

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

CONTRACT APPROVAL FORM



The purpose of this form is to document the need for contracted goods or services, the availability of funding, the approval of appropriate personnel, compliance with mandated procurement procedures, and compliance with Tennessee Board of Regents (TBR) contracting guidelines.

CONTRACT WITH _____ Date _____ to _____ AMOUNT: \$ _____ Revenue: _____
ORIG DEPARTMENT CONTACT NAME/PHONE/EMAIL _____
VENDOR CONTACT NAME/PHONE/E-MAIL _____

PURPOSE: _____

All contracts must have a requisition for payment purposes. Organization # _____ Account # _____

Orig Dept: Is this a Federal Government Contract requiring TBR Review? Yes ___ No ___

Details: _____

Orig Dept: Is this a Foreign Owned vendor? (anyone outside the U.S.) Yes ___ No ___

Details: _____

I. TYPE OF CONTRACT (check one)

- ☐ Goods or services required for normal operations and purchased under TBR purchasing/ bid procedures
☐ Goods or services required for normal operations and authorized under sole source procurement procedures (Sole source justification must be submitted to the Purchasing Department.)
☐ Contract for receipt of grant funds awarded to the college
☐ Other income-producing contract ☐ Software License Agreement ☐ Clinical Affiliation Agreements
☐ Dual Service Agreement with another TBR institution or state agency for employee services. Payment amount verified by Human Resources.
☐ First Time Account ☐ Renewal If renewal, did the rate change? ☐ Yes ☐ No By how much did the rate change? _____

II. GRANT FUNDED (check if goods or services are to be purchased using grant funds and specify the grant name)

- ☐ Grant Funded - Specify: _____

III. APPROVALS

A. Originating Department _____
Department Name

Signature _____ Print Name _____ Title _____ Date _____

Signature indicates that a need for the goods or services has been documented and funds are available from the source indicated above.

B. Other Department Approval or Dean Approval, if applicable:

Signature _____ Print Name _____ Title _____ Date _____

Signature indicates that the contract reflects the program and/or services that were offered to the fund or via Southwest's Proposal.

C. Divisional Vice President Approval:

Signature _____ Print Name _____ Title _____ Date _____

Signature indicates that a need for the goods or services has been documented and funds are available from the source indicated above.

D. Grants Review (applicable if Contract is in receipt of grant funds):

Signature _____ Print Name _____ Title _____ Date _____ Deputy CFO Restricted Funds Accounting _____

Signature _____ Print Name _____ Title _____ Date _____ Director of Grants _____

Signature _____ Print Name _____ Title _____ Date _____

Signature indicates that the contract reflects the program and/or services that were offered to the fund or via Southwest's Proposal.

E. AVP, Administrative Services (applicable for Contracts for technology hardware, software, services, etc:)

Signature _____ Print Name _____ Title _____ Date _____ AVP, Administrative Services _____

F. Purchasing Department Approval:

Signature _____ Print Name _____ Title _____ Date _____ Director of Purchasing and Auxiliary Services _____

G. Chief Financial Officer:

Signature _____ Print Name _____ Title _____ Date _____ Chief Financial Officer Financial Services _____

***The Contract Approval Form must be completed and submitted with all contracts. All required signature approvals must be captured on the Contract Approval Form. Contracts less than \$50,000 delegated to CFO for signature approval, on behalf of President. All Clinical Affiliation Agreements delegated to VP Academic Affairs for signature approval, on behalf of President. All contracts over \$50,000 should follow standard routing procedure for President's signature approval.**

- ☐ Check here if W-9 is on file ☐ Check here if a requisition is attached ☐ SciQuest/Banner Requisition # _____