



The attached contract is submitted for signature on behalf of the university pursuant to the [Signing Authority Policy 4.40](#) (the "Policy").

Please note that **both** pages of this document should be completed and submitted to ensure there is no delay in processing the contract. If Appendix A is applicable, please submit with this document.

CONTRACT PROPONENT	
To the best of my knowledge, information and belief, appropriate due diligence, as contemplated by the Policy has been completed.	
Proponent Name:	Signature:
Title:	
Phone:	
E-mail:	Date:

CONTRACT PARTICULARS	
College/Department/Unit:	Ref No.:
Other Contracting Party:	
Start Date:	Completion Date:
Brief Description of Contract (include any financial terms if applicable):	
Is this a renewal or is it otherwise similar to a previous contract? <input type="checkbox"/> Yes or <input type="checkbox"/> No	

REQUIREMENTS	
Has the potential for conflict of interest/perception of conflict of interest been investigated?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is Board of Governors approval required? (see Part D of the Policy)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, please provide date of approval:	
Are there sufficient financial, human and physical resources to fulfill the university's obligations under this contract?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have all regulatory approvals, or approvals required pursuant to university policies and procedures, (if any) been obtained? (<i>Facilities Management Division, Communications, etc.</i>)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have all intellectual property issues (if any) been reviewed and addressed?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does the contract contain a derivative?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this contract relate to specialized scientific testing, manufacturing, prototype development, or lab sharing arrangements?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

INTERNAL CONSULTATION/ASSISTANCE WITH PREPARATION OF CONTRACT	
Did you seek assistance in reviewing or preparing this contract? If so, please indicate who was consulted.	
DEPARTMENT/UNIT	CONTACT NAME
<input type="checkbox"/> Consumer Services	
<input type="checkbox"/> Controller's Office	
<input type="checkbox"/> Facilities	
<input type="checkbox"/> Information and Communications Technology	
<input type="checkbox"/> Institutional Planning and Assessment	
<input type="checkbox"/> Intellectual Property – Research Excellence and Innovation	
<input type="checkbox"/> International Office – Vice-President Research	
<input type="checkbox"/> Legal Office	
<input type="checkbox"/> Library – Copyright	



<input type="checkbox"/> Marketing and Communications	
<input type="checkbox"/> People and Resources – Human Resources	
<input type="checkbox"/> People and Resources – Enterprise Procurement	
<input type="checkbox"/> Provost and Vice-President Academic	
<input type="checkbox"/> Risk Management and Insurance	
<input type="checkbox"/> Taxation - Finance and Resources	
<input type="checkbox"/> USask Safety Resources	
<input type="checkbox"/> University Colleges/Institutes	
<input type="checkbox"/> University Relations	
<input type="checkbox"/> Other:	

COMPLETED CONTRACT RETURN

Please return the signed contract to the attention of and method checked off below *(please pick one)*:

<input type="checkbox"/> E-mail	Attn:	e-mail address:
<input type="checkbox"/> Campus Mail	Attn:	Room/Building:
<input type="checkbox"/> Pick-Up	Attn:	Phone:

ENDORSEMENT

- Endorsement appears on contract; or
- Endorsement appears on separate memorandum (attached); or
- Contract is endorsed by the following:

Signature:	
Name:	
Title:	Date:

Please note or attach any additional information that may be relevant.