

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) Organization _____ Account No. _____
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.
First Time Account ___ Renewal ___ If renewal, did the rate change? _____ If it did change, by how much?

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 _____

C. Purchasing Department Approval
Director of Purchasing and Auxiliary Services
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)
Manager of Restricted Funds Accounting
Signature _____ Title _____ Date _____

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

E. Vice President
V.P. for Academic/Student Affairs
Signature _____ Title _____ Date _____

F. Vice President
V.P. for Institutional Advancement
Signature _____ Title _____ Date _____

G. Contract Compliance Approval
V.P. for Financial & Administrative Services
Signature _____ Title _____ Date _____
Signature indicates that the contract complies with applicable Tennessee Board of Regents' contracting guidelines.

COMMENTS/RECOMMENDATIONS: _____

Please obtain all required signatures before submission to the Contract Compliance Office.