Reset	**CONTRACTING AND PROCUREMENT SERVICES (CAPS) CONTRACT COVER SHEET**	Portland State UNIVERSITY

Instructions: Please complete all sections. If you have questions, please contact CAPS via email at contract@pdx.edu. *THIS FORM IS MANDATORY FOR ALL CONTRACTS EXCEPT FOR THOSE SPECIFICALLY EXEMPTED IN CONTRACT COVER SHEET PROCEDURES*

PSU Department:_____   **Mail Code:** _____

Department Contact Person:_____   **Phone:**_____   **Email:** _____

Contract Summary

☐ **New Contract /** ☐ **Subcontract /** ☐ **Contract Amendment:**_____ **Start Date:**_____ **End Date:** _____

Business Purpose of Contract: _____

Vendor Information

PSU Vendor ID#: _____

Vendor Name: _____   **Contact Name:** _____

Address: _____   **Phone:** _____

City, State, Zip: _____   **Email:** _____

Office of Information Technology Review

Is this a software license/contract? : ☐ **Yes / No** ☐ **(check one)**   **Is the product cloud hosted? :** ☐ **Yes / No** ☐ **(check one)**

Will the vendor be accessing any PSU data, system or business process? : ☐ **Yes / No** ☐ **(check one)**

Will this result in a Public-facing Digital Resource for PSU? : ☐ **Yes / No** ☐ **(check one)**

If the answer to any of the above is "yes", Office of Information Technology (OIT) review is required. Please click the following link to initiate the OIT Contract Review process, https://portlandstate.atlassian.net/servicedesk/customer/portal/2/create/75. Please submit the electronic IT Contract Review form to OIT prior to submitting this Contract Cover Sheet to CAPS.

If you have already submitted the electronic IT Contract Review Form, include the IT Contract Review Form Reference # ITSD-_____

Please note: CAPS cannot execute contracts which require OIT Review until OIT approval is received.

Payment Card Review

Products and services which process credit card payments or ACH transactions must be approved by the PCI Committee.

Will this product or service be used to collect credit card payments or process ACH payments? : ☐ **Yes / No** ☐ **(check one)**

If you answered "yes", have you contacted the PCI Committee regarding this procurement? : ☐ **Yes / No** ☐ **(check one)**

If you haven't already contacted the PCI Committee, please email them at psu-pci_committee-group@pdx.edu providing a copy of all contract documentation for review.

Conflict of Interest Certification

Under penalty of perjury, I certify that neither I nor any of my relatives have any interest in the vendor identified in the attached contract. ("Relative" includes your spouse or domestic partner, parent, children or stepchildren, siblings, parents-in-law, son-in-law, sister-in-law, brother-in-law or any individual to whom you have a legal support obligation. "Interest" includes any consideration or other things of material economic value, including future consideration.)

I further certify that I am not currently employed by nor have I been employed by this vendor in the last 12 months

_____   _____   _____
Signature   Printed Name   Date

Dollar Value Solicitation Requirements

Please indicate the Dollar Value of Contract $_____ or Anticipated Range: $_____ to $_____

- *Up to and including $50,000 – NO SOLICITATION REQUIRED*   **Informal and Formal Procurements must be posted on Bid Locker. If your**
- *$50,001 - $200,000 – Informal Procurement Required*   **contract requires either an Informal or Formal Procurement CAPS will ask you**
- *$200,001 or more – Formal Procurement Required*   **to complete a Solicitation Request Form**

   * *Uniform Guidance Solicitation Thresholds apply for Federally Funded Contracts.*

Accounting Information

Index:_____ **Account Code:**_____ **Activity Code:**_____ **Project/Grant:**_____ **Banner Document No.:** _____

Grant/Research/Sponsored Project Funded: ☐ **Yes / No** ☐ **(Check one)**   **PSU Foundation Funded:** ☐ **Yes / No** ☐ **(Check one)**

Does this contract generate revenue for PSU? : ☐ **Yes / No** ☐ **(Check one)**   **Federally Funded:** ☐ **Yes / No** ☐ **(Check one)**

Department Fiscal Manager Approval (Required)	**Sponsored Project Approval (If Applicable)**	**PSU Foundation Approval (If Applicable)**
I certify that funding is available for this contract and it is within my budget authority to approve this expenditure.	I certify that sponsored project funding is available and it is within my budgetary authority to approve this expenditure.	I certify that PSU Foundation funding is available and it is within my budgetary authority to approve this expenditure.
_____ Signature Date	_____ Signature Date	_____ Signature Date
_____ Printed Name and Title	_____ Printed Name and Title	_____ Printed Name and Title

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