

UNIVERSITY of HOUSTON



Contract Coversheet and Approval Form

Office of Contract Administration
311 E. Cullen Houston • TX 77204-5010 • Phone (713) 743-5654

General Information

UHS/UH Department: _____
 Contact Person: _____ Title: _____
 Campus Mail Code: _____ Telephone: _____ Email: _____
 Business Administrator: _____ Title: _____
 Campus Mail Code: _____ Telephone: _____ Email: _____

Start Date - Must be a date after all authorized signatures are obtained. Write - Upon Execution - if uncertain of exact date.

Summary of Contract Terms

Contract with: _____ Contractor Contact: _____
 Federal Tax ID: _____ Contractor Contact: _____
 Contractor Address: _____ Contractor Email: _____
 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 _____ End _____

Total Amount of Contract: \$ _____

Type name of the VP, or SVP, or Provost

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 who will sign contract on behalf of the University of Houston System pursuant to MAPP, SAM, and Board Policies - NOTE the OGC must have a delegation of signature authority on file. (Name & Title)

Certifications

Complete all requirements and initial (only if 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 (See MAPP 04.04.01A (III) (A).
- _____ Original Contracts and Signatures At least two (2) complete, original sets of all contract documents (not facsimiles) are attached and original signatures from all contracting parties will be obtained before the beginning date of the contract.
- _____ Complete Contract Package and Dept. Acceptance 1) The contract and all documents that are incorporated by reference in the agreement, including exhibits and appendices are attached; and 2) All such documents have been read and agreed to in their entirety by originating department and any faculty and staff members who have obligations under this contract.
- _____ 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.
- _____ Competitive Bid This is an expense contract for which the proper procurement method has been used providing the best value to UH. (See MAPP 04.04.01A (IV)(A)). The *Recommendation for Award Form* is required for local funds over \$5K or state funds over \$2K.
- _____ Consulting and Professional Services Contracts This is a Consulting and/or Professional Services Contract that is subject to specific notice and reporting requirements necessitating special assistance from the Office of Contract Administration (See MAPP 04.04.01A (IV)(C)).
- _____ Standard Form of Agreement The contract form was created by UH's OGC, and or addenda. If changes have been made, I have

Originator: DBA or PI in the department **MUST ALSO INITIAL EACH CERTIFICATION**

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, tax, charges, insurance, and confidentiality requirements) and all other provisions of this contract, except as noted in any attached memorandum. 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

Official w/Delegated Authority: Type name of the VP, or SVP, or Provost. Signature will be obtained when routed to the individual.