## CCCS ~ CONTRACT ROUTING FORM

*Attach this routing form to all contracts/agreements/MOUs*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | | Org Code # (Cost Center) | | | | | | | | | |  | | |
| CCCS Finance or Legal Division will assign this number ~ Contract Routing # | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Contract ~ AGREEMENT ~ MOU - LEASE information | | | | | | | | | | | | | | | | | | | | |
| **Vendor/Contracting Agency Name:** | | | | | | | | |  | | | | | | | | | | | |
| **Vendor/Agency Contact:** | | | | | | | | |  | | | | | | Phone: | | | |  | |
| Fax: | | | | | | | | | | | | | | | | | | |  | |
| Contract Encumbrance Amount: $ | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Original Contract | | |  | Amendment | |  | Change/Order | | |  | Lease |  | Other: | | |  | | | | |
| *\* If amendment you must provide a copy of original document/contract* | | | | | | | | | | | | | | | | | | | | |
| ***Return this Contract to:*** | | | | |  | | | | | | | | | | *Phone:* | | | |  | |
| *Department:* | | | | |  | | | | | | | | | | | | | | | |
| *Comment:* | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Routing Sequence | | | | | | | | | | | | | | | | | | | | |
| *(Staff should list routing sequence below)* | | | | | | | | | | | | | | | | | | | | |
| **Routing Order** | Signature Order Requested | | | | | | | | | | | | | **Date**  **Received** | | | **Signature/**  **Initial** | | | **Date Forwarded** |
| 1 | Nancy Wahl/Angie Gramse/Jeff Young, Legal, CCCS | | | | | | | | | | | | |  | | |  | | |  |
| 2 | Terry Hindsman, Purchasing Review | | | | | | | | | | | | |  | | |  | | |  |
|  | Mark Superka, VP-Finance, CCCS | | | | | | | | | | | | |  | | |  | | |  |
|  | Lisa Grefrath, System Controller, CCCS | | | | | | | | | | | | |  | | |  | | |  |
|  | Other - | | | | | | | | | | | | |  | | |  | | |  |
|  | Christina Cecil, HR Dir. (for all Personal Ser. Contracts) | | | | | | | | | | | | |  | | |  | | |  |
|  | Nancy McCallin, President, CCCS | | | | | | | | | | | | |  | | |  | | |  |
|  | \*Division of Purchasing - | | | | | | | | | | | | |  | | |  | | |  |
|  | \*State Buildings Division - | | | | | | | | | | | | |  | | |  | | |  |
|  | \*Attorney General - | | | | | | | | | | | | |  | | |  | | |  |
|  | \*Division of Accounts & Control - | | | | | | | | | | | | |  | | |  | | |  |
|  | \*Agency - | | | | | | | | | | | | |  | | |  | | |  |
| ***\* Insert name of person needed for signature of contract.*** | | | | | | | | | | | | | | | | | | | | |
| *Copy Distribution:* | | **Two (2) contracts are acceptable if the contracting agency will receive an original and CCCS receives an original copy.**  **Three (3) or more contracts are required if additional originals are required for other individuals/contractors.**  **– Please note: Anytime Mark Superka or Lisa Grefrath sign for the State Controller, CCCS is required to keep one (1) original copy with signatures for our official contract file per the State Controller’s Office.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

**Colorado Community College System**

**Contract Routing Form**

**Page Two**

Please verify that all items on the Contract Checklist are completed when preparing a contract.

## CONTRACT CHECKLIST

|  |  |
| --- | --- |
| Item Description | Yes/No |
| \*\*\*\*\* **Minimum of 2 original copies of contracts/agreements** \*\*\*\*\*  ***Please note: anytime Mark Superka or Lisa Grefrath sign for the State Controller, CCCS is required***  ***to keep one (1) original copy with signatures for our official contract file per the State Controller’s Office.*** |  |
| Approvals for Purchasing, Personnel, and Telecommunications have been obtained. |  |
| **Part I** |  |
| 1. Contract contains scope of work and maximum dollar limit (includes misc. expenses) |  |
| 1. Price and rates are in accordance with law and rules |  |
| 1. Org Code {Cost Center #} (Ensure funds are available) |  |
| 1. RFP/IFB # or Statutory Authority, as applicable |  |
| 1. Method & Rate of Payment |  |
| 1. Effective Date of Contract (term of contract) & Ending Date of Contract |  |
| 1. Contract contains Certification for Personal Service Agreements if required (must be signed by Department Representative & HR Director) |  |
| 1. W-9 Form completed by Vendor and Attached |  |
| 1. Special Provision Page is attached if needed |  |
| 1. Contract Log Number (Finance or Legal will assign) |  |
|  | |
| **Part II (Required Order of Signatures)** |  |
| 1. Signature of Vendor in accordance with Contract Manual (must be signed by vendor before other signatures obtained) |  |
| 1. Signature of Attorney General’s Office for legal and paralegal services |  |
| 1. Signature of Director of State Buildings or a delegate for all capital construction contracts   Signature for Real Estate Program for all leases and real estate transactions |  |
| 1. Signature for Executive Director or President of Institution or authorized signature |  |
| 1. Signature for State Controller or authorized signature (Contract not binding until controller or delegate signs) |  |
|  | |
| \*\*\*\* **We need an original copy of contract with original signatures for our file**  **if we sign on behalf of the State Controller** \*\*\*\* | |