

STATE CENTER COMMUNITY COLLEGE DISTRICT CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Title of Contract/Agreement/Grant: _____

Contract/Agreement/Grant Type:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> New
(If yes, may require Board approval) | <input type="checkbox"/> Continuing
(no changes) | <input type="checkbox"/> Continuing
(with changes, note changes in description) | <input type="checkbox"/> Addendum to existing |
| <input type="checkbox"/> SCCCD Generated | <input type="checkbox"/> Requires Legal Review | <input type="checkbox"/> Requires Insurance
(If yes, complete insurance form) | <input type="checkbox"/> Resolution Required
Board approval required |

Additional Required Information:

- | | |
|---|---|
| Check One: | Check One: |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Application <input type="checkbox"/> Final |
| <input type="checkbox"/> Agreement/Contract | <input type="checkbox"/> Draft |

_____ _____ _____ _____
 Initial Initial Initial Initial

Total Amount: _____ Date final approved: _____

Yr 1: _____ Yr 2: _____ Yr 3: _____ Yr 4: _____ Yr 5: _____

Budget No. _____ Match: _____ Period: _____

Description/Notes (Explanation of grant/agreement and changes from prior agreement or district standard form, if any):

Approval Signatures:

Initiator Signature & Date:	Approval Signature & Date:
_____ Date: _____	_____ Date: _____
Print Name & Title:	Print Name & Title:
_____	_____
Approval Signature & Date:	Approval Signature & Date:
_____ Date: _____	_____ Date: _____
Print Name & Title:	Print Name & Title:
_____	_____

PLEASE NOTE: UPON EXECUTION OF CONTRACT, A COPY MUST BE SENT TO THE OFFICE OF THE VICE CHANCELLOR OF FINANCE AND ADMINISTRATION.

STATE CENTER COMMUNITY COLLEGE DISTRICT
CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Insurance (If requested):

Certificate Holder:

(Name of Organization/Facility) _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Email: _____

Phone Number: _____

Endorsements: (If yes, choose which)

Additional Insured Covered Party

Loss Payee

Name(s) of Additional Insured: _____

Name(s) of Loss Payee: _____

Event Name: _____

Date(s) of Event: _____

Limits of General Liability: _____

Other Coverage Limits Requested: _____

Note: Signed copy of current agreement must accompany insurance request.

Additional Notes: