



CONTRACT ROUTING FORM

This form should accompany ALL contracts submitted for review and signing. Please allow up to 30 business days for review and to obtain the appropriate authorizing signatures.

SECTION 1 – Requesting Department/Contract Information

(List the individuals who should be notified upon completion of the contract review)

Requester: Dept. #: Email:
Additional Contact: Dept. #: Email:
Date Submitted:

- Contract Purpose (Check all that apply):
Software, Cloud Software (SAAS), Equipment, Construction, Lease/Rental, Services, Repairs/Maintenance, Consultant, Other:
Does this contract provide mission-critical systems, products, or services?
Will MGA transmit/store any data with the supplier under this agreement?
Contractor/Supplier Name: TIN:
Contract is: New, Renewal, Description of Goods/Service:
Start Date of Service: End Date of Service: Multi Year?
Department #: Contract Amount: \$

SECTION 2 – Contract Checklist

(Must be completed by Requesting Department – Failure to complete will delay the contract process)

- The contract and any related documents have been attached.
In accordance with the BOR and MGA’s Conflict of Interest Policy, a conflict of interest does not exist.
If applicable, a System Identification Form has been completed (Contact the Office of Cybersecurity)
If applicable, OTR has authorized that software is compatible.
Funds are available in the department budget to cover the contract amount.
If applicable, Facilities has provided approved for building maintenance/operations.

SECTION 3 – Background Checks

- Will the supplier have regular interaction in any of the following areas?
Students, Employees, Minors, Monies, Sensitive/Confidential Data, Mission-Critical Service, and/or Facilities
Are background checks are required?
If no, please provide explanation:

SECTION 4 – Contract Review (Sign with a Digital ID Only)

(Please route to the next individual on the routing form. VPFB will complete upon receiving a signed contract from the vendor)

Requester: _____ Signature: _____ Date: _____

Budget Manager: _____ Signature: _____ Date: _____

Chair/Dean/AVP/VP: _____ Signature: _____ Date: _____

Procurement: _____ Signature: _____ Date: _____

Legal Counsel: _____ Signature: _____ Date: _____

Cybersecurity: _____ Signature: _____ Date: _____

VP Finance & Business: _____ Signature: _____ Date: _____

Data Security Review – Ref USG BPM 3.4.4 (Office of Cybersecurity Use Only)

- Does the supplier transmit/store any sensitive or confidential data (e.g. PII, PHI, financial, educational)?
- Specify the data security risk category for this supplier:

Review Notes: