

Augusta University

CONTRACT ROUTING AND APPROVAL FORM

Please complete this form and obtain all necessary approvals and signatures in boxes 1 – 3. **ATTACH ORIGINAL CONTRACT** (with all accompanying exhibits, attachments, and all other documents incorporated by reference in the contract) to this completed Form before submitting the package to the Office of Legal Affairs.

1. GENERAL INFORMATION

Type of Contract / Brief Description:

Contract Period: Start :

End:

Other Contracting Party:

Is the Other Contracting Party a nonprofit organization? ____ (yes) ____ (no)

Augusta University Contact Person For Contract:

(Name)

(Title)

(Phone)

(E-mail)

(School/Center/Institute)

(Department)

2. CERTIFICATION BY RESPONSIBLE AUGUSTA UNIVERSITY PERSONNEL

I have read the attached contract in its entirety. The contract accurately describes the agreement between the parties, including goods and/or services provided (for example, description of goods, delivery terms, statement of work) and obligations imposed (for example, manner and dates of payment, confidentiality provisions). I believe that the contract is in Augusta University's best interest that the activity is consistent with Augusta University's mission, and that Augusta University can perform its obligations in the contract. I accept responsibility for routing this contract and for managing it if it is executed.

(Signature)

(Name)

(Date)

Approval by Dean of School / Vice President: The attached contract is approved. It is appropriate and necessary to the School's /Augusta University's mission and priorities and such entity can furnish the services, materials, and/or funds designated in the contract.

(Signature)

(Name - Title)

(Date)

3. ROUTING AND APPROVALS

Review by other Augusta University Departments/Offices/Units (if appropriate): I have reviewed the attached contract and [check one] **Review by Office of Controller (for revenue producing contracts):** have no objections, have certain concerns as set forth here:

(Name)

(Signature)

(Title)

(Date)

(Phone)

Review by SPA (for sponsored agreements): have no objections, have certain concerns [check one] as set forth here:

(Name)

(Signature)

(Title)

(Date)

(Phone)

Review by the ITSS (for contracts impacting information technology):

have no objections, have certain concerns [check one] as set forth here:

(Name)

(Signature)

(Title)

(Date)

(Phone)

Review by the Enterprise Privacy Officer (for contracts involving Protected Health Information including business associate agreements):

(Signature)

(Title)

(Date)

(Phone)

Review by _____ **[other Augusta University office]:** have no objections, have certain concerns [check one] as set forth here:

(Name)

(Signature)

(Title)

(Date)

(Phone)

4. REVIEW BY OFFICE OF LEGAL AFFAIRS (for OLA use only)

Received by OLA: _____ Assigned to _____ on _____ Review completed on _____ by _____

WORD Document Requested from Originating Department by OLA: _____

Returned to Originating Dept: _____ Received back from Originating Dept: _____

Original contracts sent to: [] Office of the President, [] Office of the Provost, [] _____ (other) for signature: _____

***PLEASE RETURN ALL SIGNED ORIGINALS TO
THE OFFICE OF LEGAL AFFAIRS.***

“Augusta University signed only” originals returned to Originating Dept. on: _____

“Signed by both parties” originals returned to OLA on: _____

Office of Legal Affairs comments:

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