

THE UNIVERSITY OF TEXAS SYSTEM BUSINESS AFFAIRS CONTRACT PROCESSING CHECKLIST

TO: U. T. SYSTEM OFFICE OF BUSINESS AFFAIRS	BA ASSIGNED DOC ID 2024-_____
<i>For office use only</i> <input type="checkbox"/> LBB Reportable <input type="checkbox"/> Transparency	
DATE: _____	
DEPARTMENT: _____	
Departmental Contract Administrator (DCA) with Contract Management Handbook Responsibilities	
Name: _____ Email: _____	
Requested document return: <input type="checkbox"/> Scanned by email (please provide one single-sided set of documents) OR <input type="checkbox"/> One original via System mail (please provide at least two single-sided hard copies with this checklist)	
Additional information/requests:	
<input type="checkbox"/> The complete Contract, including all pages, exhibits, attachments and schedules, is attached.	
<input type="checkbox"/> The authorized person in your office or department approves the Contract's business terms and has signed or initialed beside the U. T. System signature line or provided an email approval.	
Contractor/Vendor Name: _____ Telephone: _____	
Address: _____	
Contract Summary and Purpose Statement:	
Contract Effective Date: _____ Expiration Date (all renewals included): _____	
Is this document an amendment, addendum, renewal, or modification of an existing Contract?	
Yes Original Contract Document Number: 20 __ - _____	
Contract Modification Effective Date: _____ End Date: _____	
Maximum Contract Value includes renewals, amendments & addendums: \$ _____ Revenue?: _____	
UTShare PeopleSoft Cost Center from which Contract will be funded: _____	

Yes	No	
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- | Yes | No | | | | | | | | | | | |
|--------------------------|--------------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----|----|----|----|----|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. a. Procurement requirements met. HUB/HSP required for a contract ≥\$100,000. ¹ HSP attached
<input type="checkbox"/> Responsible purchaser: _____
Responsible purchaser vendor check complete | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. The contract was issued following a formal competitive procurement. If yes,
<input type="checkbox"/> Approved GPO (Group Purchasing Organization)
<input type="checkbox"/> RFQ/RFP No.: _____ Date Issued: _____ No. of Bids Rec'd: _____ | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. The Maximum Value of the contract is >\$50,000; add cost of contract by fiscal year (FY)
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>FY Amount</u></td> <td style="text-align: center;"><u>FY Amount</u></td> <td style="text-align: center;"><u>FY Amount</u></td> <td style="text-align: center;"><u>FY Amount</u></td> <td style="text-align: center;"><u>FY Amount</u></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> | <u>FY Amount</u> | <u>FY Amount</u> | <u>FY Amount</u> | <u>FY Amount</u> | <u>FY Amount</u> | \$ | \$ | \$ | \$ | \$ |
| <u>FY Amount</u> | <u>FY Amount</u> | <u>FY Amount</u> | <u>FY Amount</u> | <u>FY Amount</u> | | | | | | | | |
| \$ | \$ | \$ | \$ | \$ | | | | | | | | |
| <input type="checkbox"/> | | d. The contract is over \$15,000 and was not competitively procured.
<input type="checkbox"/> Attach signed Exclusive Acquisition Justification , if yes. | | | | | | | | | | |
| <input type="checkbox"/> | | 2. Department/DCA has complied with UTS145 .
Attach any required reviews, approvals and documentation:
<input type="checkbox"/> U. T. System Office of General Counsel (Contracts >\$1M or special procedures)
U. T. System Office of Systemwide Information Services ²
U. T. System Office of Information Security and/or U. T. System Privacy Officer ³
Other approvals ⁴ , correspondence, relevant information
<input type="checkbox"/> Certificate of Insurance (COI)
Concurrence form(s) from the affected U. T. institutions' chief business officers ⁵ | | | | | | | | | | |

¹ For questions about compliance with [UTS137](#), please contact [HUB Development](#).

² If the contract is for Systemwide use of computer software, hardware, or other information system components, review and approval by the U. T. System Chief Information Officer is required by [UTS145](#).

³ If the contract will result in University (confidential) data being stored, processed, or accessed by the vendor, review by the U. T. System Chief Information Security Officer and/or the U. T. System Privacy Officer is required.

⁴ Additional sources of information. For contracts for private auditors, see [Texas Government Code Section 321.020](#)

⁵ Required by [Regents' Rule 10501, Section 2.5\(b\)](#). This requirement does not apply when participation is voluntary.

3. The contracted good and/or service utilizes an [electronic and information resource \(EIR\)](#), which includes, but is not limited to, software, websites, telecommunications products, video/multimedia products, information technology hardware, and self-contained/closed equipment⁶ and the Department/DCA has complied with [UTS150](#).
No exception required.
 Attach for signature a proposed written U. T. System Administration Exception for the EIR, if required, and OTIS' concurrence. Follow-up review date, if any: _____

4. Does the contract provide contractor and/or its subcontractors, officers, or employees an account on a U. T. System Administration computer system? If so, each account holder will need to complete a [DIR](#) certified cybersecurity training program⁷ prior to account access.

5. The contract is for the purchase, development, or use of an electronic system that will access Confidential Data⁸ such as social security numbers, protected health information, or sensitive research data.
Attach the [System Administration Information Security Officer's](#) analysis, if yes
Attach the U. T. System Privacy Officer approval, if required
Attach the PSQ determination/Spectrum results, if required

6. The contract has a value of \$1 million or more. If yes,
 Attach the [State Agency Uniform Nepotism Disclosure Form](#)⁹ executed by all contract processing personnel, including a space for the contract signatory to sign as a purchaser.
 Attach authorized representative signed Texas Ethics Commission [Form 1295](#).
 Attach a completed print-ready LBB attestation letter, if required.¹⁰

7. Approval of the contract by the Board of Regents is required.¹¹
 Board approval received at the _____, 20__ meeting.
 OGC-approved provision relating to required Board approval is included in the contract and Board approval is anticipated at the _____, 20__ meeting.

8. There are actual or potential conflicts of interest or conflicts of commitment. or there are other significant risks or issues related to the procurement/contract.

9. The contract has a value of \$250,000 or if the value is less than \$250,000 and "High Risk" factors are known to exist requiring a contract monitoring plan
Attach the completed [Contract Risk Assessment](#).
Attach a Routine or Enhanced [Contract Monitoring Plan and Close-out Form](#), if required.

🎉 Thank you for completing this checklist. 🎉
Questions: Please email CNP@utsystem.edu.

For Office Use Only
Contract Type: _____

⁶ See [UTS150](#) for a complete definition of EIR and the requirements related to exception approval
⁷ Required by [Texas Government Code, Sections 2054.519 and 2054.5192](#)
⁸ Confidential Data is defined in [HOP 4.1.1](#) and [UTS165](#). [UTS165](#) Standard 9 describes specific categories of Confidential Data
⁹ Required by [Texas Government Code, Section 2262.004](#)
¹⁰ Attestation letters are required for exclusive acquisition contracts of >\$1 million and any contract >\$10 million
¹¹ If required by [Regents' Rule 10501, Sections 2.1 and 3](#)