

Contract Request and Approval

Date Requested: _____

Date Needed By: _____

Contract Originator Completes Contract Information:

Contract Originator: _____ Name: _____ Title: _____ Department: _____	Address: _____ Phone: _____ Email: _____
Contractor/Other Party: _____ Type of Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____ State of Residence: _____ Contact Person: _____	Address: _____ Phone: _____ Email: _____ Fax: _____
Contract Type: <input type="checkbox"/> Standard Contract <input type="checkbox"/> Unique Contract	
Document Needed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	
Describe the purpose of the transaction (attach underlying or related documents):	
Are funds to be expended by the U of M: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Amount per Fiscal Year: \$ _____ Total Contract Value: \$ _____ Source of Funds: _____	Are funds to be received by the U of M: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Amount per Fiscal Year: \$ _____ Total Contract Value: \$ _____
Beginning Date of Contract Term: _____	Ending Date of Contract Term: _____

1. Does this transaction meet the department's and college's goals and objectives? Yes No Not Sure
 2. Are the business terms acceptable? Yes No Not Sure
 3. Are the funds required for this contract available? (CUFS account _____) Yes No Not Sure
- If you answered "no" to any of questions # 1-3 above, attach an explanation of the issue.**
4. Will this transaction significantly impact the operations of another University college or organization? Yes No Not Sure
 5. Will this transaction appear to the public to be inappropriate? Yes No Not Sure
 6. Will this transaction put the University at serious financial risk? Yes No Not Sure
 7. Will this transaction adversely affect the University's reputation? Yes No Not Sure
 8. Will this transaction require confidentiality commitment? Yes No Not Sure
 9. Have potential conflict of interest issues been identified and managed for this transaction? (Attach an explanation if issues are possible.) Yes No Not Sure
 10. Do University personnel involved with the transaction have an interest in a company that may be affected by this transaction? Yes No Not Sure
 11. Will this transaction involve hazardous materials, human subjects, laboratory animals, radiological hazards, biohazards, recombinant DNA, or the use of human biological material? Yes No Not Sure
 12. Will federal or state equipment or appropriations or other grant funding be used in this transaction? Yes No Not Sure

13. Is this transaction potentially subject to federal Unrelated Business Income Tax (UBIT) and/or Minnesota state sales or use tax? Yes No Not Sure

If you answered "yes" or "not sure" to any of questions #4-13, attach an explanation.

Requested by Contract Originator: Name: _____ Telephone: _____ Date: _____	Approved by Vice President Designee: Approval of Vice President Designee indicates the contract meets the College's or Department's goals and objectives; all contract terms are acceptable; any funds required are available in the College or Department budget; and review of Contract Originator's approval. Name: _____ Telephone: _____ Date: _____
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Approved by Office of the General Counsel in accordance with Board of Regents' Policy Legal Review of Contracts and Agreements: Name: _____ Title: _____ Date: _____ Phone: _____	Comments:
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Approved by _____: Name: _____ Title: _____ Date: _____ Phone: _____	Comments:
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