
| UC | | | |
| Other party | | | |
| Additional Information (optional) | | | |
|  | | | |