UFJPI/FC
NON-CLINICAL CONTRACT REVIEW REQUEST FORM

My signature below represents that I have read the contract, approved the business terms (including pricing), identified budgeted cost center and expense account, obtained the approval of the applicable manager or higher level administrator, and contacted the Privacy Office to initiate security review, if applicable:

Signature of UFJPI/FC Requestor Date
(Internal Point of Contact)

Printed Name of UFJPI/FC Requestor

Telephone #

Email Address

Cost Center Expense Account Amount Budgeted for Expense Account

________ Please check that you have obtained Microsoft word version of contract & emailed it to Finance.

________ Please check, if applicable, that you have obtained approval for any unbudgeted item(s).

________ Please check if protected health information (PHI) is involved in this contract.

________ If this contract involves software, hardware or equipment and the access, creation, storage, or transmission of PHI, please email Privacy Office to initiate security review and check here to indicate Privacy Office has been notified.

________ Please check if confidential information is involved in this contract.

Contract Review Checklist [To be completed by Finance and Contract Services]:

1. Finance has reviewed the financial and insurance terms of this contract, confirmed budget, performed OIG/GSA/SDN checks, and forwarded recommended financial and insurance revisions, if any, to Contract Services. Check, as applicable, and attach results of search:

________ OIG/GSA/SDN checks completed and no listings found.

________ OIG/GSA/SDN checks completed and listing(s) found.

________ Finance: Initials and Date

2. Contract Services has reviewed the legal terms of this contract, obtained additional reviews, as applicable, and forwarded recommended finance and legal revisions or redlined draft, if any, to UFJPI/FC Requestor for UFJPI/FC Requestor to complete negotiations with outside party. If there is any deviation from recommendations, UFJPI/FC Requestor will consult with Contract Services and/or obtain the applicable senior management approval to proceed with deviation(s).

________ Date Contract Services completed its review.

________ Date Contract Services forwarded to other internal offices (compliance, SIP) for additional review.

________ Date Contract Services forwarded recommendations to UFJPI/FC requestor.

________ Date executable contract received and ready to route for UFJPI/FC signature.

________ Contract Services: Initials and Date