



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) Name & Email	
External Collaborator 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:



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