

**CONTRACTING AND PROCUREMENT SERVICES (CAPS)
CONTRACT COVER SHEET**



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: _____

Grant/Research/Sponsored Project Funded: Yes / No (check one) Federally Funded: Yes / No (check one)

Accounting Information

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

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

Vendor Information

Business 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)

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, click here.

Electronic IT Contract Review Form Reference # ITSD - _____

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

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 _____ Date _____

Printed Name _____

Dollar Value – Solicitation Requirements

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

Not Federally Funded

Up to and including \$25,000 -NO SOLICITATION REQUIRED
\$25,001 - \$150,000 – Informal Procurement Required
\$150,001 or more – Formal Procurement Required

Federally Funded

Up to and including \$10,000 – NO SOLICITATION REQUIRED
\$10,001 - \$150,000 – Informal Procurement Required
\$150,001 – Formal Procurement Required

Informal and Formal Procurements must be posted on the Oregon Procurement Information Network (ORPIN). If your contract requires either an Informal or Formal Procurement, CAPS will ask you to complete a Solicitation Request Form.

Box 1: Department Fiscal Manager Approval

I certify that funding is available for this contract and it is within my budget authority to approve this expenditure.

Signature _____ Date _____

Printed Name and Title _____

Box 2: Sponsored Project Approval (Required for sponsored project funding)

I certify that sponsored project funding for this contract is available and it is within my budgetary authority to approve this expenditure.

Signature _____ Date _____

Printed Name and Title _____