

**For Internal Use Only**  
**Date Received:** \_\_\_\_\_  
**Contract#:** \_\_\_\_\_

**HOFSTRA UNIVERSITY**

**CONTRACT APPROVAL FORM - cover sheet for Contract**  
**(attach Contract Advise ment Form and**  
**two original Contracts to this form)**

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**CONTRACT**

I have reviewed the contents of this contract/agreement on the date indicated by my name, and I concur with the content, acknowledge the University's responsibilities and capabilities, and verify the budget proposed therein. I have also reviewed and agree with the attached Contract Information Form describing the contract and its value to the University and verify budget approval by the appropriate Director, Dean or Vice President.

( ) _____	_____
	Date
( ) _____	_____
( ) _____	_____
( ) _____	_____
( ) _____	_____
( ) _____	_____

Approved as to insurance requirements:

\_\_\_\_\_  
By: \_\_\_\_\_ Date

Approved, Office of General Counsel:

\_\_\_\_\_  
By: \_\_\_\_\_ Date

**HOFSTRA UNIVERSITY**

**CONTRACT INFORMATION FORM**  
**(to be attached to all proposed contracts)**

1. VENDOR/CONTRACTOR INFORMATION:

Contractor Name<sup>a</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Taxpayer I.D. No.: \_\_\_\_\_

2. UNIVERSITY ORIGINATOR OF CONTRACT: (Person most familiar with details and responsible for implementation)

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

3. BRIEF EXPLANATION OF CONTRACT (including benefit to University):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. HOW WAS VENDOR SELECTED? (explain prior work performed for University, relationship to University, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. COMMENCEMENT DATE (work may not commence until contract is executed and insurance certificate received and approved ): \_\_\_\_\_

6. TERM OF CONTRACT: \_\_\_\_\_

7. COST OF CONTRACT: \_\_\_\_\_

\_\_\_\_\_

<sup>a</sup>. Complete, accurate contractor name must appear on contract. If the vendor is a corporation, the contract must be signed by a corporate officer indicating he/she is an officer having authority to sign on behalf of the corporation.

8. BUDGET APPROVAL:  
(indicate budget codes): \_\_\_\_\_

9. IS THE CONTRACT ON A STANDARD HOFSTRA UNIVERSITY FORM?  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. HAS THE STANDARD FORM OF CONTRACT BEEN ALTERED IN ANY WAY?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, indicate changes and approval for changes: \_\_\_\_\_  
\_\_\_\_\_

11. ARE REQUIRED INSURANCE CERTIFICATES ATTACHED?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. SHOULD SIGNED CONTRACT BE RETURNED TO DEPARTMENT, OR SENT TO  
VENDOR OR SOMEWHERE ELSE? (specify below)  
\_\_\_\_\_  
\_\_\_\_\_

13. ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREPARED BY: \_\_\_\_\_

DATE: \_\_\_\_\_