



CONTRACT CHECKLIST/APPROVAL PAGE
Office of University Counsel

Counsel's Office USE ONLY:
Received: __/__/__ Completed: __/__/__
Matter No.: _____
Post [] Kumble []
Brooklyn [] Affiliation []
Brentwood [] License []
Riverhead [] Other []
Westchester [] Tiles []

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-18 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.
[] Check this box if contract involves software, license, intellectual property, or IT services.

WMBE/HUB REQUIREMENTS

Agreement, Award, Grant or Subcontract REQUIRES [] DOES NOT REQUIRE [] the participation of WMBE or other Historically Underutilized Businesses (HUB) and suppliers.
If WMBE or other HUB business participation is REQUIRED; include all documentation (e.g. Bids, Request for Information, Statement of Intent/Participation, Vendor Certification, Proof of Best Efforts etc.) to demonstrate compliance with Agreement, Award, Grant or Subcontract. (Attach all Relevant Documents)

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

Chief Information Officer 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:

Director of Procurement Signature/Date Notes

Vice President for Finance/Treasurer Signature Date