**University of Wisconsin-Madison**

**Office of the Vice Chancellor for Finance and Administration**

**Board of Regents Contract Submission Approval Sheet**

Note: Contracts with private profit-making organizations with a value of more than $1,000,000 require formal approval by the UW System Board of Regents prior to execution. To ensure Board of Regents consideration of a contract, please submit this approval sheet with documentation (draft Board of Regents resolution, contract document) to the Vice Chancellor for Finance and Administration (VCFA). Such documentation should be sent to Lisa Walters in the Office of the VCFA at lisa.walters@wisc.edu.

|  |  |
| --- | --- |
| Date:  | Pi/Responsible Person:  |
| Agreement Type: | School/College/Department: |
| Agreement With: | Campus Contact Name, Phone, Email: |
| Agreement Start Date: | RSP Negotiator Name, Phone Email:  |
| End Date of Agreement: |
| Agreement Renewal Terms:  |

Estimated Dollar Value of Agreement over Term:
Has the Budget Office Auxiliary Operations Analysis been consulted on the rates for this agreement? [ ]  Yes [ ]  No
Is it likely this agreement will be >$700,000 over its term? [ ]  Yes [ ]  No
If no, why?

Are appropriate indirect costs included in the project budget (or price schedule) per UW-Madison policy? [ ]  Yes [ ]  No
Description of business terms (i.e., fixed price, time and materials, fee schedule, etc.):

Description of agreement-related work in lay terms. If clinical trial, describe the medical condition the drug/device/protocol is intended to treat. Please describe activity in lay terms:

Description of anticipated benefits for UW – Madison/School/College/Department:

Prior History with Sponsor/Customer (include dollar amounts received over past 5 years and description of past studies under clinical trial or sponsored research agreements):

Any specific deadline or other urgent issue(s)?

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Is there anything University Leadership should know about this agreement? [ ]  Yes [ ]  No

Signatures (Signed in Blue Ink):

**PI:**

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Signature

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Name

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Title

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College/School Chief Administrative Officer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name

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Title

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assoc. Dean for Research/Designee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

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Name

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Title

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_