

Business Contracts Review Checklist

Please complete all fields on this form before submitting your contract for review. Boxes outlined in red must be completed in all cases. Boxes outlined in black should only be completed if applicable.

You may save your form in a partially completed state to be completed at a later time.

This form is used to request one of the following:

- New Contracts
- Amendments, Renewals, and Extensions
- Addendums of SOWs/Project Addendums to existing Master Agreements
- Terminations

Section I: Contract Parties

1) Second Party Information

- a. Second Party Name:
- b. Second Party Address:
- c. Second Party Contact Name:
- d. Second Party Contact Title:
- e. Second Party Contact Email:
- f. Second Party Contact Phone Number:

2) Requesting Department Information

- a. College, School, or Unit:
- b. Name of Requesting Department:
- c. Department Contact Name:
- d. Department Contact Number:
- e. Department Contact Email:
- f. Are you the contract manager for this agreement?

Contract Manager Attestation:

As the Contract Manager, I have read the contract information and agree with its terms and conditions. All University procurement rules and regulations were followed. I understand that as the Contract Manager I am responsible for: (1) verifying Contractor compliance with all of the terms and conditions of the contract; and (2) collecting, reviewing, and maintaining any required certificates of insurance, worker's compensation insurance, and performance bond, if applicable. I understand that neither party is authorized to begin work until the contract is fully executed. If the attached contract is already signed by the Contractor prior to submission, I certify that the signature provided is from an authorized representative of the Contractor. Requests for amendment or addendum to this contract will be forwarded to the Business Contracts Office for processing in advance of the effective date. My signature or entry of EID below indicates my agreement to these terms.

If you selected "Yes" to 2(f) above, please complete (i) and (ii) below:

- i. Contract Manager Name:
- ii. Contract Manager UT EID:

If you selected "No" to 2(f) above, please have the Contract Manager complete (i) and (ii) below:

- i. Contract Manager Name:
- ii. Contract Manager Signature: _____

Section II: Contract Dates and Renewal Information:

- 1) Start Date:
- 2) End Date:
- 3) Number of Renewals:
- 4) Renewal Term: _____ year(s) _____ month(s) _____ day(s)
- 5) Does this contract Auto-Renew?

Section III: General Information

- 1) What type of request is this?
- 2) If it is an amendment, addendum, renewal, extension, or termination, what is the original contract number(s):
These need to be attached to the contract submittal
- 3) Is this on a standard contract with no changes to our form?
- 4) What is the Account Number or Account Group of Funds? _____
If there are additional account numbers to be used, please enter them here:
- 5) Will any appropriated funds be used to pay this agreement?
- 6) Will the contract be performed outside the United States?
- 7) Is the contract with a foreign company, organization or government?
If no, please proceed to Section III.8. If yes, please complete a-d:
 - a) Country where the international Contractor is located:
 - b) What type of entity is the international Contractor?
 - c) Does this contract involve a gift or donation from a foreign entity?
 - d) Have you received Programmatic Approval?
- 8) Will Contractor provide services on University owned/controlled property?
If yes, provide the location and duration of contractor's presence:
- 9) Will University provide the Contractor use of any University facility/equipment?
If yes, provide a description of the facility and/or equipment to be provided to Contractor:
- 10) Will your Department receive or provide Services/Deliverables?

11) What “need” or “benefit to the University” justifies this contract? Summarize the reason for entering into this contract:

12) Contract Total Amount (including all renewals and amendments): \$

13) Method of Procurement:

If it is an RFP, ITB, UTS Agreement, DIR, or GPO, please provide the relevant reference number:

For questions about Procurement, please reach out to your buyer or the Purchasing Office at purchasing@austin.utexas.edu

14) Does this contract involve Category 1 data (including FERPA, HIPAA, or personal identifiable information?)

For questions about Cat-1 Data, please go to https://security.utexas.edu/policies/data_classification

15) Under this agreement, will a vendor be hosting University data remotely (off-site or cloud-based)?

16) Have you obtained Information Security Office approval?

17) Does this contract involve a donation or a gift?

18) Does this contract have a high risk of valuable information loss?

19) Does this contract involve mobile application development?

20) Are you using any University, College, or Department trademark or logo under this agreement?

21) Will there be website development on the UT Domain (utexas.edu)?

Click the Complete Form button to Save your completed checklist.

Send the PDF for Department Approval if required by your CSU

Department Approval (if applicable) :

Name: _____ Signature: _____ Date: _____

----- END OF CHECKLIST -----

Once you have the necessary Department approvals in place, please send an email to the BCO portal at vpcco.contracts@austin.utexas.edu and attach this completed checklist and all other required documents, including proposed agreement and if applicable: (1) procurement approval; (2) previous agreement(s); (3) other approvals; (4) any additional relevant documentation.

If you have any issues completing this form or have any questions regarding the contract submission and review process, please send an email to vpcco.contracts@austin.utexas.edu.