

building dreams, transforming lives

## Office of the President

**Contract Cover Sheet** 

Contract Title:		
Priof Description		
Brief Description:		
Type of Contract:		
☐ Articulation Agreement ☐ Clinical Affiliation Agreement ☐ Memorandum of Understanding		
□ Intergovernmental Agreement □ Lease □ License Agreement		
□ Personal/Professional Services □ Service Agreement □ Student Affiliation Agreement		
□ Small Construction		
□ Other:		
Period of Performance:		
Start Date: Note:	End Date: Note:	
Project Manager (Person responsible for project	Department	
implementation and contract management):	Department:	
implementation and contract managements.		
Phone:	Email:	
Procurement Process Used:		
□ Invitation to Bid □ Not Applicable □ Request for Proposals □ Special Procurement (Explain):		
□ Written Quotes		
□ Other (Explain):		
l		
Total Contract Amount:		
F. H. G.		
Funding Source:		
CGCC  ☐ Contingency Fund ☐ General Fund ☐ Capital Fund ☐ Reserve Fund		
□ Contingency Fund □ General Fund □ Capital Fund □ Reserve Fund □ Special Revenue (Specify): □		
State		
□ Community Colleges & Workforce Development		
□ Grant (Specify):		
Federal		
□ Department of Labor □ Department of Energy □ Grant (Specify):		

□ Other (Specify):	
Specify Other Persons and/or Committees Coordinated with during projection	ect development:
Was Contract Reviewed by Legal Counsel? Yes No If no exp	lain why legal review was not needed:
Additional Comments:	
Required Signatures	
Project Manager:	Date:
Supervisor:	Date:
Department Chief (if different than Supervisor):	Date:
Chief Financial Officer (Applicable if contract has budgetary impact):	Date:
Manager of Accounts Receivable, Contract and Grant Accounting (if applicable):	Date:
Purchasing/Contract Coordinator:	Date:
□ Verification of Appropriate Insurance Requirements	,
Chief Operating Officer:	Date:
Please return signed contracts to:	by: