

Contract Period Start Date:

Type of Contract / Agreement: Click or tap here to enter text.

Project/Contract/Agreement Title: Click or tap here to enter text.

Click or tap here to enter text.

AUGUSTA UNIVERSITY

enter text.

Contract Period End Date:

Dollar Amount of Contract/Agreement: Click or tap here to

Click or tap here to enter text.

Office of Legal Affairs

CONTRACT ROUTING AND APPROVAL FORM

Please complete this form and obtain all necessary approvals and signatures in boxes 1-3. <u>ATTACH ORIGINAL CONTRACT in MS Word format</u> (with all accompanying exhibits, attachments, and all other documents incorporated by reference in the contract) to this completed Form before submitting the package to the Office of Legal Affairs. Also see link to <u>Presidential Delegation of Contract Signatory Authority</u>

1. **GENERAL INFORMATION**

Other Contracting Party (i.e. who are we making	an agreement with?) Click or	tap here to enter to	ext.		
Is the Other Contracting Party a Foreign Entity? Choose an item.					
Will this contract/agreement be managed by Sponsored Programs Administration (DSPA)? Choose an item.					
If unknown, please complete the Contract and A					
Augusta University Contact Person For Contract/	Agreement:	641.4	1		
Name: Click or tap here to enter text.		Phone: Click or tap here to enter text.			
*	itle: Click or tap here to enter text.		Email: Click or tap here to enter text.		
College/School/Center/Institute/Division: Click	or tap here to enter text.	Department: Click or tap here to enter text.			
2. ROUTING AND APPROVALS					
Review by other AU Departments/Offices/Unit					
Review by Office of Controller (for non-DSPA	revenue producing contracts	$$: $[\Box]$ have no object	ions, [□] have certain concerns as		
set forth here: Click or tap here to enter text.					
Click or tap here to enter text. (Name and Title)	(Signature)	(Date)	(Phone)		
(Name and Thie)	(Signature)	(Date)	(Thone)		
Review by DSPA (for sponsored agreements):	$[\Box]$ have no objections, $[\Box]$ 1	nave certain concerns [check one as set forth here: Click		
or tap here to enter text.	, , , , ,		•		
•					
Click or tap here to enter text.					
(Name and Title)	(Signature)	(Date)	(Phone)		
Desired by the IT Office (for contracts immedia					
Review by the IT Office (for contracts impacting information technology): [] have no objections, [] have certain concerns [check one] as set forth here: Click or tap here to enter text.					
[] have no objections, [] have certain concer-	ns [check one] as set form here	. Click of tap liefe to	enter text.		
Click or tap here to enter text.					
(Name and Title)	(Signature)	(Date)	(Phone)		
	(2)	,			
Review by the Enterprise Privacy Officer (for contracts involving Protected Health Information including business associate					
agreements): $[\Box]$ have no objections, $[\Box]$ have	certain concerns [check one] as	set forth here: Click (or tap here to enter text.		
Click or tap here to enter text.					
(Name and Title)	(Signature)	(Date)	(Phone)		
(Nume and Thie)	(Signature)	(Dute)	(Thone)		
Review by Click or tap here to enter text. [oth	ner Augusta University office	: [□] have no object	ions, [□] have certain concerns		
[check one] as set forth here: Click or tap here to enter text.					
Click or tap here to enter text.					
(Name and Title)	(Signature)	(Date)	(Phone)		



AUGUSTA UNIVERSITY

Office of Legal Affairs

3. CERTIFICATION BY RESPONSIBLE	3. CERTIFICATION BY RESPONSIBLE AUGUSTA UNIVERSITY PERSONNEL					
I have read the attached contract in its entirety. The contract accurately describes the agreement between the parties, including goods						
and/or services provided (for example, description of goods, delivery terms, statement of work) and obligations imposed (for example,						
manner and dates of payment, confidentiality provisions). I believe that the contract is in Augusta University's best interest that the activity is consistent with Augusta University's mission, and that Augusta University can perform its obligations in the contract. I accept						
						responsibility for routing this contract and
	<u> </u>	-				
	Click or tap here to ent	er text				
(Signature)	(Name)	(Date)				
Approval by Dean of School / Vice Presider						
/Augusta University's mission and priorities a						
•			signated in the contract.			
(6:	Click or tap here to ente					
(Signature)	(Name - Title)	(Date)			
Received by OLA:	Assigned to	On				
Review completed on	hv					
Keview completed on	by					
WORD Document Requested from Origina	ting Donoutment by OL A.					
WORD Document Requested from Origina	iting Department by OLA:					
D. L. O. L. D. A						
Returned to Originating Dept:						
Received back from Originating Dept:						
Original contracts sent to: [□] Office of the	e President, [🔲] Office of the	Provost, [□]	(other) for			
signature:		· · · · · · · · · · · · · · · · · · ·	` `			
PLEASE RETURN ALL SIGNED ORIGINALS TO						
THE OFFICE OF LEGAL AFFAIRS.						
"	11 O : : : : D : :					
"Augusta University signed only" originals returned to Originating Dept. on:						
"Signad by both moutice" originals returned to OI A one						
"Signed by both parties" originals returned to OLA on:						
Office of Legal Affairs comments:						
Office of Legal Affairs *	1120 15 th St., AA2028	* Augusta, GA 30912	-7615			
Phone: (706) 721-4018 *	Fax: (706) 721-8014	* e-mail: legal@augu				
rnone: (/00) /21-4018 *	гах: (700) /21-8014	e-man: iegai@augu	sta.cuu			