

Contract Coversheet and Approval Form

Office of Contract Administration
4302 University Drive, Room 311 • Ezekiel W. Cullen Building
Houston, Texas 77204-2028 • Phone (832) 842-7078

General Information

Campus: _____ College/Division/Dept. Name: _____
Contact Person/Title: _____ Telephone _____ Email _____
Business Administrator: _____ 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 **UH standard contract insurance provisions**, or **ANY** insurance provisions in a **non-standard contract** **MUST BE** approved by Risk Management prior to submission.

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

 **NOTE:** If the contract is valued at \$1 million or more (revenue or expense), or otherwise requires Board of Regents approval, then the contract packet **must** include Board of Regents approval. The UH Office of the Controller will request a [Certificate of Interested Parties](#) form to be filled out online by the contractor or vendor and notify the department when signatures can be obtained on the contract.

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/Title: _____ Signature: _____ Date: _____
(Originator of contract who certifies that the requirements listed above have been met)
Name/Title: _____ Signature: _____ Date: _____
(Official with delegated authority to enter into contracts on behalf of the University)

Note: Modification of this Form requires approval of OGC