



CONTRACT CHECKLIST

Must be submitted with all proposed contracts/renewals at **least 30 days before commencement of service or purchase of good.**

EMPLOYEES and STUDENTS of Old Westbury cannot be hired as an Independent Contractor. For contracts for individuals, also complete the Independent Contractor Checklist.

CONTRACT NAME

1. Vendor/Contractor Information:

Name: _____
Telephone: _____ Fax #: _____
Email: _____

If this is a new vendor, please attach a completed/NYS substitute W-9 form (Blank form located on OW Purchasing website).

2. Brief Explanation of Contract (Including benefit to College):

3. Is this replacing another Contract? Yes No **Renewal *** Yes No

***If renewal, skip # 4**

If replacing, vendor name of ending contract and expiration date: _____

4. How was Vendor Selected? (explain prior work performed for College, relationship to College, competitive bidding, etc.) For expenditures > \$2,500, at least 3 quotes must be provided. If quotes received, attach.

5. Desired Commencement Date: (work may not commence until contract is executed and if necessary, approved insurance certificates received see #10 for detailed requirements):

6. Contract Term: (Start Date, End Date): _____

7. If Renewal Option(s) included, what are they? _____

8. Value of Contract: First year \$ _____ Total \$ _____

9. Account(s) to be charged: _____

10.

Certificates (Attached)	Yes	No	N/A	Term (from/to)
General Liability (Accord 25)				/
Workers' Compensation (C-105.2) *				/
Disability Insurance (DB – 120) *				/
Other:				/

***If vendor has no physical presence on Campus, response is N/A.**

If N/A give reason: _____

11. **Additional comments to help expedite approval.**

12. **Attach Purchase Requisition.** Yes No E-Req # _____

13. **Attach Permits Required.** Yes No Which: _____

14. **Attach Account #** Yes No

15. **Attach NYS Substitute W-9** Yes No (not needed for renewal)

16. **Attach Exhibit A** (Standard Contract Clause State University of New York) Yes No

By signing below, I certify that I have reviewed the contents of the attached contract and I concur with the content, acknowledge the responsibilities and capabilities, and verify the budget proposed therein.

Individual Responsible for Administering this Contract:

 Print name Signature Title Date

 Email Phone Department

Approvals:

 Print Name Signature Title Date