# uc anr PCPAnew 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 □  |
| Description of Activity  |
| Description of Responsibilities (Terms)  |  |
| UC  |
| Other party |
| Additional Information (optional) |
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