



# Michigan Tech

## NON-FUNDING AGREEMENT APPROVAL/REQUEST FORM

**I. AGREEMENT TYPE/PURPOSE** \_\_\_\_\_

\_\_\_\_\_

**A. MICHIGAN TECH PRIMARY CONTACT**

Name	TITLE	PHONE/EMAIL	DEPARTMENT/CENTER/INSTITUTE(S)
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\_\_\_\_\_

**B. PARTY (IES) INVOLVED** (if more than two, check here and attach an additional sheet)

Entity 1

Entity 2

Entity Name	_____	_____
Contact	_____	_____
Address 1	_____	_____
Address 2	_____	_____
City/State/Zip	_____	_____
Country	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

**C. ARE THERE ANY FINANCIAL OR OTHER COMMITMENTS, UNIQUE CIRCUMSTANCES OR NON-STANDARD TERMS AND CONDITIONS?**

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

**D. AGREEMENT DURATION:**

Start/Effective Date: \_\_\_\_\_

End/Expiration Date: \_\_\_\_\_

All questions relating to contractual matters regarding the attached Proposed Agreement should be directed to Office of Associate VP for Research Administration at 906-487-2228.

## II. DISCLOSURES/CERTIFICATIONS

**Conflict of Interest:** The Proposed Agreement or any related relationships or activities **does** or **does not** present a Category III, IV, or V conflict Michigan Tech's Conflict of Interest Policy. **(You MUST check one of the above boxes)**  
<http://www.mtu.edu/research/administration/integrity-compliance/conflict-interest/>

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## III. SIGNATURES

**\*I certify that I have read, understand, and will comply with the University's Policy on Misconduct in Research, Scholarly and Creative Endeavors.**

**\*I agree to accept any administrative and financial obligations, and confirm responsibility to make available all appropriate space, facilities, and other resources necessary to follow through on obligations incurred under this Proposed Agreement.**

\_\_\_\_\_  
Contact Responsible for Agreement Signature & Date

\_\_\_\_\_  
Chair/Department Head Signature & Date

\_\_\_\_\_  
Dean Signature & Date (if applicable)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### FOR OFFICE USE ONLY

Internal # _____	<input type="checkbox"/> Memorandum of Understanding <input type="checkbox"/> Master <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Non-Disclosure Agreement <input type="checkbox"/> Material Transfer Agreement <input type="checkbox"/> Software & License (to purchase) <input type="checkbox"/> Other <input type="checkbox"/> CRADA	<input type="checkbox"/> Teaming Agreement <input type="checkbox"/> Educational Partnership Agreement <input type="checkbox"/> Internship/Clinical Experience
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Revised  
11/13/19