



## Public Engagement Accelerator Fund External Partner Approvals Form

Memorial Principal Applicant:

External/Public Partner Principal Applicant:

Project Title:

### **External Partner Approval Signature**

(To be completed by public partner's organizational representative with signing authority for the organization).

By signing below it is agreed that (please check boxes)

- I have reviewed this application and support the project as proposed.
- If the application is funded, the indicated Memorial representative's department will administer the award funds on behalf of the Principal Applicants.

Designated Organizational Representative:

Organization:

Date:

Signature:

*Access to Information and Protection of Privacy*

The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to assess your application to Memorial University's Accelerator Fund. If you have questions about the collection and use of this information, please contact the Office of Public Engagement.