



*This form to be completed by each collaborator*

| PNU LETTER OF INTENT FOR COLLABORATE            |  |
|---|--|
| External Funding Program                        |  |
| Grant Name                                      |  |
| Proposal Title                                  |  |
| PNU Principal Investigator (PI)<br>Name & Email |  |
| External Collaborator<br>Name & Email           |  |
| Collaborating Institution                       |  |

### Statement of work *(applicable to all collaborating institutions)*

Please provide an outline (max 300 words) of the Collaborator activities to be undertaken on this project.

This should include a bullet-point list of the proposed tasks and expected milestones/deliverables.

#### **FOR PNU PI TO COMPLETE WITH COLLABORATOR**

**Describe Collaborator's Scope of Work/ Activities:**



| <b>Collaborator/Consultant Workplan:</b> |  |             |                |
|--|--|-------------|----------------|
| <i>Activities:</i>                       |  | <b>Year</b> | <b>Quarter</b> |
| 1.                                       |  |             |                |
| 2.                                       |  |             |                |
| 3.                                       |  |             |                |
| 4.                                       |  |             |                |
| <i>Deliverables:</i>                     |  | <b>Year</b> | <b>Quarter</b> |
| 1.                                       |  |             |                |
| 2.                                       |  |             |                |
| 3.                                       |  |             |                |
| 4.                                       |  |             |                |

If more room is needed, please attach another separate sheet outlining the Activities and Deliverables.



### Authorization and compliance (to be completed by each Collaborator)

| Collaborator /Consultant  |       |           |       |
|---|-------|-----------|-------|
| Name ( <i>Last, First</i> )   | Title | Signature | Date  |
|   |       |           |       |
| Legal Registered Name of Institution                                |       | Telephone | Email |
|   |       |           |       |
| Authorized Institutional Representative at Collaborator Institution |       |           |       |
| Name ( <i>Last, First</i> )   | Title | Signature | Date  |
|   |       |           |       |
| Telephone   |       |           | Email |