Request to Draft Contract

A. UNO Information:
Principal Investigator: _____________________________________________________________
Room/Bldg., ___________________Phone: _______ Fax: _______ email: _________________________

B. Contractor Information:
Contractor’s Name/address/phone numbers (complete/official name for use in agreements):
Name of Person Authorized to Sign Contract: _____________________________________________
Contract Period of performance: ________________________________________________________
Total estimated cost: _______________________
Cost Sharing: ____________________________
Frequency of Technical/Progress Reports: ____ Monthly ____ Quarterly ____ Other, specify_______________
Format of Technical/Progress Reports: ______ Letter format ____ Other, specify________________________

C. Check List – YOU MUST SUBMIT AN ANSWER TO EACH OF THE FOLLOWING ITEMS.
Attach a copy of the following:

______ Contract Scope of Work
______ Contract Budget (if Fixed Price, Milestones and/or Payment Schedule desired)
______ Contract Deliverables
______ Contractor’s Disclosure of Ownership (if applicable)
______ Contract Intellectual Property Terms and Conditions (if applicable)
______ Routing Form

Return completed form and answers to checklist to: Office of Research and Sponsored Programs
1005 Admin Bldg
Ph. 504-280-6836
Email: ORSP@uno.edu