

**College of the Holy Cross Contract Review Request Form**  
**Submit to [contracts@holycross.edu](mailto:contracts@holycross.edu) when complete**

**1. Contract Initiator:**

**2. Vendor's Contact Information:**

Legal Name:

Doing business as name, if applicable:

Contact Person:

Email Address:

**3. Financial Information:**

Total Contract Cost (Note total and annual, if relevant):

Length of Contract:

**4. Have you secured approval from the appropriate divisional leader to enter into the respective contract, both in terms of needs assessment and resource allocation?**

Yes

No

**5. Do you have sufficient budget funds to pay for this completely without requesting centralized incremental support?**

Yes

No

**6. Is this a renewal, extension or replacement of a contract that the College has signed before?**

Yes. If yes, please provide a copy of the prior contract and describe any differences.

No

**7. What is the expected start date?**

**8. Please list any other departments which may be impacted:**

**9. Does the vendor have adequate insurance to meet the College's minimum requirements as outlined on the College Risk Management website? This includes the ability to provide a Certificate of Insurance that lists the Trustees of College of the Holy Cross as an additional insured.**

Yes. Please forward the Certificate of Insurance along with the draft contract.

No. If no, please contact Risk Management and, as applicable, your divisional leader for guidance regarding contracting with a vendor that doesn't meet the minimum requirements.

**10. Does the contract include any high risk activities such as construction, demolition, activities conducted at height, maintenance, waste management, involving storage of chemicals, energy or IT installation or maintenance, emergency response, landscaping or grounds activities, pest control, or water maintenance?**

Yes. If yes, please provide the vendor with our contractor safety program. The contract will be required to include language related to adherence to this program. For any questions in regards to the safety program, please contact [Risk Management](#).

No

**11. Does this contract include the exchange, storage, or processing of any personally identifiable student information or other sensitive information, or does it involve implementation of a software or hardware solution (on premise or cloud-based)?**

- Yes. If yes, please contact infosec@holycross.edu for an IT security review.  
 No

**12. Does the contract allow a third party to use the College's name, logo or intellectual property for any purpose?**

- Yes. If yes, please explain:  
 No

**13. Does the contract provide any exclusive right to the other party? *Please note that exclusive arrangements require the approval of the Senior Vice President of Administration and Finance.***

- Yes. If yes, please explain:  
 No

**14. Will the other party to the contract perform work on College property and/or interact directly with students?**

- Yes. If yes, please explain:  
 No

**15. To the best of your knowledge, does any employee, faculty member, or trustee of the College have an interest in, or a relationship to or with, the other party(ies) to the contract (or to their employees or owners)?**

- Yes. If yes, please explain:  
 No

**16. Is this contract being entered into in connection with a grant or award, pursuant to an agreement with a federal or state agency or instrumentality, or is it subject to any unusual regulatory requirements?**

- Yes. If yes, please explain:  
 No

**17. Is there any intellectual property being created or exchanged?**

- Yes. If yes, please explain:  
 No

**18. Is there anything else that we should know in connection with this review?**