

Providence College Contract & Agreement Review & Tracking Form

This Form must be attached to **all Contracts, Contract Addenda, & Agreements, along with any Attachments to these Documents**, & transmitted to the General Counsel/Risk Manager, Harkins 201, at least three weeks prior to execution. *Except for specific delegation of authority, Contracts, Addenda & Agreements must be signed by either the President or the Vice President for Finance & Business.*

Employee submitting Contract for review: _____

Department: _____ Tel. ext.: _____ E-mail: _____

Brief description of the product or services in the Contract: _____

Have all required College personnel (with the exception of the General Counsel) reviewed and approved this Contract? Yes _____ No _____

This is a new Contract. _____ This is a renewal of an existing Contract. _____ Contract Date: _____

Was the need for this Contract identified in your budget request? Yes _____ No _____

This Contract derived from a bid. _____ This Contract derived from a negotiation. _____

Term of Contract: From _____ to _____

Total Cost/Value of Contract: _____

Party/Parties to the Contract: _____

Name & Phone # of Contact Person: _____

Party's Address: _____

Within the past 5 years, how many Contracts has your department had with this party(ies)? _____

Does this Contract have an Indemnity Clause? Yes _____ Clause No. _____ No _____

Is there a Choice-of-Law (Governing Law) Clause? Yes _____ Clause No. _____ No _____

If required by the GLB Act, is there a Privacy Clause? Yes _____ Clause No. _____ No _____

Does this Contract call for third-party access to FERPA-protected information? Yes _____ No _____

Will any confidential information be transmitted electronically outside the College? Yes _____ No _____

Does this Contract involve credit-card processing &/or the use of our IT resources? Yes _____ No _____

If yes to either of above, has the Contract been approved by IT &/or Financial Services? Yes _____ No _____

As to all non-legal terms and conditions: they are accurate; they meet fiscal requirements; and, they have received applicable departmental approval. _____

SUBMITTER'S SIGNATURE AND DATE

FOR OFFICE OF GENERAL COUNSEL/RISK MANAGEMENT USE ONLY

Date Received: _____ Date Returned to Department: _____

Approved: _____ Approved only if changes/corrections are made as indicated: _____

Rejected: _____ Contract can be resubmitted with revisions as indicated: _____

Date Resubmitted: _____

Latest Revision: March, 2012

