Northern Kentucky University
Contract Review Cover Sheet

Instructions
This form (2 sided) must be completed in its entirety. Incomplete forms will be returned unprocessed.

Date of Initiation:___________________________
Individual Initiating Contract/Agreement:___________________________ Phone #:___________________
Initiating Department:______________________________________________
Contract Description/Purpose:________________________________________

_______________________________________________________________

Effective Start Date:_____________ Effective End Date:_____________ Auto Renewal Y/N:__________
Annual Contract Value: $_____________ Value for entire period: $___________
Check applicable box: ____New contract drafted by NKU
____New contract drafted by other party
____Amendment of existing contract (identify where existing contract has been changed)
____Renewal of existing contract (attach prior contract, note any changes to terms)
____*Contract includes technology (equipment, software/hardware)
____**Contract includes NKU making payment (PCard; Purchase Order)

Signature below indicates:
• Purchases that are $40,000 or over require formal solicitation. I have notified Procurement Services at least 60 days prior to the start of work or purchase to confirm the purchase complies with the Kentucky Model Procurement Code KRS 45A;
• Agreement with the contract conditions and the intent to carry out the terms of the contract as they apply to Northern Kentucky University;
• The NKU responsible party and Vice President have no connection to, or financial interest in, the vendor/organization with which this contract is being made; and
• Belief that the proposed contract is necessary to achieve a legitimate business purpose.

_______________________________________________________________  _______________________________
Signature Responsible NKU Party                          Date
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Approvals

__________________________________________
Dean of College (If applicable)
Date

__________________________________________
Signature Chief Information Officer or Designated Authority
(*Required prior to Legal review if contract includes technology)
Date

__________________________________________
Signature Director Procurement Services or Designated Authority
(**Required prior to Legal review if contract requires payment)
Date

Legal Comments (if any):
______________________________________________________________________________________

__________________________________________
Signature General Counsel/Associate General Counsel
Date

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__________________________________________
Signature Division Vice President
Date

If the contract requires payment, this form must be approved by Procurement Services Director or Designated Authority.

Once the contract cover sheet is signed by all parties, it will be returned to the individual initiating the contract. That individual is responsible for retaining an original, fully executed contract.