

## Allied Status Application/Confirmation Form Government Organizations

*The benefits listed in this form are subject to change at the discretion of the University*

**Name of proposed Allied organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Name of company contact** \_\_\_\_\_

**E-mail of company contact** \_\_\_\_\_

**Company website address** \_\_\_\_\_

**University unit proposing Allied status** \_\_\_\_\_

**Name of unit contact** \_\_\_\_\_

**Address of unit contact** \_\_\_\_\_

**City of unit contact** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone of unit contact** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail of unit contact** \_\_\_\_\_

Briefly describe the nature of the cooperative relationship existing between the Organization and the University (services rendered to each by the other).

Which of the available benefits listed below are desired by the Company?

- Allied organization staff Identification card
- Technology Services Offerings: Campus NetID, access to IllinoisNet, email redirection
- Library affiliate status
- Use of campus mail in accordance with University policy
- Access to University parking facilities at faculty/staff negotiated rates (if the Organization is housed in University facilities)
- Access to University Athletic events at the same rate charged faculty and staff
- Access to campus recreational facilities at the same rate charged faculty and staff
- Access to University cultural programs at the same rate charged faculty and staff
- Banner account for campus stores
- Use of University meeting facilities (e.g. conference rooms, auditoria) on the same basis as University units, space and schedules permitting

Which University unit will cover any costs that apply to these benefits? \_\_\_\_\_

Please provide a name and contact phone number for the individual responsible for reimbursement of costs, along with a C-FOAPAL.

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

C-FOAPAL \_\_\_\_\_

**Approval Signatures**

Sponsoring unit head \_\_\_\_\_ Date \_\_\_\_\_

Organization representative \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director for sponsoring unit \_\_\_\_\_ Date \_\_\_\_\_

This document as well as an employee listing should be forwarded to the Office of Corporate Relations. Approval will be documented by letter to the allied organization and the sponsoring unit, with copies to the campus units providing services.

*Term of Allied status is a maximum of three years from the effective date, on a fiscal year basis.*