**Contract Initiation Form**

1. Contact information for counterpart (supplier, individual, vendor, company, etc.). The following information must be provided:

|  |  |
| --- | --- |
| Contact name:  |  |
| Counterpart name:  |  |
| Email address: |  |
| Address: |  |
| Phone number: |  |

Any counterpart not registered in CUBuyplus will need to register before receiving payment. If an individual, a W-9 is needed.

1. Contract owner name and contact information (**note** contract owner will require CUBuyplus access). The following information must be provided:

|  |  |
| --- | --- |
| Contract owner name: |  |
| School/college/department/division name: |  |
| Email address: |  |
| Phone number: |  |
| BSC Specialist (if applicable): |  |
| Financial Liaison (budget): |  |

1. List names of **ALL** approvers in your department for this contract and **note** approvers will require have CUBuyplus access.

|  |
| --- |
|  |

1. Additional Members - Contract Viewing Privileges ***(optional)****.*If desired, you may provide the name or names of individuals you want to have contract viewing rights for this agreement (i.e. assistants).

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. 5. Contract Dates: (Beginning & End)
 |  |
| 1. 6. Total dollar value of the contract, if applicable:
 |  |
| 7. Budget Fund and Org number, if applicable:  |  |
| 8. Copy of the contract and any required documentation—see #10. |  |
| 9. Choose a 30, 60, 90 or 120 day reminder of contract expiration?  |  |
| 10. If the contract requires any of the following information, written documentation must be submitted with the Contract Initiation Form.* 1. Certification of criminal background checks
	2. Certification of children & vulnerable adult training
	3. Improper conduct with minors/molestation insurance
	4. Certificate of liability insurance
	5. License requirements
 |  |

**EMAIL THIS FORM and AGREEMENT to DARLENE GOLDEN** dgolden@creighton.edu