University of Wisconsin-Madison
Office of Legal Affairs
Contract Approval Cover Sheet

NOTE: This Cover Sheet must be completed for any contracts routed through the UW-Madison Office of Legal Affairs for signature by the Vice Chancellor for Finance and Administration or the Associate Vice Chancellor for Business Services

Forward this Cover Sheet with the contract requiring signature to: Alesliana Wirth, alesliana.wirth@wisc.edu.

1. Initiating department: ___________________________ Date: ______________

2. Individual initiating the contract: ___________________________
   Phone: ___________________________ Email: ___________________________

3. Contact information for person who can answer questions associated with business terms of the contract:
   Phone: ___________________________ Email: ___________________________

4. Description of contract:
   a. Name of other party: ___________________________
   b. Purpose of agreement: ___________________________
   c. Name and email of signer for the other party (if applicable): ___________________________
      Email: ___________________________

5. Check here if this is the unedited standard template used for this type of arrangement: □

6. Check here to verify that the person identified in #3., above, has read the contract, understands its terms, and is prepared to discuss the business justification for the contract: □

7. Check here to verify that all necessary information has been entered into blank spaces within the contract (contracts with blank spaces will be return unsigned): □

8. Check here to verify that all documents, appendices, and attachments referenced in the contract are attached to this contract (contracts with missing attachments will be returned unsigned): □
9. This contract is a:
   a. New agreement □
   b. Modification or renewal of existing contract □ (If so, please attach existing contract.)

   If this is a modification or renewal, identify by page or paragraph which terms and conditions have changed:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

10. Send signed originals to: __________________________________________
    Address (email or street): ________________________________________

11. Additional information that would helpful to the attorney during their review: __________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

SIGNATURES

*Individual responsible for contract*: Approval indicates having read and understood the contract, including all attachments, appendices, and documents incorporated by reference into the contract, and that the unit or department is able to and intends to comply with its terms. This includes ensuring that measures are in place to fulfill all obligations imposed by the contract, whether standard or non-standard.

Individual Responsible for Agreement: __________________________________________
Print Name: ___________________________________________________________________

*Department chair or unit head*: Approval indicates that business terms are acceptable to the department or unit, that resources necessary to comply with the terms of the contract will be available, and that the arrangement meets with the department or unit’s goals and objectives.

Department Chair or Unit Head: __________________________________________
Print Name: ___________________________________________________________________