

CONTRACT APPROVAL FORM

(To this form, attach a completed Contract Information Form and the proposed contract, and send to contractadmin@hofstra.edu)

The full name of person / company rendering services.
If a company, this must be their legal name as listed on their W9 tax forms

VENDOR NAME

Contract Description: Brief description of what services are being rendered by person / company

Total Cost or Revenue: Total cost of this contract. Enter \$0 if guest volunteer

By signing below, I certify that 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.

Individual Responsible for Administering this Contract:

The section below will be filled out by the OSLE / Fitness Center Administrator

Signature Name and Title Date

Other Approvals:

The section below will be filled out by the OSLE / Fitness Center Administrator

Signature Name and Title Date

Signature Name and Title Date

Signature Name and Title Date

Signature Name and Title Date

For Financial Affairs Office Use Only:

Budget Approval:

Signature Name and Title

Agreement Type: _____

Insurance Review:

A.M. Best Rating: _____ Additional Insured: _____ General: _____ Excess: _____ Approved By: _____

Legal Review:

OGC Review Dated: _____ OR Template: _____ LLR: _____ Approved By: _____

Tax Review:

UBIT: Y/N Explanation: _____

Private use: Y/N Explanation: _____

Tax Exempt Facility Name: _____ | License/Rental Duration: <50/>50 | Corp. Type: _____

Circle Type: Research | License/Rental | Lease | Mats. Trans. | Third-Party Fac. Use | Sponsorship | Other

Foreign National: Y/N Reviewed: _____

Tax Review Approved By: _____

Department Contact: _____

Hofstra Executed: _____ **Vendor Executed:** _____ **Renewal Options:** _____