

CONTRACT APPROVAL FORM

Office of Financial Affairs
100 Phillips Hall, South Campus

59690-3/15

Supplier: _____

Contract Value: _____

Description: _____

Financial Affairs Use Only:

Date Received: _____

Contract #: _____

Attach two (2) copies of the contract agreement

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 Contract Information Section, describing the contract and its value to the University and verify budget approval by the appropriate Director, Dean or Vice President.

_____ Name (Print)	_____ Title	_____ Authorized Signature	_____ Date
_____ Name (Print)	_____ Title	_____ Authorized Signature	_____ Date
_____ Name (Print)	_____ Title	_____ Authorized Signature	_____ Date
_____ Name (Print)	_____ Title	_____ Authorized Signature	_____ Date
_____ Name (Print)	_____ Title	_____ Authorized Signature	_____ Date
_____ Name (Print)	_____ Title	_____ Authorized Signature	_____ Date

Approved as to Insurance Requirements:

Name:

Date

Approved, Office of General Counsel:

Name:

Date

CONTRACT INFORMATION SECTION:

1. SUPPLIER INFORMATION

Supplier Name¹: _____

Address: _____

Telephone: _____ Fax: _____

Taxpayer ID No.: _____ Email: _____

2. UNIVERSITY ORIGINATOR OF CONTRACT (person most familiar with details and responsible for implementation)

Name: _____

Department: _____

Title: _____ Telephone: _____

3. BRIEF EXPLANATION OF CONTRACT (including benefit to University)

4. HOW WAS SUPPLIER SELECTED? (Explain prior work performed for University, relationship to University, competitive bidding conducted by Procurement Services, etc.)

¹ Accurate and complete supplier name must appear on contract. If the supplier is a corporation, the contract must be signed by a corporate officer indicating he/she is an officer having authority to sign on behalf of the corporation.

5. COMMENCEMENT DATE: _____

(Work may not commence until contract is executed and insurance certificate is received and approved.)

6. TERM OF CONTRACT: _____

7. COST OF CONTRACT: _____

8. BUDGET APPROVAL (Indicate budget codes.): _____

9. IS THE CONTRACT ON A STANDARD HOFSTRA UNIVERSITY FORM?

☐ Yes

☐ No

10. HAS THE STANDARD HOFSTRA UNIVERSITY CONTRACT FORM BEEN ALTERED?

☐ Yes

☐ No

If "Yes," indicate change(s) and approval for change(s): _____

11. ARE REQUIRED INSURANCE CERTIFICATES ATTACHED?

☐ Yes

☐ No

12. SHOULD THE SIGNED CONTRACT BE RETURNED TO THE DEPARTMENT OR SENT TO THE SUPPLIER OR SOMEWHERE ELSE? (Specify below.)

13. ADDITIONAL COMMENTS: _____

Name (Print)

Title

Authorized Signature

Date

INDEPENDENT CONTRACT CHECKLIST:

Required for All Contracts With an Individual

Please complete this checklist in order to assist us in determining whether an individual is appropriate for a consultancy relationship with Hofstra. This checklist is not exhaustive and it is not necessary to satisfy each factor.

NAME OF INDEPENDENT CONTRACTOR:_____

- ☐ Independent Contractor is not currently an EMPLOYEE or a STUDENT of Hofstra University. **(EMPLOYEES and STUDENTS of Hofstra University may not be hired as an Independent Contractor; STOP HERE.)**
- ☐ Independent Contractor is not a former employee of Hofstra
- ☐ Independent Contractor operates as a business and holds itself out to the public as a provider of the type of services it is performing for Hofstra University.
- ☐ Independent Contractor does not require any training by Hofstra nor does Hofstra provide any training to Independent Contractor.
- ☐ Independent Contractor performs some or all of the services or project at a location outside of Hofstra’s premises.
- ☐ Independent Contractor supplies his/her own equipment or materials.
- ☐ Independent Contractor has the right to control the day-to-day aspects of the project, as well as the manner, method and means by which the project is completed, including delegation to its own staff, setting work hours, etc.
- ☐ Independent Contractor invoices Hofstra University in order to be paid for services.
- ☐ Independent Contractor is not held out to third parties as an employee of Hofstra University.
- ☐ Project involves an area or a service where outsourcing to nonemployees is customarily recognized as acceptable and common in the educational industry.
- ☐ Independent Contractor’s project or services involves something not traditionally performed in house by employees of Hofstra.
- ☐ Independent Contractor is not required to report to anyone at Hofstra or attend regular department meetings and makes his/her own schedule.
- ☐ Independent Contractor is free to perform similar work for others as well as for Hofstra.
- ☐ Hofstra has little or no management or supervision of Independent Contractor for this project.
- ☐ Independent Contractor is not provided a Hofstra ID, Hofstra email address or an office on Hofstra’s premises.

Comments:_____

By signing below, I hereby certify that I have completed or reviewed the contents of this checklist on the date indicated by my name, and I attest to the accuracy of the contents of this checklist.

Name (Print) Title Authorized Signature Date