

TEXAS SOUTHERN UNIVERSITY
COMPLIANCE COVER SHEET FOR NEW CONTRACTS

Please complete the following form and submit a signed copy along with your proposed contract/agreement to 1) the Office of Compliance and 2) the Office of General Counsel. Please note that the TIN/EIN of the vendor/contractor MUST be provided. TYPE/PRINT ALL RESPONSES LEGIBLY.

UNIVERSITY ADMINISTRATOR NAME & TITLE: _____

College/Dept.: _____ **E-Mail:** _____ **Extension:** _____

REQUIRED: Attach all applicable justification/forms:

<input type="checkbox"/> RFP/RFQ; Texas Marketplace	<input type="checkbox"/> Selection Committee & Award Notification
<input type="checkbox"/> Sole-Source Justification	<input type="checkbox"/> Emergency Justification (See Procurement Dept.)
<input type="checkbox"/> Best Value	<input type="checkbox"/> Other: _____

CONTRACT TYPE/ACTION:

New Agreement Renewal Modification/Amendment Extension

Brief description of goods/services vendor shall provide or perform: _____

CONTRACTOR/VENDOR: _____ **TIN/EIN:** _____

Contact Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____ - _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

CONTRACT AMOUNT: \$ _____ **Commissions/Guarantee:** YES NO N/A

Contract Effective Date: _____ **Termination Date:** _____

Does the contract require reporting to the Legislative Budget Board and/or other State Agencies? (Example: Professional Services and Construction Contracts in excess of \$14,000.00) YES NO

Is the vendor/contractor a Minority-Owned Business? YES NO

Is the vendor/contractor a Historically Underutilized Business (HUB)? YES NO

If the contract involves software or a license in any information technology system, have you obtained approval from the Office of Information Technology? YES NO N/A

Funding Source: Grant Local State Other: _____

Payment Terms: Monthly Quarterly Annually Other: _____

Fund: _____ **Organization:** _____ **Acct.:** _____ **Program:** _____

Contract Administrator/ Manager **Date**

DO NOT WRITE BELOW THIS LINE
 FOR FISCAL OFFICE USE ONLY

Are adequate funds available for this Contract / Agreement? YES NO N/A

Name: _____ **Title:** _____ **Date:** _____

Contract Number _____ (Assigned By OGC)