**IMPLEMENTATION ARRANGEMENT**



**BETWEEN**

Partner’s Logo

**…DEPARTMENT**

**…FACULTY**

**OF**

**UNIVERSITAS MERCU BUANA**

**AND**

**…DEPARTMENT/UNIT**

**OF**

**…INSTITUTION NAME …**

**REGARDING**

**INTERNATIONAL JOINT COMMUNITY SERVICES**

**Number** : (Number of UMB from the Community Services Center)

|  |
| --- |
|  |
| 1. **BACKGROUND**
 |
| 1. *Memorandum of Understanding* (MoU) between Universitas Mercu Buana (UMB) and *...(Partnering institution)……, number..(UMB) and ...number (Partner)…* date: …………..;\*
2. *Memorandum of Agreement* (MoA) between Faculty of ………… of Universitas Mercu Buana and *...(Partnering institution)……, number..(UMB) and ...number (Partner)…* date: ………………………..;\*

*\*Choose one or both* |
| 1. **PURPOSE**
 |
|  |
| 1. **SCOPE OF ACTIVITY**
 |
| **Project Title** | **:** |
| **Project Partner**(*Institution name*) | **:** |
| **UMB’s Project Leader****National ID number** | **:****:** |
| **Member of Project (min 1 max 2) from UMB****National ID number** | **:****:** |
| **Partner’s Project Leader****National ID number** | **:****:** |
| **Member of Project (min 1 max 2) from Partnering institution****National ID number** | **:****:** |
| **Project Summary** (*Maximum 500 words*) | **:** |
| **References** | **:** |
| **Role of UMB and partner**  | **:** |
| **Output form the project** | **:** |
| 1. **ACTIVITY LOCATION**
 |
| **Location of project** | **:** |
| 1. **ACTIVITY TIMELINE**
 |
| **Project duration**(not more than 6 months, please attach the schedule of the project) | **:** |
| 1. **EQUIPMENTS/FACILITIES**
 |
| **Use of facilities:**1. Existing facilities
2. Suplementary facilities
 | **UMB** | **Partner** |
|  |  |
| 1. **BUDGETING**
 |
| **Planned Total Project Cost from UMB and Partners** | **:** |
|  | **TOTAL (RP)** |
| **COST SPECIFICATIONS** | **UMB** | **PARTNER** |
| 1. Salary and wages (Max. 30%) **:** |  |  |
|  |  |  |
| 2. Non-durable goods and equipments(30–40%) **:** |  |  |
|  |  |  |
| 3. Travel (15–25%) **:** |  |  |
|  |  |  |
| 4. Publications, seminars, reports, others (specify) (Max. 15%) **:** |  |  |
|  |  |  |
| 5. Others : laboratorium, meeting room, etc (specify) **:** |  |  |
|   |  |  |
| **Sub Total**  |  |  |
| **GRAND TOTAL****(UMB’s sub total + Partner’s sub total)** |  |
| 1. **CLOSING**
 |
| Thus, the implementation of this partnership arrangement was made and will be effective immediately once it is signed. |

|  |  |  |
| --- | --- | --- |
|  |  | City, Date-Month-Year |
|  |  |  |
| **Dean** |  | **Principal Researcher of Partner** |
| **Faculty ……….** |  | **………….Department/Unit** |
| **Mercu Buana University**  |  | **…Intitution Name..** |
| **Universitas Mercu Buana** |  |  |
| **Signature** |  | **Signature** |
| Name and title(s) |  | Name and title(s) |