**(NOTE: You must tab through fields)**

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| **Dean’s or Divisional Office submit to** [**purch@bussvc.wisc.edu**](mailto:purch@bussvc.wisc.edu) **REQ# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CONTRACT DETAILS**

This agreement is entered into between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Madison Department of (insert Department/School Name)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*hereafter University)* and (insert Contractor’s Name): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(hereafter Contractor)*:

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| **CONTRACTOR INFORMATION (NAME/ADDRESS)** |

**Contractor’s Name (as shown on W9): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name / E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CONTRACT TERM (length of agreement) (NOTE: Requisitions with beginning and ending dates cannot exceed a one-year period. If the contract term is > one year, multiple requisitions may be needed).** |

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **COMPENSATION INFORMATION** |

**Fee not to exceed (total amount to be paid for the full contract term) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expenses not to exceed (if expenses are not included in the fee) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List expenses to be paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(check √ all that apply)**

**Paid on Purchase Order OR**   **Separately (e.g., PIR)**

**Limited to State reimbursement levels**  **Receipts required**

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| **PAYMENT TERMS: (NOTE: Payment will be made 30 days upon receipt of an invoice from the Contractor. Contractor must invoice according to the terms of the contract.)** |

**How often should Contractor invoice? (e.g., monthly, quarterly, by milestone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rate and payment details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DEPARTMENT CONTACT INFORMATION (Department contact responsible for monitoring deliverables)** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PROJECT SCOPE (Brief description of services to be provided by Contractor.)** |

**Scope of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PROJECT DELIVERABLES** |

**Deliverables – include the following:**

1. Detailed measureable work product (i.e. data, designs, drawings, reports, etc. that will be produced)
2. Timeline of major deliverable due dates
3. Milestones tied to payments so the work can be monitored.
4. Course name, dates, if applicable.
5. Final report, if required

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**ADDITIONAL CONTRACT DETAILS (check √ all that apply)**

**HIPAA** / **Individually Identifiable Health Information**

1. Do you belong to the [UW-Madison Health Care Component](https://compliance.wiscweb.wisc.edu/wp-content/uploads/sites/102/2017/12/1-1-UW-HCC-Designation-2017-11-29Clean.pdf)?

**Yes**   **No**

1. Will the Service provider create, receive, transmit or store [Individually Identifiable Health Information](https://compliance.wisc.edu/key-definitions/), also known as Protected Health Information (PHI) (either full PHI or a Limited Data Set)?

**Yes**   **No**

**If you answered yes to question 2, please contact your HIPAA Privacy Coordinator or the UW-Madison HIPAA Privacy Officer for additional contracting requirements, and contact your HIPAA Security Coordinator or the UW-Madison Security Officer for IT security requirements if PHI will be received, transmitted, or stored electronically. See** [**https://compliance.wisc.edu/hipaa/coordinators**](https://compliance.wisc.edu/hipaa/coordinators) **for current contact information.**

**PLEASE INCLUDE A COPY OF THEIR RESPONSE(S) regarding HIPAA-related contracting and IT security requirements with this contracting request.**

**FERPA** – Service provider will have access to UW student information.

**Yes**   **No**

**IP** – There are intellectual property issues associated with this service (See Schedule A <http://www.bussvc.wisc.edu/purch/forms/ScheduleAforASSAsolesourcejust.doc>).

**Yes**   **No**

**Risk Management**

**Yes**   **No** Will the service provider be performing work on campus?

**Yes**   **No** Will the service provider be in direct contact with minors?

**Yes**   **No** Are the services high risk in nature (e.g. medical services, equipment maintenance, travel services, etc.)?

**Additional Information (if applicable):**