College of the Holy Cross  
Contract Review Request Form

Please use this form to submit requests for contract review. Please submit the completed form by email to contracts@holycross.edu.

Prior to submitting this form, please:

- Read the contract thoroughly and note any specific questions or areas of concern or risk. By submitting this form, you are indicating that the terms of the contract are satisfactory to you except where noted in your submission.
- Communicate with other functional areas that may be impacted by the contract;
- Secure approval from the appropriate dean or vice president or department head;
- Submit an editable version of the contract, preferably in MS Word format. This speeds review.

Signature: ____________________________
Name: ______________________________
Title: ______________________________

Dean, vice president or department head approval. This contract has been reviewed by me. The terms of the contract are satisfactory to me except where noted in the submission. The College will be able to meet its obligations as described in the contract and to my knowledge, it does not conflict with any existing obligation of the College. My department is accountable for this contract:

Signature: ____________________________
Name: ______________________________
Title: ______________________________

Please list any other department which may be impacted and obtain approval from such department head(s). If supplemental budget funds are required, obtain the approval of the Director of Planning and Budget.

Signature: ____________________________  Signature: ____________________________
Name: ______________________________  Name: ______________________________
Title: ______________________________  Title: ______________________________

1. Other Party(ies) Contact Information:

<table>
<thead>
<tr>
<th>Party:</th>
<th>Party:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact person:</td>
<td>Contact person:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

2. Total Contract Cost: $________ Payment Terms: ______________________________

Budget Chart String to pay for contract

<table>
<thead>
<tr>
<th>Account</th>
<th>Fund</th>
<th>Organization</th>
<th>Program Subclass</th>
<th>Proj/grant</th>
</tr>
</thead>
</table>

3. When do you need this contract? ______________________________

We request 21 days for basic contract reviews following a complete submission. More complicated reviews may take longer, often for reasons beyond our control such as delays by other parties. If a quicker response than 21 days is required, please e-mail at contracts@holycross.edu.

4. Is this a renewal, extension or replacement of a contract that the College has signed before?
   
   Yes [ ]  No [ ]

   If YES, please provide a copy of the prior contract and describe any differences between the two.
5. **Term/Termination:** To the extent not described in the contract:

- How long is the term of the contract? 
- Describe the circumstances, if any, under which you would like the College (and/or you would allow the other party) to be able to terminate this contract early (e.g., any time for convenience, any time after a specified date, upon a breach, upon a breach but after a cure period; also, please specify the required length of notice for termination (gear to the time necessary to replace the vendor/service provider):
- Describe any specific condition you would like to become effective upon termination of the contract (e.g., return of deposits/payments, ownership of intellectual property, screen shots of data base information or continuing confidentiality obligations, other).

6. **Will any personally identifiable student information or other sensitive or confidential information be provided to or be accessible by the other party(ies)?**
   - Yes □ No □
   (If YES, explain)

7. **Does the contract allow a third party to use the College’s name, logo or intellectual property for any purpose?**
   - Yes □ No □
   (If YES, explain)

8. **Does the contract provide any exclusive right to the other party? Please note that exclusive arrangements require the approval of the Vice President of Administration and Finance.**
   - Yes □ No □
   (If YES, explain the intended scope of the exclusivity and why exclusivity must be provided)

9. **Will the other party to the contract perform work on College property and/or interact directly with students?**
   - Yes □ No □
   (If YES, explain)

10. **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 □ No □
    (If YES, explain)

11. **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 □ No □
    (If YES, explain)

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

Thank you for your submission. You will receive an e-mail confirmation of receipt or you will be contacted if there is missing information or additional information is required to process your request.