

Quinsigamond Community College
Office of Community Connections

*Request for Memorandum of Understanding,
Memorandum of Agreement or Letter of Support*

Contact Information

Name of QCC Project Contact _____

Department _____

Phone, e-mail _____

Project Information (attach concept paper or abstract)

Project Title _____

New proposal or renewal? _____ Deadline _____

Lead Partner Qti cplk cklp _____

Lead Partner Contact Person _____

Funding Source _____

Grant amount _____ # Years of the Grant _____

QCC Commitment (per year)

Cash _____

In-Kind (salaries, space, etc.) _____

Other _____

Need for support beyond the grant period? Yes No

Discussed with head of division? Yes No Name _____

Project Description and Alignment with Strategic Plan (i.e. College need/priority, list sections)

Signature(s)

QCC Project Contact Date

Relevant Department Head Date

Vice President Date

President Date