

THIS FORM MUST ACCOMPANY EVERY CONTRACT FOR THE REVIEW PROCESS

REQUEST FOR CONTRACT REVIEW

**PLEASE ALLOW AT LEAST 10 DAYS FOR LEGAL REVIEW OF A STANDARD CONTRACT, SO PLEASE PLAN ACCORDINGLY**

**If this is a renewal contract, please attached a copy of the original contract along with the renewal.**

GENERAL INFORMATION

Requesting Department: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**When was contract received from outside party:**

SUMMARY OF CONTRACT TERMS

Contract with: \_\_\_\_\_  
Description: \_\_\_\_\_  
Dates: Start \_\_\_\_\_ End \_\_\_\_\_ Renewal \_\_\_\_\_  
Total Financial Obligation: \$ \_\_\_\_\_ Source of Funds \_\_\_\_\_

CERTIFICATION OF REQUESTING PARTY

I certify I have read this contract in its entirety. **I further certify that the contract is complete and includes all exhibits, attachments and pages and is attached in Word format.** I understand my obligations and the College's obligations under this contract (including for example, termination date, renewal of contract, payment terms, insurance requirements and confidentiality requirements, etc.) and recommend approval of this contract.

I understand that legal review of this contract is to ensure compliance with applicable laws governing contracts with the College. I am responsible for determining that the College can meet its substantive obligations under the contract and that the goods and services contracted for are in the best interests of the program/College. I am responsible for overseeing College compliance with the terms of this contract. **I also understand that should this contract be signed by an unauthorized individual this could result in disciplinary action up to and including termination, in accordance with any applicable collective bargaining agreement.**

Dean or VP Approval: \_\_\_\_\_ VP Of Financial Services Approval **(if there is a financial obligation):** \_\_\_\_\_

SIGNED: \_\_\_\_\_ then \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Prior to Legal review, please get approval of all other College departments that may be affected by this contract (i.e., IT for software/hardware contracts, etc.).**

**Please also confirm compliance with FERPA, Accessibility and Discrimination.**

|                         |                          | <u>Approval</u> | <u>Date</u> |
|-------------------------|--------------------------|-----------------|-------------|
| Information Technology  | <input type="checkbox"/> | _____           | _____       |
| Risk Management         | <input type="checkbox"/> | _____           | _____       |
| Financial Services      | <input type="checkbox"/> | _____           | _____       |
| Student Affairs         | <input type="checkbox"/> | _____           | _____       |
| Academic Affairs        | <input type="checkbox"/> | _____           | _____       |
| Human Resources         | <input type="checkbox"/> | _____           | _____       |
| Other Department: _____ |                          | _____           | _____       |