



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)

- ☐ **Funds are available in the department budget to cover the contract amount.**
- ☐ 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.
- ☐ 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: _____

Budget and Planning: _____

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:

--