**UCSF Shared Research Facilities**

**BUSINESS CONTRACT REQUEST FORM  
(to establish External Clients)**

|  |  |
| --- | --- |
| **Date:** | **Requested completion date:**  (Please refrain from using “ASAP”) |
| **PARTIES TO THE AGREEMENT** | |
| **INITIATING CORE FACILITY:** | **EXTERNAL CLIENT:** |
| **CORE CONTACT: (indicate name and title)** | **OTHER PARTY’S CONTACT (indicate name and title)** |
| **PHONE NUMBER:**  **E-MAIL ADDRESS:** | **PHONE NUMBER:**  **E-MAIL ADDRESS:**  **WEBSITE:** |
| **EXPLANATION AND JUSTIFICATION** | |
| **Describe business services requested (instrument access, standard service, etc.) attach budget office recharge approval letter (which includes** **standard price list) for the core facility. Attach any relevant estimate for service Projects.** | |
| **How does this work benefit the university or relate to the university’s mission of teaching, research, and public service?** | |
| **AGREEMENT TERM** | |
| **STANDARIZED CONTRACT PERIOD (choose one):**  () 1 year () 5 years () Ongoing | **CERTIFICATE OF INSURANCE (COI) IS REQUIRED** **(choose one):**  () Yes () No |
| **OTHER INFORMATION** | |
| **THIS AGREEMENT IS (choose one):**  () New () Renewal () amendment | |
| **IF EXTERNAL CLIENT HAS PROVIDED A P.O. OR OTHER CONTRACT INFORMATION, PLEASE ATTACH A COPY WITH THIS FORM.** | |
| **APPROVALS** | |
| **CORE DIRECTOR:**  **SIGNATURE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PRINT NAME:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TITLE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE:** **\_\_\_** | **DEPARTMENT REPRESENTATIVE (CHAIR, MSO, or designee):**  **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PRINT NAME:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TITLE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE:** **\_\_\_** |

|  |  |
| --- | --- |
| **INSTRUCTIONS FOR COMPLETING BUSINESS CONTRACT REQUEST FORM** | |
| **DATE:** The date the form is completed and remitted. | **REQUESTED COMPLETION DATE:** Every effort will be expended to meet this date. Note that the negotiation process and/or existing workload may impact meeting the requested completion date. |
| **INITIATING CORE FACILITY:** This refers to the core facility that the external client will be using. | **EXTERNAL CLIENT:** The name listed should be the complete *legal* business name of the other party. Use the full corporate name or full individual name. |
| **CORE CONTACT:** This should be the administrative person familiar with the core business management of the agreement, most likely the core manager. Most questions, copies of correspondence, and the final agreement will be addressed to this person. Indicate both name and title. | **OTHER PARTY’S CONTACT:** Preferably, this should be the individual who has the ability to enter into the agreement on behalf of the other party. Indicate both name and title of the contact person. |
| **EXPLANATION AND JUSTIFICATION** | |
| **EXPLAIN THE NATURE and PURPOSE OF THE AGREEMENT & ATTACH A SCOPE OF SERVICES:** This is one of the most important boxes on this form. Define the nature of services being provided. Indicate any unusual services that may fall outside of the standard service/price list. | |
| **INDICATE THAT THIS WORK WILL BENEFIT THE UNIVERSITY OR RELATE TO THE UNIVERSITY’S MISSION OF TEACHING, RESEARCH, AND PUBLIC SERVICE:** It is policy that all activities the University engages in must forward its mission of teaching, research, public service or patient care. | |
| **AGREEMENT TERM** | |
| **STANDARDIZED CONTRACT PERIOD:** This is the “term” of the agreement. | **CERTIFICATE OF INSURANCE (COI):** Required when a client will physically be present in a lab space to operate instruments, etc. |
| **OTHER INFORMATION** | |
| **AGREEMENT TYPE:** Indicate whether the agreement is a new agreement, a renewal, or an amendment to an existing agreement. | |
| Attach copies of any other information that the external client has provided along with this form. | |
| **APPROVALS** | |
| **CORE DIRECTOR:** Shows that the core director is aware of the proposed work, and has reviewed and approves of the proposed transaction. This signature is required before the University can enter into a binding agreement. | **DEPARTMENT REPRESENTATIVE:** Shows the appropriate department authority, most likely the Chair, MSO, or their designee, approves the proposed transaction. |
| **ADDITIONAL INFORMATION** | |
| If you have questions regarding the use of this form, please contact UCSF Government and Business Contracts at [orbusinesscontracts@ucsf.edu](mailto:orbusinesscontracts@ucsf.edu). Submit this form and any attachments to [orbusinesscontracts@ucsf.edu](mailto:orbusinesscontracts@ucsf.edu). | |