(Insert Administration/Program title here)

**UNIVERSITY AGREEMENT INTEREST FORM**



Name of University:

University Contact and Title:

Phone Number:

Email:

\_\_\_\_\_ **YES**: We would like to submit a proposal to be considered for selection to perform the services

 that are required.

\_\_\_\_\_ **MAYBE**: We may wish to submit a proposal and request 5 days to investigate further before

 deciding.

\_\_\_\_\_ **SUB**: We would like to be considered to perform services as a subcontractor.

\_\_\_\_\_ **NO**: We are not interested in performing these services at this time.

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

Signature Date

6/2021