CONTRACT CONTROL FORM

(Include form with Contract for review)

Section I. Contract Information (completed by submitter)

Contract Vendor/Payor/Payee_____

Department Director responsible for contract:_____

Effective Date _____Term of Contract _____

Cost Center: _____Total Amount: $ _____ Expensed out over _____ Month(s)

Check all that apply:
☐ New
☐ Amendment/Addendum
☐ Renewal

Type of Document:

☐ Equipment purchase/maintenance/service
☐ Lease/rental operating agreement
☐ Lease/rental capital equipment
☐ Professional services
☐ MOU/Governmental
☐ Software/Hardware
☐ Consumables Agreement
☐ Grant
☐ Construction
☐ Other: _____

Check those involved in creating/implementing contract:

☐Department Director ☐ Facilities ☐ ITS ☐Administrative Services (Risk/Legal) ☐ Business Services

Is this Vendor Contract Associated with a Grant? ☐No ☐Yes, Name of Grant_____

Is there an employee conflict of interest: ☐No ☐Yes, please describe: _____

ITS Software – Will this be a recurring ITS Budget item? ☐ No ☐ Yes, what Budget Year will it start? _____

Attach Applicable Purchasing Documents:

☐ Three competitive quotes attached. If unable to obtain three quotes, document why on a separate sheet.

(Three quotes are recommended for all purchases and the attempt to attain three quotes is required if the contract amount is between $25k and $250k. At this threshold, it must be posted publicly on SWOCCs website for 7 days. Any questions, please contact Administrative Services x7602.)

☐ If **sole source**, give brief explanation: _____

☐ Attach W-9 (*If new vendor*)

Signatures Required:	Signature	Date
Person Responsible for Contract		
Supervisor		

Section II. Admin Services Contract Review

Comments:

☐ Resolution needed (expenses over $75k **or** accepting grants of $50k or more).
☐ If this is greater than $25,000, verify the vendor has not been suspended or debarred and attach copy from www.sam.gov/
☐ Review Cyber/ITS/Info Sharing Provisions of contract if applicable.
☐ Certificate of Insurance needed.

	Signature	Date
VP Administrative Services		
President (if applicable)		

Check department(s) needing a copy of executed contract

☐ Accounts Payable ☐ Business Services ☐ Facility Services ☐ ITS ☐ Payroll/HR ☐ Other:_____

For Administrative Services Use Only

☐ Date Rec'd:_____
☐ Resolution Attached _____
☐ Date copies distributed:_____

Original Contract location

☐ Logged into vendor contract library
☐ Administrative Services