

**UCSF CAMPUS PROCUREMENT & BUSINESS CONTRACTS  
BUSINESS AGREEMENT REQUEST FORM**

DATE:	REQUESTED COMPLETION DATE:
<b>PARTIES TO THE AGREEMENT</b>	
INITIATING DEPARTMENT:	OTHER PARTY TO AGREEMENT:
DEPARTMENTAL CONTACT (INDICATE NAME AND TITLE)	OTHER PARTY'S CONTACT (INDICATE NAME AND TITLE)
CAMPUS ADDRESS:	MAILING ADDRESS:
PHONE EXTENSION: FAX NUMBER: E-MAIL ADDRESS:	PHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
<b>EXPLANATION AND JUSTIFICATION</b>	
EXPLAIN THE NATURE & PURPOSE OF THE AGREEMENT & ATTACH A SCOPE OF SERVICES:	
DESCRIBE HOW THIS WORK WILL BENEFIT THE UNIVERSITY OR RELATE TO THE UNIVERSITY'S MISSION OF TEACHING, RESEARCH, AND PUBLIC SERVICE:	
<b>TERM, TYPE AND FINANCIAL EFFECTS</b>	
WHAT TYPE OF AGREEMENT: _____	WILL GENERATE: <input type="checkbox"/> INCOME <input type="checkbox"/> EXPENSE
PERIOD OF AGREEMENT: FROM: _____ TO: _____	AMOUNT: \$ _____ PER _____
IF AGREEMENT WILL GENERATE INCOME, INDICATE THE PROPOSED DISPOSITION OF THE INCOME:	
IF AGREEMENT WILL ENTAIL UNIVERSITY EXPENSE, INDICATE THE FUNDING SOURCE TO BE CHARGED:	
<b>OTHER INFORMATION</b>	
IS THERE A PRIOR WRITTEN AGREEMENT WITH THE OTHER PARTY? <input type="checkbox"/> YES, attached <input type="checkbox"/> NO	
HAS OTHER PARTY PROVIDED A WRITTEN CONTRACT FOR THIS PROPOSED CONTRACTUAL RELATIONSHIP? <input type="checkbox"/> YES, attached <input type="checkbox"/> NO <small>IF NONE PROVIDED, PLEASE ATTACH A LIST OF TERMS AND CONDITIONS TO BE INCLUDED IN THE AGREEMENT.</small>	
<b>APPROVALS</b>	
DEPARTMENT HEAD/designee:  SIGNATURE: _____  PRINT NAME: _____  TITLE: _____  DATE: _____	DEAN or VICE CHANCELLOR/designee:  SIGNATURE: _____  PRINT NAME: _____  TITLE: _____  DATE: _____
FOR BUSINESS CONTRACTS INTERNAL USE: Date Received: _____	
Assigned to: <input type="checkbox"/> BB <input type="checkbox"/> EB <input type="checkbox"/> PB <input type="checkbox"/> DJ <input type="checkbox"/> MK <input type="checkbox"/> DP <input type="checkbox"/> FS <input type="checkbox"/> AS	

## INSTRUCTIONS FOR COMPLETING BUSINESS AGREEMENT REQUEST FORM

**DATE:** The date the form was completed and remitted.

**REQUESTED COMPLETION DATE:** Every effort will be expended to meet this date. Note that the negotiation process and/or existing workload may impact meeting the requested completion date.

**INITIATING DEPARTMENT:** This is the name of the department or office responsible for carrying out the agreement.

**OTHER PARTY TO THE AGREEMENT:** The name listed should be the complete *legal* business name of the other party. Use the full corporate name or full individual name.

**DEPARTMENTAL CONTACT:** This should be the administrative person familiar with the department business management of the agreement. Most questions, copies of correspondence, and the final agreement will be addressed to this person. Indicate both name and title.

**OTHER PARTY'S CONTACT:** Preferably, this should be the individual who has the ability to enter into the agreement on behalf of the other party. Indicate both name and title of the contact person.

**CAMPUS ADDRESS:** Include both the mailing address as well as campus box number.

**MAILING ADDRESS:** Include mailing address for business correspondence, including zip code.

### EXPLANATION AND JUSTIFICATION

**EXPLAIN THE NATURE & PURPOSE OF THE AGREEMENT & ATTACH A SCOPE OF SERVICES:** This is one of the most important boxes on this form. For clear agreements that accurately reflect your requirements, there needs to be a clearly defined statement of the nature and purpose of the agreement. This should include the frequency of services being rendered and where services will be actually performed. Include when and to whom you expect payment to be made. If you do not have a Scope of Services, please draft one. This office will then review your draft and assist you revise and/or amend it so that it clearly reflects the services you seek to render.

**DESCRIBE HOW THIS WORK WILL BENEFIT THE UNIVERSITY OR RELATE TO THE UNIVERSITY'S MISSION OF TEACHING, RESEARCH, AND PUBLIC SERVICE:** It is policy that all activities the University engages in must forward its mission of teaching, research, public service or patient care. When providing this information, please explain *how* the activities fulfill the University's mission. In some cases, it is very obvious. However, for audit purposes it needs to be documented.

### TERM AND FINANCIAL EFFECTS

**PERIOD OF AGREEMENT:** This is the "term" of the agreement. Please be as accurate as possible.

**WILL GENERATE:** Indicate anticipated amount of income or expense.

**IF AGREEMENT WILL GENERATE INCOME, INDICATE THE PROPOSED DISPOSITION OF THE INCOME:** If you are receiving income, please ensure that the income is based on a rate pre-approved by the Budget Office or by a budget which reflect all direct costs and the appropriate indirect cost rate. Please be advised that this office does not review budgets, resolve budget issues, or approve budgets. Please contact Budget and Resource Management for guidance.

**IF AGREEMENT WILL ENTAIL UNIVERSITY EXPENSE, INDICATE THE FUNDING SOURCE TO BE CHARGED:** As indicated above, this office does not review, resolve issues related to budgets or approve budgets. Please ensure that all matters related to budget are resolved prior to requesting a business contract. Contact Budget and Resource Management for guidance.

### OTHER INFORMATION

**IS THERE A PRIOR WRITTEN AGREEMENT WITH THE OTHER PARTY?:** If you have a previous written agreement for similar services with the other party, please attach a copy of that agreement.

**HAS OTHER PARTY PROVIDED A WRITTEN CONTRACT FOR THIS PROPOSED CONTRACTUAL RELATIONSHIP?:** If the other party has provided you with a copy of its written agreement, please forward a copy of it to this office with any accompanying cover letter. Often the other party, usually the federal government or state entity, requires the use of its agreement.

### APPROVALS

**DEPARTMENT HEAD:** Shows that department chair or department head has reviewed and approves of the proposed transaction. This signature is required before the University can enter into a binding agreement. Designations must be prearranged in writing with the Business Contract Manager.

**DEAN or VICE CHANCELLOR:** Shows the Dean/Vice Chancellor approves the proposed transaction. Designations must be prearranged in writing with the Business Contract Manager.

### ADDITIONAL INFORMATION

If you have questions regarding the use of this form, please contact Bonnie Bennett, Business Contracts at 415-502-3032. This form can mailed via campus mail box #0910, or faxed to 415-502-3031.