



CONTRACT CHECKLIST / APPROVAL PAGE
Office of University Counsel

Counsel's Office USE ONLY:
 Received: __/__/__ Completed: __/__/__
 Matter No.: _____

Post	<input type="checkbox"/>	Kumble	<input type="checkbox"/>
Brooklyn	<input type="checkbox"/>	Affiliation	<input type="checkbox"/>
Brentwood	<input type="checkbox"/>	License	<input type="checkbox"/>
Riverhead	<input type="checkbox"/>	Other	<input type="checkbox"/>
Westchester	<input type="checkbox"/>	Tilles	<input type="checkbox"/>

 FUND ORG. UNIT DEPT. ACCT.

Requisition (Req ID) #: 00000 _____

This Checklist / Approval Page ("CAP") must be attached to all Long Island University Contracts.

GENERAL INFORMATION REGARDING THE PARTY PROPOSING THE CONTRACT

Please Print Clearly
 Name of Department _____ Dean/Director _____
 Name of Contact person within Department _____

SUMMARY OF CONTRACT TERMS

Contract with: _____
 Name of Company / Institution
 Description: _____
 Dates: Start __/__/__ End __/__/__ Multi-Year: Yes No Renewal: Yes No
 Term (s): Payment Period _____ (Mo., Yrs.) Amount per Period _____
 Check this box if a Deposit or Advanced Payment is required.
 Payment/Deposit(s) Due _____
 Total Amount of Contract _____
 (Approximate if Necessary)

Is this contract a:

- Pre-approved LIU form agreement (e.g. License for use, Affiliation) with no substantive or material changes
- New agreement with Supplier's own terms and conditions?
- Renewal of an existing contract? (Please attach existing contract with renewal documents)
- Modification (amendment, extension) of an existing contract?(On a photocopy of the agreement, please circle or highlight which, if any, preprinted or prior terms have been changed).
- Software/Online services contract which allows for remote logins involving the potential exchange of private information about students, employees or others: Requiring vendor to create an SSAE-16 report?

Check this box if contract requires LIU to provide OR receive a Certificate of Insurance. (INCLUDE CURRENT INSURANCE CERTIFICATE)

Check this box if a Supplier has provided an SOC for Service Organizations Report.

CHECKLIST			
	REQUIREMENT	DESCRIPTION	CERTIFIED BY
1	Electronic Requisition	A Fixed Cost E-requisition has been submitted and the Requisition Number noted on Page 1 of the CAP FORM	
2	Competitive Bidding	For contracts above \$5,000, the department / requesting party has obtained at least 3 competitive bids. If not, attach approved bid waiver and sole source forms.	
3	Contract, Exhibits and Appendices	1) The contract and all documents incorporated by reference in the contract, including exhibits and appendices, are attached; and 2) All such documents have been read and agreed to in their entirety by originating department and any faculty and staff members who have obligations under this contract.	
4	Contracting Party	The name of the contracting party is stated as Long Island University (not an individual, department or school).	
5	Name, Address, Contact Person	The full name, address, legal status, (i.e., corporation, partnership, etc.) and contact person of the other party are included.	
6	Understanding	Written contract matches the verbal understanding of all parties. All terms and conditions conform to the final negotiations / agreement of the parties.	
7	Competition /Conflicts with Existing Contracts/ Compliance	This contract does not conflict with any other contracts, promises or obligations of the University. The requesting department verified the University can comply with all terms and conditions.	
8	Other Necessary Agreements	All other necessary agreements or waivers referred to in contract have been / will be obtained.	
9	Terms of Contract	Start and end dates of contract are included. Any renewals are included.	
10	Warranties / Guaranties	Warranties or guarantees give satisfactory protection.	
11	Governing Law	The contract is governed under the laws of the State of New York.	
12	Confidentiality Agreements	All nondisclosure clauses include exceptions regarding disclosure as required by law or by a court of law. If not applicable, indicate "n/a."	

CHECKLIST			
	REQUIREMENT	DESCRIPTION	CERTIFIED BY
13	Printed/Typed Names	Names of all persons signing contract are printed or typed below signature.	
14	No Automatic Renewal	Contract does not contain an automatic renewal clause.	

GUIDELINES FOR CONTRACT APPROVALS: LEVEL I, II, AND III SIGNATURE AUTHORITY

		LEVEL I. REQUIRED CONTRACT APPROVALS LESS THAN \$5,000				
APPROVAL SEQUENCE FOR REVIEWERS:		1	2	3	4	5
		CHAIRPERSON/ DIRECTOR/ DEAN	CIO	LEGAL COUNSEL	PRESIDENT	CFO
TYPE OF CONTRACT	GOODS/SERVICES/ INSTALLATION/ WARRANTY	•	na	•	na	•
	CONSULTANTS	•	na	•	•	•
	STUDENT ACTIVITIES/SPECIAL EVENTS	•	na	•	na	•
	MARKETING & PR	•	na	•	na	•
	TILLES CENTER	•	na	•	na	•
	SOFTWARE/ IT/IP/LICENSES/WEB FACILITES/ CONSTRUCTION/ ARCHITECTS/ REAL-ESTATE	na	•	•	na	•

		LEVEL II. REQUIRED CONTRACT APPROVALS \$5,001-\$250,000						
APPROVAL SEQUENCE FOR REVIEWERS:		1	2A	2B	3	4	5	6
		CHAIRPERSON/ DIRECTOR/ DEAN	CIO	CHIEF OF ADMIN.	V.P.	LEGAL COUNSEL	PRESIDENT	CFO
TYPE OF CONTRACT	GOODS/SERVICES/ INSTALLATION/ WARRANTY	•	na	na	•	•	na	•
	CONSULTANTS	•	na	na	•	•	•	•
	STUDENT ACTIVITIES/SPECIAL EVENTS	•	na	•	•	•	na	•
	MARKETING & PR	•	na	na	•	•	na	•
	TILLES CENTER	•	na	na	•	•	na	•
	SOFTWARE/ IT/IP/LICENSES/WEB FACILITES/ CONSTRUCTION/ ARCHITECTS/ REAL-ESTATE	na	na	•	•	•	na	•

		LEVEL III. REQUIRED CONTRACT APPROVALS \$250,001 OR GREATER						
APPROVAL SEQUENCE FOR REVIEWERS:		1	2A	2B	3	4	5	6
		CHAIRPERSON/ DIRECTOR/ DEAN	CIO	CHIEF OF ADMIN.	V.P.	LEGAL COUNSEL	PRESIDENT	CFO
TYPE OF CONTRACT	GOODS/SERVICES/ INSTALLATION/ WARRANTY	•	na	na	•	•	•	•
	CONSULTANTS	•	na	na	•	•	•	•
	STUDENT ACTIVITIES/SPECIAL EVENTS	•	na	•	•	•	•	•
	MARKETING & PR	•	na	na	•	•	•	•
	TILLES CENTER	•	na	na	•	•	•	•
	SOFTWARE/ IT/IP/LICENSES/WEB FACILITES/ CONSTRUCTION/ ARCHITECTS/ REAL-ESTATE	na	•	na	•	•	•	•

CERTIFICATION OF REQUESTING PARTY

I have read this contract entirely. I am satisfied with its description of the goods and services to be provided to the University (including, for example, warranties, delivery terms, acceptance period, and maintenance terms). I am also satisfied with the description of the University's obligations (including the scope of work; payment due dates; late charges; regulatory compliance; tax charges; insurance and confidentiality requirements) and all other provisions of this contract, except as noted in any attached memorandum. A memorandum [is], [is not], (circle one) attached. During the agreement term, I am responsible for MONITORING the performance of this contract including supplier selection and suitability; and the management of all aspects of the work to be performed under the scope of services.

Name

Signature

Date

THIS CONTRACT HAS BEEN APPROVED BY:

Dean/Director (print name)

Signature

Date

Vice President (print name)

Signature

Date

President (print name)

Signature

Date

OFFICE OF UNIVERSITY COUNSEL REVIEW

I have reviewed this contract entirely and it: (a) does not contain legally prohibited provisions; (b) includes all legally required provisions; and (c) is not otherwise objectionable on legal, as opposed to administrative, grounds; except as noted in any attached memorandum. A memorandum [is], [is not], (circle one) attached.

Name

Signature

Date

THIS CONTRACT HAS BEEN REVIEWED BY:

Associate Vice President/Budgets

Signature

Date

Vice President for Finance/Treasurer

Signature

Date