**Johns Hopkins University (JHU)**

**International Agreement Intake and Proposal Form**

**Instructions:**

* Please complete this form prior to engaging in negotiations with foreign parties. This form allows the University to assess the proposed activity and ensure that the agreement negotiations are managed by the appropriate central administration office(s), and that parties are using the proper agreement.
* Not every field will be relevant to all proposed agreements. Those fields that are required in order for the agreement to move forward in the review and negotiation process are marked with an (\*).
* If you have supporting documents or further descriptions that do not fit on this form, please send with the form as attachments.
* Please submit this form and all relevant attachments through the JHU Research Administration Workflow System (JAWS) <https://jhurasystems.jhu.edu/>
* Please note that submission of this form does not mean that the University has approved / signed off on the proposed underlying activity. Depending on the activity, additional legal, compliance, risk and/or tax analysis may be required before proceeding.

1. **JHU Agreement Sponsorship**
2. **JHU Faculty/Administrator proposing this agreement\*:**

|  |  |
| --- | --- |
| Name: | [INSERT TEXT BOX] |
| Position/Title: | [INSERT TEXT BOX] |
| School: | [INSERT TEXT BOX] |
| Department/Division: | [INSERT TEXT BOX] |
| JHU Email: | [INSERT TEXT BOX] |
| JHU Office Phone: | [INSERT TEXT BOX] |

1. **JHU Point of Contact for questions regarding this proposal (if different from individual named above):**

|  |  |
| --- | --- |
| Name: | [INSERT TEXT BOX] |
| Position/Title: | [INSERT TEXT BOX] |
| School: | [INSERT TEXT BOX] |
| Department/Division: | [INSERT TEXT BOX] |
| JHU Email: | [INSERT TEXT BOX] |
| JHU Office Phone: | [INSERT TEXT BOX] |

1. **Proposed Agreement Activity Description**
2. **Is this a new agreement or a renewal of an existing agreement?\***

󠅺 New agreement or activity

󠅺 Renewal, modification, or addendum to an existing agreement

󠅺 Follow-on (a “phase two”) agreement to an initial agreement

**If this is a renewal or follow-on agreement, please proceed to section III, IV and V and indicate whether the parties and the proposed activities under the initial agreement will remain the same or have changed.**

1. **General types of collaboration/activities contemplated by this agreement (Check all that apply)\*:**

|  |  |  |
| --- | --- | --- |
| A. Agreement to discuss/plan future activity under proposed agreement\* | B. Ready to begin performing activity under proposed agreement |  |
| 󠅺 | 󠅺 | Joint research activities and/or publication activities |
| 󠅺 | 󠅺 | Research involving clinical trials and/or human subjects research |
| 󠅺 | 󠅺 | Clinical training in a foreign location/international assistance for public health |
| 󠅺 | 󠅺 | Curriculum advising/Curriculum development |
| 󠅺 | 󠅺 | Program evaluation for foreign institution |
| 󠅺 | 󠅺 | Experiential training, clinical training, or internships for JHU students |
| 󠅺 | 󠅺 | Exchange of proprietary information in fields of interest to both parties |
| 󠅺 | 󠅺 | Exchange of materials, patents/inventions/technology with foreign party |
| 󠅺 | 󠅺 | Exchange of non-public or proprietary data or information |
| 󠅺 | 󠅺 󠅺 | Exchange of faculty for teaching |
| 󠅺 | 󠅺 | Exchange of faculty for research |
| 󠅺 | 󠅺 | Exchange of students for study |
| 󠅺 | 󠅺 | Exchange of students for research |
| 󠅺 | 󠅺 | Certificate program (non-degree bearing, executive education, etc.) |
| 󠅺 | 󠅺 | Letter of Intent |
| 󠅺 | 󠅺 | Other or additional information (please describe): [e.g. dual degree, one-way exchange of students, study abroad] |

***\*IF CHECKMARKS ARE ONLY IN COLUMN A*** – Unless required by the other party, if the proposed agreement is intended for preliminary planning or discussion of future activities, JHU does not require an agreement. The project director and/or department should contact JHURA when planning is complete so that an appropriate agreement can be executed to allow the collaboration/activities to begin.

1. Will activities contemplated by this agreement require any of the following (Check all that apply):

󠅺 Clinical treatment of patients in the foreign location

󠅺 Telemedicine

󠅺 U.S. government funding

󠅺 Intellectual property or licensing terms

󠅺 Sharing of information, research data, technology, business proprietary, human subjects or other sensitive data

󠅺 Establishing a legal presence outside of the United States (to your knowledge)

󠅺 Shipment/transmission of research materials, equipment or technical data outside of the U.S. (any transmission or release, including email, physical shipment)

󠅺 Hiring persons to perform work outside of the U.S. (foreign nationals or US persons)

󠅺 Need for physical JHU office space in a foreign location

󠅺 Delivery of for-credit instruction at an overseas location\*\*\*

󠅺 Do not know or not yet determined

󠅺 None of the above

\*\*\*3a. If you answered yes to delivering for-credit instruction at an overseas location please identify the name, code, and credit total for each course.

[INSERT TEXT BOX]

\*\*\*3b. If you answered yes to delivering for-credit instruction at an overseas and the course(s) and/or credit(s) total more than one third of those required to complete a degree or certificate program please identify the degree or certificate program.

[INSERT TEXT BOX]

1. **Anticipated Term of Activity**

**Start Date:** [INSERT TEXT BOX]

**End Date:** [INSERT TEXT BOX]

**If no end date, proposed term of years:** [INSERT TEXT BOX]

**If activity is related to an academic program, semester in which you hope to begin the program:** [INSERT TEXT BOX]

1. **Foreign Party (Organization / Institution) Information\***

|  |  |
| --- | --- |
| Name of Institution/Entity: | [INSERT TEXT BOX] |
| Division/School/Unit (if applicable): | [INSERT TEXT BOX] |
| Country(s): | [INSERT TEXT BOX] |
| Website: | [INSERT TEXT BOX] |
| Contact Person: | [INSERT TEXT BOX] |
| Physical Address (no PO Box): | [INSERT TEXT BOX] |
| Position/Title: | [INSERT TEXT BOX] |
| Email: | [INSERT TEXT BOX] |
| Office Phone: | [INSERT TEXT BOX] |

1. **Details of Collaboration**
2. **Briefly describe the foreign institution/entity and the specific division or unit that is being contemplated for this work.**

[INSERT TEXT BOX with space for brief narrative]

1. **Why this institution/entity is being considered? Reputation? Benefit to JHU? Other?**

[INSERT TEXT BOX with space for brief narrative]

1. **Name previous and/or current activities or agreements with this foreign party, if known. Give JHU school(s) involved and type of activity. [If this is a renewal or extension of existing activity, please describe here.]**

[INSERT TEXT BOX with space for brief narrative]

1. **Brief summary of activity being considered in this proposal, including current status/stage of discussions with foreign party.**

[INSERT TEXT BOX with space for brief narrative]

1. **Are there any JHU resources or funding that will be required in order to carry out the proposed activity?**

[INSERT TEXT BOX with space for brief narrative]

1. **Any other relevant information that you believe will be helpful in assessing this proposal?**

[INSERT TEXT BOX with space for brief narrative]

1. **Agreement Endorsements – Required (Please insert electronic signature or print form and obtain written signatures). Endorsement by the School is necessary for consideration, but does not commit the school to a final agreement.**

**Faculty/Administrator Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Chair/Associate Dean/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Submit this completed Intake Form through the JHU Research Administration Workflow System (JAWS)** [**https://jhurasystems.jhu.edu/**](https://jhurasystems.jhu.edu/)

**Email, Jess Barbour-Laubach (**[**jlaubac2@jhu.edu**](mailto:jlaubac2@jhu.edu)**) or Alexandra Albinak (**[**amckeow1@jhu.edu**](mailto:amckeow1@jhu.edu) **with questions regarding this form.**