UNIVERSITY OF HARTFORD

CONTRACT REVIEW CHECKLIST

Today’s Date: _______________ Contract Due Date: _______________

Department Initiating Contract: _______________________________________________________

Individual Responsible for Contract: ___________________________________________________

Contract Purpose/Consideration: (Please describe the purpose of the proposed contract, and terms of consideration. Consideration describes what is being provided, by and to whom, and at what cost.)

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Does the proposed contract involve a “Significant Commitment” as defined in the University’s Policy on Contracts? Yes________ No________ If so, did the University President approve the decision to enter into the proposed contract? Yes_______ No_______

If you answer “no” to any of the questions below, please attach a separate sheet with an explanation as to why you answered “no” for each such question.

1. Yes _____ No ______ Did you confirm that funds are available and budgeted for this contract?
   Total Cost to the University ______________________

2. Yes _____ No ______ Does the contract extend beyond the current fiscal year?
   Dollar allocation/split between the current and the future fiscal year(s):
   Current year through 6/30/2017 = ______________________
   7/1/___ - 6/30/___ = ______________________
   7/1/___ - 6/30/___ = ______________________

3. Yes _____ No ______ Does the contract contain a clearly ascertainable starting and ending date?
   Start Date? ______________________ End Date? ______________________

4. Yes _____ No ______ Did you review the contract to ensure that it is in the best interest of the University and consistent with the University’s mission, values and policies?
5. Yes _____ No ______ Did you review the contract to assure compliance with any University policies that are applicable or relevant to the contract?

6. Yes _____ No ______ Did you review the contract to confirm that the contract terms and conditions are fair and reasonable for the University?

7. Yes _____ No ______ Has the contract been reviewed and approved by the appropriate University personnel as set forth in the University’s Policy on Contracts and the Chart maintained by the Office of General Counsel for Contract Review, Approval and Signing? If so, please identify all individuals who have reviewed and approved the contract:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. Yes _____ No ______ Have you ensured there is no automatic renewal clause?

9. Yes _____ No ______ Have you ensured there is no provision requiring the University to indemnify or hold harmless any other contracting party?

10. Yes _____ No ______ Have you ensured there is no provision allowing a contracting party (other than the University) to limit their potential liability?

11. Yes _____ No ______ Did you read the entire contract, understand all of its terms and conditions, and do you agree that it meets the needs of your department?

12. Yes _____ No ______ Did you attach all documents referenced in the contract?

13. Yes _____ No ______ Did you properly identify the University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117?

14. Yes _____ No ______ Did you property identify the other party(ies) to the contract?

15. Yes _____ No ______ Did you use abbreviated and designated descriptions of the parties or other concepts consistently throughout the contract?

16. Yes _____ No ______ Did you accurately state the consideration in the contract?

17. Yes _____ No ______ If the University must make payments, did you specify when payments are due, to whom they are payable, and how and where payment should be made?

18. Yes _____ No ______ Does the contract specify where the proposed contract activities will take place?

19. Yes _____ No ______ Did you describe each contractual obligation with sufficient clarity so that the parties know what is being performed and how it will be performed?

20. Yes _____ No ______ Does the contract contain the University’s “STANDARD TERMS AND CONDITIONS FOR INCLUSION IN ALL CONTRACTS”?
   a. Yes _____ No ______ ASSIGNMENT
   b. Yes _____ No ______ CERTIFICATION OF AUTHORITY
   c. Yes _____ No ______ CHOICE OF LAW
   d. Yes _____ No ______ COMPLIANCE AND NONDISCRIMINATION
   e. Yes _____ No ______ CONTINUING TERMS
   f. Yes _____ No ______ DAMAGE TO UNIVERSITY PROPERTY
   g. Yes _____ No ______ DEFAULT, REMEDIES AND TERMINATION
   h. Yes _____ No ______ FORCE MAJEUERE
   i. Yes _____ No ______ INDEMNIFICATION
   j. Yes _____ No ______ INDEPENDENT CONTRACTOR STATUS REQUIREMENT
   k. Yes _____ No ______ LIMITATION OF USE OF NAME OR LOGO
I [print name:_____________________________] hereby declare that the information contained in and attached to this Contract Review Checklist is true and accurate to the best of my personal knowledge, information and belief.

Signature: ___________________________ Date: ___________________________