

**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	CERTIFICATE OF INSURANCE
STANDARIZED CONTRACT PERIOD (CHOOSE ONE): <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 5 YEARS <input type="checkbox"/> ONGOING	CERTIFICATE OF INSURANCE (COI) NEEDED: YES () NO () Core facility is required to collect a COI when a client will be physically present in a lab or core space to operate instruments, etc.
OTHER INFORMATION	
THIS AGREEMENT IS (CHOOSE ONE): <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> 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, CAO, 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 HOW 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): Core facility is required to collect a COI when a client will be physically present in a lab or core 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, CAO, or their designee, approves the proposed transaction.

ADDITIONAL INFORMATION

If you have questions regarding the use of this form, please contact Government and Business Contracts orbusinesscontracts@ucsf.edu. To submit send this form and any attachments to orbusinesscontracts@ucsf.edu.