

BUSINESS CONTRACT REQUEST FORM

(to be used for F3 Non-Clinical Service Agreements where there are external clients and there is not an established recharge center)

DATE:	REQUESTED COMPLETION DATE:
PARTIES TO THE AGREEMENT	
INITIATING FACILITY/DEPARTMENT:	EXTERNAL CLIENT:
INITIATING FACILITY/DEPARTMENT: (INDICATE NAME AND TITLE)	OTHER PARTY'S CONTACT (INDICATE NAME AND TITLE)
PHONE NUMBER: E-MAIL ADDRESS:	PHONE NUMBER: E-MAIL ADDRESS: WEBSITE:
EXPLANATION, BUDGET AND JUSTIFICATION	
DESCRIBE BUSINESS SERVICES REQUESTED (SERVICES SHOULD BE ABLE TO BE OFFERED CONSISTENTLY TO MULTIPLE CUSTOMERS AT AN EQUIVALENT UNIT PRICE). ATTACH BUDGET AND RATE CALCULATION WITH 26% F&A RATE FOR THE SERVICES.	
DOES THIS WORK BENEFIT THE UNIVERSITY OR RELATE TO THE UNIVERSITY'S MISSION OF TEACHING, RESEARCH, AND PUBLIC SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AGREEMENT TERM	
STANDARDIZED CONTRACT PERIOD (CHOOSE ONE): <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 5 YEARS <input type="checkbox"/> ONGOING	
OTHER INFORMATION	
FURTHER PERTINENT INFORMATION (CHOOSE ONE):	
IF EXTERNAL CLIENT HAS PROVIDED A P.O. OR OTHER CONTRACT INFORMATION, PLEASE ATTACH A COPY WITH THIS FORM.	
APPROVALS	
PROGRAM DIRECTOR/INITIATING FACULTY: SIGNATURE: _____ PRINT NAME: _____ TITLE: _____ DATE: _____	DEPARTMENT REPRESENTATIVE (CHAIR, MSO, or designee): SIGNATURE: _____ PRINT NAME: _____ TITLE: _____ DATE: _____

INSTRUCTIONS FOR COMPLETING BUSINESS CONTRACT REQUEST FORM

DATE: The date the form is 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 FACILITY/DEPARTMENT: This refers to the facility/department providing services to the client.

EXTERNAL CLIENT: The name listed should be the complete *legal* business name of the other party. Use the full corporate name or full individual name.

FACILITY/DEPARTMENT CONTACT: This should be the administrative person familiar with the business management of the agreement, most likely the facility/department manager. 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.

EXPLANATION, BUDGET AND JUSTIFICATION

EXPLAIN THE NATURE AND PURPOSE OF THE AGREEMENT, THE SCOPE OF SERVICES & ATTACH A RATE CALCULATION (ATTACHMENT 1): This is one of the most important boxes on this form. Define the nature of services being provided. The budget should have a proposed rate methodology and calculation.

If you have any questions regarding the rate development, please contact Gabriella Hato - Manager, Recharge Operations at 415-502-3171 or gabriella.hato@ucsf.edu.

INDICATE THAT 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.

AGREEMENT TERM

STANDARDIZED CONTRACT PERIOD: This is the "term" of the agreement.

OTHER INFORMATION

FURTHER PERTINENT INFORMATION: OTHER HELPFUL INFORMATION TO DESCRIBE THE SERVICES TO BE PROVIDED OR ADDITIONAL INFORMATION REGARDING THE EXTERNAL CLIENT. ATTACH COPIES OF ANY OTHER INFORMATION THAT THE EXTERNAL CLIENT HAS PROVIDED ALONG WITH THIS FORM.

APPROVALS

PROGRAM DIRECTOR/INITIATING FACULTY: Shows that the program director or the initiating faculty is aware of the proposed work, and has reviewed and approves of the proposed transaction and budget. This signature is required before the University can enter into a binding agreement.

DEPARTMENT REPRESENTATIVE: Shows the appropriate department authority, most likely the Chair, MSO, or their designee, approves the proposed transaction.

ADDITIONAL INFORMATION

If you have questions regarding the use of this form, please contact Government and Business Contracts at orbusinesscontracts@ucsf.edu. To submit send this form and any attachments to orbusinesscontracts@ucsf.edu.