UConn International Study Abroad or Student Exchange

**OGC/AG USE ONLY**

**Contract Submission Checklist**

**Date:** Click Here to Select a Date.

**Submitter:** Enter Name

**Dept/Phone:** Enter Dept. Name /Phone #

**Institution Name/Location:** Enter Name and Location

**Value/Amount:** Enter Amount

**Study Abroad:** [ ]  **or Student Exchange:** [ ]

**Term Period:** Select Start Date. **To:**  Select End Date.

**or** [ ]  **Effective Upon Date of Execution** Describe

**Submission Instructions: To submit a pre-review** please go to the following website to attach a completed checklist and draft Agreement: <http://uconncontracts.uconn.edu/contract-submission-prereview/>

 **For final approval** complete this checklist and submit original agreement and signature authority document to the Office of the General Counsel.

|  |
| --- |
| **Signature of Dept. Supervisor** (required for urgent contracts)[ ]  **MARK IF URGENT 🡪 Explain Special Circumstances Relative to Urgency and/or Comments:** *Click here to enter explanation/comments.* |

**REQUIRED PROVISIONS INCLUDE:**

|  |  |  |
| --- | --- | --- |
|  | pg# | **Institution Name** – is consistent and in accord with all supporting documentation (see #15 below) |
|  | pg# | **Term Period** – both start and end dates are consistent throughout agreement (Up to 5 Year Term) |
|  | pg# | **Cost Section (if any) –** includes clearly defined payment terms showing **total maximum value** for term of contract |
|  | pg# | **Termination/Cancellation** - requires **written** notice of cancellation by either party |
|  | pg# | **Description of Responsibilities** - complete, concise statement of agreed terms  |
|  | pg# | **Insurance** – provision that institution carries sufficient liability insurance to save harmless the State of Connecticut |
|  | pg# | **Statutory Authority** – a reference in agreement: Generally Conn. Gen. Stat. §§ 10a-104 and 10a-108  |
|  | pg# | **Claims Against the State** - AGO-approved jurisdictional provision for filing any claims against the State/University |
|  | pg# | **Notice Section** - names, addresses and contact information for both parties |
|  | pg# | **Page Numbers And Attachments** – references to attachments stated in contract and all pgs numbered consecutively |
|  | pg# | **Form** – Contract written in standard outline numbering convention – no bullets or blank spaces please |
| **REQUIRED UPON SIGNING:** |
|  | pg# | **Indemnification -** Submitter confirms contract **does not** obligate the State to indemnify or hold Institution harmless |
|  | pg# | **Nondiscrimination Exemption –** CHRO December 31, 2007 Blanket Exemption is attached and State Ethics forms (if $50,000 or more in value) were obtained |
|  | Dated:Select Date | **Institution Signatory - Is Executed By Duly Authorized Official & Valid On Date Agreement is Signed**  |
|  | Dated:Select Date | **Institution Original Signature Authority Certification - Adopted Prior To & Signed On Or After Date Agreement is Executed**. * Must have been *Adopted Prior To* the signing of the contract and the certification of such authority must be *Signed On or After the Contract Execution Date.*
* *If signatory is established by bylaw or other document, a copy of that document must be attached to the Certification If contractor is an LLC, signatory is identified as a member or manager.*
* *If Contractor is a sole proprietor (may be operating as a d/b/a), no certification is required.*

See **website** for sample forms and instructions: <http://www.attorneygeneral.uconn.edu/contracts.html> |
|  | Dated:Select Date | **UConn Signatory** – **Executed By Official With President’s Signing Authority-Effective Date Agreement Is Executed.** See President’s Delegation of Signing Authority: <http://www.attorneygeneral.uconn.edu/documents/SignatureAuthority/UConnContractSigningAuthority.pdf>  |
|  | pg# | **AGO Approval - Signature Area for AGO “Approved As To Form” is present** |
|  | [ ]  | **Deletions Or Additions To Terms Are Initialed By All Party-Signatories**  |
|  | Choose Yes or No | **Please Identify Any Remaining Legal Issues/Questions or Concerns:** If yes, enter explanation. |
|  | [ ]  | **Please Provide the Institution’s Legal Contact Information, If Negotiation is Necessary:**(Name/Phone/E-Mail) Include copies of all correspondence.Enter Legal Contract NameEnter Legal Contract Phone NumberEnter Legal Contract Email |



