

Additional
Comments:

UConn Contract/Amendment Submission Checklist

AG DOC REVIEW # _____

PSA # _____

AMENDMENT # _____

DATE: _____

FROM: _____

DEPT/PHONE: _____

CONTRACTOR NAME: _____

MAXIMUM AMOUNT or VALUE OF CONTRACT:

\$ _____

START DATE: _____**END DATE:** _____

DATE RECEIVED BY AGO: _____

The attached contract is being submitted for your review and approval

PLEASE

INSERT PAGE & SECTION NUMBER."A#" for Amendment Number, N/A or "O" for original**REQUIRED CONTRACT/AMENDMENT FORMAT AND PROVISIONS**

1.		Contractor name and address is complete. Note: <u>Name must be consistent with valid signature authority documentation *</u>
2.		<u>Term</u> (Contract Period) is clearly stated, including both start and end dates and is consistent throughout contract.
3.		<u>Description of Services</u> - Complete, concise statement of services answering <u>Who, What, When, Where and How</u> they will be performed.
4.		<u>Statutory Authority</u> is referenced on contract: Generally Connecticut General Statutes §§ 10a-104 and 10a-108 and/or § 4a-52a and §10a-151b
5.		<u>Cancellation/Notice and/or Termination Clause(s)</u> are present
6.		<u>Cost and Payment Schedule/Budget Language</u> - must state maximum amount & clearly define terms for all negotiated costs and payments
7.		<u>Executive Orders</u> No. 3 & 17, 16 & 7C included [Exec. Order #14, as applicable] OR, _____ GOVERNOR LETTER ATTACHED (out-of-state Contracts)
8.		<u>Amendments</u> - A copy of original contract and all previous amendments attached [<u>Amendments must be executed prior to expiration of contract or a new contract must be drawn.</u>]
9.		<u>Governing Law</u> - State of Connecticut (not another state or country)
10.		<u>Nondiscrimination Language</u> [Conn. Gen. Stat. §§ 4a-60, 4a-60a] included OR, _____ CHRO EXEMPTION LETTER ATTACHED
11.		<u>Insurance/Indemnification</u> - The Contractor agrees that while performing Services specified in this agreement (s)he shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed to insure that contractor insures and "holds harmless" the State; State of Connecticut is self-insured; State of Connecticut cannot indemnify contractor.
12.		<u>Claims Against the State</u> language - Chap. 53 of Conn. Gen. Stat. is present. http://www.claims.state.ct.us
13.		<u>State Election Enforcement Commission</u> (SEEC) language - C.G.S. §9-612 - AND _____ SEEC Notice (Form 11) included.
14.	<input type="checkbox"/>	<u>All attachments</u> are referenced in contract & pages numbered consecutively [in standard outline form] - <i>no blank spaces please.</i>
15.	<input type="checkbox"/>	<i>If applicable: <u>Confidentiality Provisions</u> comport w/Freedom of Information Act & Contain Exemption "Except as may be required by Chapter 14, CGS, FOIA"</i>
16.	<input type="checkbox"/>	<i>If applicable: <u>Health Insurance Portability And Accountability Act</u> (HIPAA) (45 CFR Part 160-164), subparts A, C, and E, included</i>
17.	<input type="checkbox"/>	<i>If applicable: For Contracts \$5 million and Above - <u>Whistleblower Language</u> Per C.G.S. 4-61dd is present</i>
18.	Dated: _____	<u>Execution:</u> Contract Signed and Dated by <u>Duly-Authorized Parties</u> SIGNING AUTHORITY IN PLACE AT TIME OF SIGNATURE
19.	<input type="checkbox"/>	<u>AGO Approval</u> - All contracts over \$3,000 need signature line at bottom for Assistant or Associate Attorney General Approval
20.	<input type="checkbox"/>	Authorized <u>Deletions or Additions</u> Initialed by All Party-Signatories
21.	<input type="checkbox"/>	Name/Title and Date of Authorized <u>University Signatory</u> is present
22.		<u>REQUIRED STATE DOCUMENTATION - MUST BE ATTACHED TO ALL CONTRACTS</u>
23.		Copies of Prior Executed Amendments and Original Executed/Approved Contract Attached
24.	Dated: _____	Contractor's <u>Original Signature Authority Certification</u> - <i>Adopted Prior To And Signed On Or After Date Of Contract Execution</i>
25.	Dated: _____	<u>Nondiscrimination Certification</u> executed by authorized official - <i>Adopted Prior To And Signed On Or After Date Of Contract Execution</i> - OR, _____ CHRO EXEMPTION (ATTACHED) - Deviation from the Nondiscrimination Certification format is not permissible.
26.		CONTRACTS WITH AN ANNUAL OR FISCAL YEAR "VALUE" OF \$50,000 OR MORE, MUST BE SUBMITTED W/THE FOLLOWING ETHICS FORMS, unless Federal Funding Substantiation Letter is submitted. _____ FEDERAL FUNDING LETTER ATTACHED
27.	<input type="checkbox"/>	State Ethics Form 1 (Gift & Campaign Contribution Certification) SIGNED BY INDIVIDUAL WHO EXECUTES CONTRACT & ON THE SAME DATE
28.	<input type="checkbox"/>	State Ethics Form 3 (Certification of State Agency Official) SIGNED BY INDIVIDUAL WHO EXECUTES CONTRACT & ON THE SAME DATE
29.	<input type="checkbox"/>	State Ethics Form 5 (Consulting Agreement Affidavit) SIGNED BY INDIVIDUAL WHO EXECUTES CONTRACT & ON THE SAME DATE
30.		CONTRACTS w/A "COST" of \$500,000 or more FOR TERM OF CONTRACT, MUST BE SUBMITTED WITH THE FOLLOWING ETHICS FORM:
31.	<input type="checkbox"/>	State Ethics Form 6 (Contractor's Affirmation of Receipt of State Ethics Laws Summary) Attached - Unless submitted with Original Bid Documents
32.		Please Identify Remaining Legal Issues: (add additional page(s) if necessary) for example IMPERMISSIBLE TERMS include: 1. Indemnification provision in favor of contractor - requiring that UCONN indemnify or hold contractor harmless 2. Injunctive relief, binding arbitration, waiver of implied warranty or lien against State language
33.		Please Provide Contractor's Legal Contact Information: (Name/Phone/E-Mail) provided below and include copies of all prior correspondence
34.	<input type="checkbox"/>	Late Submittal form Required for contracts Submitted less than 60 days prior to the start date