## OFFICE of GENERAL COUNSEL

## Contract and Procurement Solicitation Intake Form

To clarify and expedite the review process, this form is to be completed and submitted any time a UT institution forwards a contract or procurement solicitation to UT System Administration. PLEASE COMPLETE ONE (1) FORM PER CONTRACT OR PROCUREMENT SOLICITATION.

Contracts and procurement solicitations submitted for review must be electronically attached to this form and provided in modifiable Word format that may be edited electronically.

Your institution is responsible for (1) review and approval of all legal and business terms; (2) processing all contracts in accordance with <u>UTS 145 Processing of Contracts</u>; (3) compliance with applicable procurement law, rules, policies and procedures; and (4) obtaining any required approvals from UT System Administration and the Board of Regents or its delegates.

| 1. INSTITUTION: (Select from Drop-Down) 2. VENDOR NAME:  |      |      |
|--|------|------|
| 3. CONTRACT TITLE AND NUMBER, IF ANY:  |      |      |
| 4. ANTICIPATED CONTRACT VALUE FOR INITIAL TERM AND ALL RENEWALS :  |      |      |
| 5. TYPE OF SUBMISSION:   |      |      |
| 5-A. IF "NEW CONTRACT (VENDOR PERFORMED)," IDENTIFY PROCUREMENT METHOD USED:   |      |      |
| 5-B. IF "OTHER," "UNKNOWN" OR "NOT APPLICABLE," EXPLAIN:   |      |      |
| 5-C. IF "NEW CONTRACT (VENDOR PERFORMED)" OR "AMENDMENT TO EXISTING CONTRACT," DID THE INSTITUTION PREPARE A "BEST VALUE" PROCUREMENT JUSTIFICATION ANALYZING EACH MANDATORY EVALUATION CRITERION UNDER SECTION 51. 51.9335, 73.115 OR 74.008, TEXAS EDUCATION CODE? | ○Yes | ○ No |
| 6. SUBJECT MATTER OF CONTRACT OR PROCUREMENT SOLICITATION:   |      |      |
| 7. HAS THE INSTITUTION WORKED WITH ITS EIR COORDINATOR TO COMPLY WITH ACCESSIBILITY LAWS, REGENTS' RULES, POLICIES AND PROCEDURES, INCLUDING   |      |      |

|  | EMPLOYEE RESPONSIBLE FOR COMPLIANCE NO CEDURES, INCL. <u>UTS165 INFO. RESOURCES L</u>  | ( \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\   |
|--|--|--|
| 9-A. IF NO, EXPLAIN:   |  |  |
| REQUIRED? (See <u>Regents' Rule 10501 De</u><br>Board approval is required.)   | E BOARD OF REGENTS VIA THE AGENDA OR CO<br>elegation to Act on Behalf of the Board to detern<br>NDA OR CONSENT AGENDA ITEM PREPARED E  | mine whether Yes No  |
| 10-B. IF NO, IDENTIFY THE APPLICABLE EX<br>TO BOARD APPROVAL. (For more int<br>see <u>Regents' Rule 10501 Delegation</u><br><u>On Behalf of the Board</u> .) | CEPTION formation,   |  |
| 11. DATE SUBMITTED:  | <br>REQUESTED DEADLINE   | :  |
| We will provide you with initial comments and re<br>contract complexity, it is the Contracting & Proce<br>requested documentation. Budget time accordi       | ecommendations as soon as we are able. Please be a<br>urement Practice Group's goal to provide initial comn<br>ngly for OGC, System, and BOR approvals. All expedit<br>lone will not provide sufficient information to justify p               | ware that, depending on OGC workload and<br>nents within 3-4 weeks after receipt of all<br>te requests must be discussed with the assigned |
| Explain any deadline or time frame issues:   |  |  |
| 12. IDENTIFY and provide COPIES of or LINK policies, regulations, or laws that were r in developing this contract or solicitation                            | relied on  |  |
| 13. IDENTIFY all of the applicable Office of G   | General Counsel (OGC) checklists that apply to   | this transaction:  |
| General Procedure Contracts  | Clinical Trial Agreements  | Material Transfer Agreements   |
| ○ Software and Database Licenses   | Sponsored Research Agreements  | Construction   |
| CHECKLIST RECOMMEN<br>Recommendations with<br>contracts to be modified<br>prior to OGC submission  | EN REVISED TO REFLECT THE RESULTING DATIONS? If Yes, include a copy of the Check the contract documents. If No, OGC requires d based on the Checklist Recommendations n. If you require assistance, please contact edu or call (512) 499-4462. |  |
| 14. INSTITUTION REVIEW AND APPROVAL: Indicate who at the Institution has reviewed and approved this contract or solicitation.                                |  |  |
| 15. LEGAL REVIEW: If this contract was revie   | wed by institutional legal counsel, please pro   | vide contact information.  |
| Name:  | Phone No.:   |  |
| Email:   |  |  |

| 16. CONTRA  | ACT ADMINISTRATOR CON   | TACT INFORMATION:                                   |                             |               |            |             |
|---|---|---|-----------------------------|---------------|------------|-------------|
| Name:   |   |   | Phone No.:                  |               |            |             |
| Email:  |   |   |                             |               |            |             |
| 17. CONTE   | NT CONTACT INFORMATIC   | N:  |                             |               |            |             |
| Name:   |   |   | Phone No.:                  |               |            |             |
| Email:  | '   |   | '                           |               |            |             |
|   | DGC REVIEW: If this contracease provide the name of that  |   | contract or solicitation wa | s reviewed by |            |             |
|   |   |   | If Other, Name:             |               |            |             |
| electro   | pared by your institution. I<br>nic format (preferably Mico<br>provisions and explain the   | rosoft Word). If particul                           |                             |               |            |             |
|   | D   | ocument Name  |                             | of Pages      | Format?    | Provisions? |
|   |   |   |                             |               | ○ Yes ○ No | ○ Yes ○ No  |
|   |   |   |                             |               | ○ Yes ○ No | ○ Yes ○ No  |
|   |   |   |                             |               | ○Yes ○No   | ○Yes ○No    |
|   |   |   |                             |               | ○Yes ○No   | ○ Yes ○ No  |
|   |   |   |                             |               | ○ Yes ○ No | ○ Yes ○ No  |
|   |   |   |                             |               | ○Yes ○No   | ○ Yes ○ No  |
|   |   |   |                             |               | ○ Yes ○ No | ○ Yes ○ No  |
| (For exam modifica modifica Condition Travel Pohighlight  20. OTHER I Provide a | tion of Troublesome Provingle: No troublesome provisions were made to Standard ins (Rider 103), sections 5 and blicy (Rider 107). All three instead in the documents attached in the documents attached in the documents or | ons. Minor<br>Terms and<br>18, and the<br>ances are |                             |               |            |             |
|   | ion that may assist in the<br>nd approval of this contract.   |   |                             |               |            |             |

QUESTIONS OR INQUIRIES ABOUT THE SUBSTANCE OR STATUS OF THE REVIEW OR APPROVAL OF THIS CONTRACT OR SOLICITATION SHOULD BE DIRECTED TO:

Office of General Counsel OGC\_Intake@utsystem.edu or (512) 499-4462