

**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 \$ _____
PURPOSE: _____

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.

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 _____
Dept. Name

Signature	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 Departmental Approval or Dean's Approval, if applicable

Signature	Title	Date
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C. Purchasing Department Approval

Signature	Title	Date
Signature indicates that applicable Request for Proposal and Bid Negotiation procedures has been followed or that sole source contracting has been justified.		

Purchase Requisition Required: Yes (Attached) No

D. Grants Review (applicable only for contracts for receipt of grant funds)

Signature	Title	Date
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E. _____
Signature indicates that the contract reflects the program and/or services that were offered to the fund or via STCC's Proposal.

Signature	Title	Date
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F. Vice President/Provost Approval

Signature	Title	Date
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G. Vice President

Signature	Title	Date
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H. Contract Compliance Approval

Signature	Title	Date
Signature indicates that the contract complies with applicable Tennessee Board of Regents' contracting guidelines.		

PLEASE DENOTE THE FOLLOWING ROUTING PROCESS FOR GRANTS AND GRANT RELATED CONTRACTS:

1. Please obtain the ORG and Account Number from the Manager of Restricted Funds prior to initiating the Approval Form.
2. Please obtain proper Departmental or Dean Approval and Signature.
3. Please follow signature process as noted above. All signatures should be obtained within 10 business days.

COMMENTS/RECOMMENDATIONS: _____