

CONTRACT REVIEW CHECKLIST

Other Party _____

Type of Contract:	<input type="checkbox"/>	Facility/Land/Space/Equip use	<input type="checkbox"/>	Entertainment/Performance
	<input type="checkbox"/>	Co-Sponsorship	<input type="checkbox"/>	Technical Assist Agreement
	<input type="checkbox"/>	Affiliation	<input type="checkbox"/>	Vendor
	<input type="checkbox"/>	Other		

Dollar Amount: \$ _____

NA	YES		
		1	The Parties to the contract are clearly defined and correct.
		2	Ensure there are no conflicts of interest.
		3	The dates and/or term of the contract is clearly indicated.
		4	The responsibilities of both parties are complete correct and unambiguous.
		5	Order of precedence is appropriate.
		6	Contract does not stipulate confidentiality of terms.
		7	Amendments and/or changes are initialed and signed by both parties.
		8	The dollar amount and payment schedule is clearly defined.
		9	Contact information for both parties is clear and accurate.
		10	Indemnification of University.
		11	Insurance coverage/certificate of insurance.
		12	Governing law/Venue and Jurisdiction - State of Indiana.
		13	Use of University name.
		14	Coordination required with other departments of the University.
		15	Personal services - Payee Certification
		16	If co-sponsorship, does University receive benefits/publicity?
		17	Zachary's Law and checks completed for contracts with individuals.

Reviewer: _____

Date: _____

For _____

(School / Dept. / Unit)