

# 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

\_\_\_\_\_  
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 \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
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.*