**BUSINESS CONTRACT REQUEST FORM  
(to be used for F3 Non-Clinical Service Agreements where there are external clients and there is not an established recharge center)**

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| **DATE:** | **REQUESTED COMPLETION DATE:** |
| **PARTIES TO THE AGREEMENT** | |
| **INITIATING FACILITY/DEPARTMENT:** | **EXTERNAL CLIENT:** |
| **INITIATING FACILITY/DEPARTMENT CONTACT (name and title)** | **OTHER PARTY’S CONTACT (name and title)** |
| **PHONE NUMBER:**  **E-MAIL ADDRESS:** | **PHONE NUMBER:**  **E-MAIL ADDRESS:**  **WEBSITE:** |
| **EXPLANATION, BUDGET AND JUSTIFICATION** | |
| **DESCRIBE BUSINESS SERVICES REQUESTED (services should be able to be offered consistently to multiple customers at an equivalent unit price). ATTACH BUDGET AND RATE CALCULATION WITH 26% F&A RATE FOR THE SERVICES.** | |
| **does this work benefit the university or relate to the university’s mission of teaching, research, and public service?**  Yes  No | |
| **AGREEMENT TERM** | |
| **STANDARIZED CONTRACT PERIOD (choose one):**   1 year  5 years  Ongoing | |
| **OTHER INFORMATION** | |
| **TYPE OF REQUEST (choose one):**  new  renewal  amendment | |
| **OTHER PERTINENT INFORMATION:** | |
| **IF EXTERNAL CLIENT HAS PROVIDED A P.O. OR OTHER CONTRACT INFORMATION, PLEASE ATTACH A COPY WITH THIS FORM.** | |
| **APPROVALS** | |
| **PROGRAM DIRECTOR/INITIATING FACULTY:**  **SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PRINT NAME:**  **TITLE:**  **DATE:** | **DEPARTMENT REPRESENTATIVE (chair, mso, or designee):**  **SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PRINT NAME:**  **TITLE:**  **DATE:** |

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| **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 FACILITY/Department:** This refers to the facility/department providing services to the client. | **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. |
| **FACILITY/DEPARTMENT CONTACT:** This should be the administrative person familiar with the business management of the agreement, most likely the facility/department 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, BUDGET AND JUSTIFICATION** | |
| **EXPLAIN THE NATURE and PURPOSE OF THE AGREEMENT, THE SCOPE OF SERVICES & ATTACH A RATE CALCULATION (ATTACHMENT 1):** This is one of the most important boxes on this form. Define the nature of services being provided. The budget should have a proposed rate methodology and calculation.  If you have any questions regarding the rate development, please contact Gabriella Hato - Manager, Recharge Review at  415-502-3171 or [gabriella.hato@ucsf.edu](mailto:gabriella.hato@ucsf.edu). | |
| **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. |  |
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| **OTHER INFORMATION** | |
| **OTHER PERTINENT INFORMATION:** Other helpful information to describe the services to be provided or additional information regarding the external client. Attach copies of any other information that the external client has provided along with this form. | |
| **APPROVALS** | |
| **PROGRAM DIRECTOR/INITIATING FACULTY:** Shows that the program director or the initiating faculty is aware of the proposed work, and has reviewed and approves of the proposed transaction and budget. 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 Jean Jones – Senior Associate Director, Office of Sponsored Research at 415-502-4029 or [jean.jones@ucsf.edu](mailto:jean.jones@ucsf.edu). To submit send this form and any attachments to the OSR Business Contracts Office [orbusinesscontracts@ucsf.edu](mailto:orbusinesscontracts@ucsf.edu). | |