

FOR BARUCH COLLEGE INTERNAL USE ONLY

Request for Review of Contracts, MOUs, Service Agreements and
Other Agreements not Subject to Procurement

Instructions to Department/Division: *Please complete the form below and send the proposed agreement, if any, in Word format (not PDF), and/or the scope of work to sabina.pringle@baruch.cuny.edu with the subject line "Agreement between Baruch College and [Agency or Organization]."*

1. Today's date: _____
2. Name of department or unit of Baruch: _____
3. Name of person submitting this form and/or contact person, if different (name, title, phone, email):

4. Name of agency or organization: _____
5. Agency or organization contact person (name, phone, email), if applicable: _____
6. Short name of project: _____
7. Purpose of Agreement or MOU (provide a brief description): _____

8. If this is an academic program MOU, was it reviewed and approved by the University Office of Academic Affairs? Yes No
If yes, please attach University OAA approval.
If no, does it need to be approved by University OAA? Yes No Not sure
9. Is this a renewal/amendment of an existing Agreement/MOU? Yes No
If yes, please provide a copy of the previously executed Agreement / MOU and all prior amendments or renewals.
10. Amount of contract: \$ _____
11. Is the RF the fiscal agent? Yes No
12. Projected date when activity or work begins: _____
13. Length of contract: _____
14. Additional comments (optional): _____

For OLALR Use Only:

Date Received _____ **Attorney Assigned** _____

If applicable, date sent to CUNY _____ **Date Executed Agreement Received** _____