



CONTRACT ROUTING AND APPROVAL FORM

Please complete the requested information and obtain all necessary approvals and signatures in boxes 1 – 3. Please also attach at least two original contracts (with all accompanying exhibits, attachments, and all other documents incorporated by reference in the contract) to this completed Form before submitting the package to the Office of Legal Affairs.

1. GENERAL INFORMATION

Type of contract / brief description: _____

Contract Period: Start ___/___/___ End ___/___/___

Other Contracting Party: _____

MCG Contact Person For Contract: _____
(Name) (Title) (Phone) (E-mail)

(School/Center/Institute) (Department) (Address)

2. CERTIFICATION BY RESPONSIBLE MCG PERSONNEL

I have read the attached contract in its entirety. I am satisfied that the contract accurately describes the agreement between the parties, including the goods and/or services to be provided (for example, description of goods, delivery terms, statement of work) and the obligations imposed (for example, manner and dates of payment, confidentiality provisions). I believe that the contract is in MCG's best interest, that the activity is consistent with MCG's mission, and that MCG can provide the necessary services, materials, and/or funds designated in the contract. I accept responsibility for routing this contract and for managing it if it is executed. If this contract is a sponsored agreement, I have attached the Division of Sponsored Program Administration's "Extramural Grant/Contract Agreement Routing Form."

(Signature) (Date) (Name) [] check here if same as contact person; if different, please complete below.

(Title) (Phone) (E-mail) (School/Office/Center or Institute) (Department)

3. ROUTING AND APPROVALS

A. Approval by Dept. Chair / Office Head / Center or Institute Director

The attached contract is approved. It is appropriate and necessary to the Department's / Office's / Center's or Institute's mission and priorities and such unit can furnish the services, materials, and/or funds designated in the contract.

(Name) (Signature) (Title) (Date)

(School/Office/Center or Institute) (Department) (Phone)

3. ROUTING AND APPROVALS (continued)

B. Review by other MCG Departments/Offices/Units (if appropriate)

Review by the Office of the Controller (for revenue producing contracts): I have reviewed the attached contract and [] have no objections, [] have certain concerns [check one] as set forth here: _____

(Name) (Signature) (Title) (Date) (Phone)

Review by the Division of Sponsored Program Administration (for sponsored agreements): I have reviewed the attached contract and [] have no objections, [] have certain concerns [check one] as set forth here: _____

(Name) (Signature) (Title) (Date) (Phone)

Review by the Division of Information Technology Support and Services (for contracts impacting information technology): I have reviewed the attached contract and [] have no objections, [] have certain concerns [check one] as set forth here: _____

(Name) (Signature) (Title) (Date) (Phone)

Review by _____ [other MCG office]: I have reviewed the attached contract and [] have no objections, [] have certain concerns [check one] as set forth here: _____

(Name) (Signature) (Title) (Date) (Phone)

C. Approval by Dean of School / Vice President

The attached contract is approved. It is appropriate and necessary to the School's / MCG's mission and priorities and such entity can furnish the services, materials, and/or funds designated in the contract.

(Name) (Signature) (Title) (Date)

4. REVIEW BY OFFICE OF LEGAL AFFAIRS (for OLA use only)

Received by OLA: ___/___/___ Assigned to _____ on ___/___/___ Review completed on ___/___/___ By: _____

Returned to Originating Dept: ___/___/___ Received back from Originating Dept: ___/___/___

Original contracts sent to: [] Office of the President, [] Office of the Provost, [] _____ (other)
for signature: ___/___/___

PLEASE RETURN ALL SIGNED ORIGINALS TO THE OFFICE OF LEGAL AFFAIRS.

"MCG signed only" originals returned to Originating Dept. on: ___/___/___

"Signed by both parties" originals returned to OLA on: ___/___/___

Office of Legal Affairs comments:

OLA reviewing attorney: _____

Office of Legal Affairs * 1120 15th St., AA-211 * Augusta, GA 30912-7615
Phone: (706) 721-4018 * Fax: (706) 721-8014 * e-mail: legal@mcg.edu