Contract Sponsor and Procurement Checklist

SPONSOR/DEPARTMENT:

1. ☐ **Native files**. *Has the vendor provided native, text-searchable, text-editable docs (preferably Word)?*

2. ☐ **Completed files**. *Are the documents complete (no blanks or missing information, especially party names, length of agreement, prices, scope, etc.)?*

3. ☐ **Complete set of files**. *Have you routed vendor-provided native files of any internally referenced, but externally sourced terms and conditions? Have you routed any referenced documents / contracts?*

4. ☐ **ITS security review memo / affirmative statement**.
   - *Will the vendor, at any point in time (whether installation, implementation, use, or post-use), have any connection with any ETSU IT asset (data, devices, network)?*
   - *If **yes**, secure and route either:*
     - ☐ **a signed security review memo** ("Risk Determination Memorandum") (found here) *or*
     - ☐ **an affirmative statement from ITS that a security review isn't necessary**

5. ☐ **Data**.
   - *Will any data be: (a) created by this system; (b) collected by this system; (c) maintained by this system; or (d) transferred or transmitted to / from the vendor?*
   - *If yes, what kind of data?*
     - ☐ **Student (FERPA)**
     - ☐ **Non-student patient data / PHI (BAA**, found here**)**

- ☐ **Other sensitive data (explain: _____)**

PROCUREMENT/CONTRACT SERVICES DEPARTMENT ONLY:

1. ☐ **Sponsor/Department requirements**. *Has the contract's sponsor completed the questions above?*

2. ☐ **Routing sheet**. *Is the routing sheet complete, consistent with submitted documents, and signed?*

3. ☐ **Procurement requirements**. *Do the documents meet Procurement's policies and procedures (signature authority, sole source, bid, etc.)?*

4. ☐ **File names**. *Are the agreement document files named in a way that makes it easy to identify*:
   - *the Procurement-assigned contract #*
   - *the contractor's name*
   - *the ETSU sponsor's name / department / unit*
   - *the type of agreement / a short descriptor ("Clinical Affiliation Agreement" or "hotel contract")*

AGREEMENT ROUTING FORM

TO: Contract Office, Box 70729

Contract Number_____
(Assigned by Contract Office)

TO BE COMPLETED BY DEPARTMENT:
Voyager GL ____ - _____-_____-____-____-____-____-____-____-____-____-____ **OR**

Voyager Project Number _____
Total Amount: $_____ Yearly Amount: $_____
Contract Term: _____ to _____#of Renewals _____

ETSU Department:_____ Responsible Person:_____

Contractor Name: _____ Contractor E# _____

Contractor Address:_____

Purpose of Agreement:_____

If this agreement is $25,000 or more provide the bid documentation or sole source justification.
Type of Agreement: Expense ☑ Revenue ☐ No Cost ☐
Is there external funding that will pay for this, such as a fed or state grant? ☐ Yes ☐ No

Amendment to Contract# _____

COMPLETION OF THIS SECTION IS REQUIRED

If this agreement is for SERVICES, complete the following:
Is this payment being made to, or on behalf of, a U.S. citizen or legal permanent resident? ☐ Yes ☐ No If no, contact the Office of Nonresident Alien Tax Compliance at 423-439-6887 or criggerj@etsu.edu

****

Is the PERSON/COMPANY in breach of ETSU's Conflict of Interest Policy? ☐ Yes ☐ No Policy Found here: https://www.etsu.edu/bf/procurement/purchasing/purchasers/policies.php
Is the PERSON an employee of ETSU, another State/TBR school, or a State of Tennessee agency? ☐ Yes ☐ No
A.) Do other ETSU employees perform essentially the same duties that are to be performed by this PERSON? ☐ Yes ☐ No
B.) Has this PERSON previously been paid as an ETSU employee to perform essentially these same tasks? ☐ Yes ☑ No
If the answer to question A and/or B is YES, the worker must be classified as an employee and hired in accordance with personnel policies. If the answers to questions A and B are both NO, the Employee vs. Independent Contractor Classification Criteria form must be completed: https://www.etsu.edu/bf/documents/employeevscontractor.pdf

****

Is this contract mission critical to ETSU? ☐ Yes ☑ No
If Yes, VP Signature: _____ _____ _____
Print Name Signature Date

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of authority and responsibility for the work to be performed under this agreement to effectively make this certification.

_____ _____ _____ _____
Signature of individual completing this form Date Approval Date

Department:_____Box#_____
Name: _____ Phone: _____

FOR CONTRACT OFFICE USE Financial Consideration $_____
ONLY To be signed by:

☐President ☐Provost ☐Admin ☐Ath ☐B&F ☐HA ☐ITS ☐SLE ☐UA

Version 03 2026