



Adopted by President’s Cabinet 2/28/17

Revision Adopted by President’s Cabinet 12/18/18; 2/23/21; 2/1/22; 8/8/22

**Please allow a minimum of 14 days for the process to complete**

**Office of Legal Affairs – CONTRACT ROUTING AND APPROVAL FORM**

*Please complete this form and obtain all necessary approvals and signatures in boxes 1-2. Attach an original contract, with all exhibits, attachments and other documents incorporated by reference, to this form. This includes quotes, proposals, and approval of expenditure by EGSC Business Office. etc. **Please review EGSC Contract Administration Policy Submit this form and the documents to: [purchase@ega.edu](mailto:purchase@ega.edu)***

**1. GENERAL INFORMATION:** EGSC Department submitting request: \_\_\_\_\_

**Type of Contract:** Please indicate whether the contract is for: (circle and/ or describe)  
 Purchase of goods, purchase of services, purchase of goods and services, performance contract, consulting contract, IT software, or other (describe )  
 \_\_\_\_\_

Will the vendor have regular interaction with students, employees, monies, sensitive or confidential data, or facilities?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Contract Period (insert begin and end dates) \_\_\_\_\_

EGSC Contact person (Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_ Initial Contract    \_\_\_\_ Renewal    \_\_\_\_ Amendment    \_\_\_\_ One Time Contract  
 \_\_\_\_ System Wide    \_\_\_\_ State-Wide    \_\_\_\_ Agency    \_\_\_\_ Other: Describe \_\_\_\_\_  
 \_\_\_\_ Modification, extension, or termination- If yes, attach copy of current contract

**Vendor Contact information:** Name: \_\_\_\_\_ / Email and telephone: \_\_\_\_\_

**2. CERTIFICATION BY RESPONSIBLE EAST GEORGIA STATE COLLEGE EMPLOYEE SUBMITTING CONTRACT**

**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 the goods, delivery terms, statement of work) and obligations imposed (for example, manner of payment, confidentiality provisions). I believe that the contract is in East Georgia State College’s best interests, the activity is consistent with the mission of the college and that East Georgia State College can perform its obligations under the contract. I accept responsibility for routing this contract and for managing it if it is executed.

\_\_\_\_ Requesting contract cancellation. State reason: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date Printed Name  
 EGSC employee submitting request

**Approval by Vice President or Cabinet Level Supervisor:** This request is approved. If a contract requested, it is appropriate and necessary to the Department's/ School's mission and priorities and such entity can furnish the services, materials or other funds as designated in the contract. If contract termination or non-renewal requested, I agree with the above stated reason for termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Obtain the above signatures prior to sending to Purchasing.**

### 3. ROUTINGS AND APPROVALS

#### **Business Affairs/ Budget Review**

I have reviewed the attached contract or request and (check one):

\_\_\_\_\_ have no objections \_\_\_\_\_ object /see concerns below

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

Signature VPBA

#### **Information Technology Review (all contracts impacting technology)**

##### **DATA PROTECTION REVIEW**

\_\_\_\_\_ have no objections \_\_\_\_\_ object/ see concerns below

Will EGSC data be accessed by the vendor? \_\_\_ yes \_\_\_ no

If yes, what is the risk level of this access ? \_\_\_\_\_

Is cyber insurance needed from vendor? \_\_\_ yes \_\_\_ no

List any other measures required of vendor: \_\_\_\_\_

Verified measures in place and receipt of compliance document (use EGSC Cybersecurity Checklist):

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

Signature: VPIT

**Purchasing will obtain these approvals.**

### 4. REVIEW BY OFFICE OF LEGAL AFFAIRS

Received by OLA: \_\_\_\_\_ CBC Required? Yes \_\_\_\_\_ (Obtain Vendor Certification) No \_\_\_\_\_ Accepted: \_\_\_\_\_

Questions/concerns/revisions requested: \_\_\_\_\_ (date) sent to: \_\_\_\_\_

Final contract reviewed: \_\_\_\_\_ Sent for Business Office to obtain vendor signature \_\_\_\_\_

**Terminations:** Termination letter sent to vendor by: \_\_\_\_\_ OLA on \_\_\_\_\_ (date) OR Bus Off on \_\_\_\_\_ (date)

Acknowledgement of receipt of letter to EGSC on \_\_\_\_\_ (date) \_\_\_\_\_ initials