

Contract Coversheet and Approval Form

Office of Contract Administration
311 E. Cullen Houston • TX 77204-5010 • Phone (832) 842-7078

General Information

Campus: _____ College/Div. & Dept. Name: _____
 Contact Person: _____ Title: _____
 Campus Mail Code: _____ Telephone: _____ Email: _____
 Business Administrator: _____ Title: _____
 Campus Mail Code: _____ Telephone: _____ Email: _____

Summary of Contract Terms

Contract with: _____ Contractor Contact Person: _____
 Contractor Address: _____
 City _____ State _____ Zip Code _____
 Contractor Phone: _____ Contractor Email: _____
 Contract Description: _____

Provide a clear synopsis of the goods/services/events/etc. that will result by entering into this agreement

Contract Term: Start Date: _____ End Date: _____
 Total Amount of Contract: \$ _____ If Amended: Original Amt \$ _____ + Amended Amt \$ _____

Source of Funds

(if multiple cost centers are being utilized, please attach a supplemental page listing the appropriate codes)

Expense Cost Center: Fund _____ Dept ID _____ Prog _____ Proj _____ Acct _____ Amt \$ _____
 Revenue Cost Center: Fund _____ Dept ID _____ Prog _____ Proj _____ Acct _____ Amt \$ _____

Official Authorized to Sign: _____
 Identify, by name and title, the official authorized to sign the contract on behalf of the University of Houston System pursuant to MAPP, SAM, and Board Policies.

Certifications

Initial the certifications below (or put "NA" if not applicable) indicating compliance before submitting the agreement and required supporting documentation to the Office of Contract Administration.

- _____ Responsibility I have primary responsibility for the contract, from inception to completion of the transaction.
- _____ Complete Contract Package The contract and all documents that are incorporated by reference in the agreement, including exhibits and appendices are included for review by Contract Administration.
- _____ Dept. Acceptance All contract documents have been read and the business aspects have been agreed to in their entirety by the originating department and any employees who have obligations under this contract, or a memorandum has been included describing the department's concerns with the business aspects that they do not agree with.
- _____ Contracting Party The name of the contracting party is stated as the University of Houston System or its component Institutions (e.g., University of Houston, University of Houston - Victoria), and is not a department, program, or person.
- _____ Procurement The proper procurement method has been used providing the best value to UH. The *Recommendation for Award Form* is required for all contracts *regardless of the source of funds*.
- _____ Standard Form of Agreement If a UH standard agreement is being used, I certify that no changes have been made, including additional attachments or addenda. If changes have been made, I have indicated those portions of the agreement in the attached memorandum.
- _____ Risk Management Approval All changes to the contract insurance provision **MUST BE** approved by Risk Management prior to submission.

Yes ___ No ___ **RUSH Justification** _____
 _____ **NEEDED BY:** _____

Certification of University Employee(s) With Responsibility for Ensuring Contract Terms and Conditions are Met

I have read this contract entirely. I am satisfied with its description of the goods and services to be provided to the University (including, for example, warranties, delivery terms, acceptance period, and maintenance terms). I am also satisfied with the description of the University's obligations (including, for example, scope of work, payment due dates, late charges, taxes, charges, insurance, and confidentiality requirements) and all other provisions of this contract. **A memorandum is, is not, (select one) attached. I acknowledge responsibility to ensure that all good faith efforts are employed in seeing that all terms, conditions and responsibilities of the contract are met.**

Name: _____ Signature: _____ Date: _____
 (Originator of contract who certifies that the requirements listed above have been met)

Title _____

Name: _____ Signature: _____ Date: _____
 (Official with delegated authority to enter into contracts on behalf of the University)

Title _____

Note: Modification of this Form requires approval of OGC