THE UNIVERSITY of NEW ORLEANS
OFFICE OF RESEARCH

Contractual Services/Vendor Agreement Draft Request
Help Guide

Guide Contents

Purpose & Use

The [Contractual Services/Vendor Agreement Draft Request](#) form is used to request that the Office of Research begin drafting a contractual services or vendor agreement. Do not use this form to request subawards.

Information Needed

- PI contact information
- Characteristics of relationship with potential vendor
- UNO prime award information
- Vendor contact information
- Vendor tax information
- Contact information for vendor's signing authority
- Contact information and resume for vendor's PI
- Project information for proposed subcontract
- Attachments:
  - Statement of Work
  - Deliverables
  - Budget
  - Performance Measures
  - Cost Benefit Analysis
  - Monitoring Plan
  - Goals & Objectives

Form Routing

Initiator / PI	→	Office of Research	→	Initiator / PI

Statuses

DRAFT

The form opens in **Draft** status and can be edited by the initiator. Once the form is submitted, it will no longer be in **Draft** status.

SAVED

If the initiator edits the form and submits it without the PI's signature, the form will enter **Saved** status.

The initiator can save progress on Subaward Draft Requests by clicking the **Save for Later** button without signing. SharePoint will automatically email a copy of the **Saved** form to the initiator.

If someone initiates a form on behalf of a PI, the initiator may click the **Save for Later** button to submit without signing it then forward the resulting email to the PI for their signature.

The next time a **Saved** form loads, the form will automatically switch to **Draft** status.

SUBMITTED

If the form is submitted with the PI's signature, the form will enter **Submitted** status.

The initiator (and the PI, if different) will receive an email confirming submission of the form. The request will forward to the Office of Research for processing.

REJECTED

If a form is rejected by any party, the form will enter **Rejected** status. The initiator (and the PI, if different) will receive notification of the rejected form via email.

APPROVED

If a submitted form is approved by the Office of Research, the form will enter **Approved** status. The initiator (and the PI, if different) will receive notification of the approved form via email.

Recipients

- **SAVED**
    - Initiator
    - PI (if different)
- **SUBMITTED**
    - Initiator
    - PI (if different)
    - Office of Research
- **REJECTED**
    - Initiator
    - PI (if different)
- **APPROVED**
    - Initiator
    - PI (if different)

Email To

If the form needs to be sent to any recipients *other* than those listed above, any user can add any UNO email address into the **Email To** field and then submit the form. The user will be copied on an email sent to the entered email address.

Initiator Instructions by Section

Program

UNO Principal Investigator Information	
First Name:	*
Last Name:	*
UNO Email Address:	*
Phone Number:	*
College:	* ∨
Department:	* ∨
	Save for Later

1. **First Name:** Enter the first name of the UNO PI.

2. **Last Name:** Enter the last name of the UNO PI.

3. **UNO Email Address:** Enter the UNO email address for the UNO PI.

4. **Phone Number:** Enter a phone number for the UNO PI.

5. **College:** Select the PI's college from the dropdown menu.

6. **Department:** Select the PI's department from the dropdown menu.

7. **Save for Later:** Click the button at any time after entering the above information to save the form for later.

Subrecipient or Vendor/Contractual Services

1. **Review Definitions:** Click the link to review definitions of key terms used in this section.

2. Answer the yes or no questions listed by selecting the corresponding radio button.

3. **Determine Classification:** Click the button; the form will automatically determine whether the outside entity should be classified as a subrecipient or a vendor.

4. **Red Light:** If you are given a red light, the outside entity is likely a subrecipient. You will need to fill out the Subaward Draft Request form.

5. **Yellow Light:** If you are given a yellow light, the Office of Research requires more information to make the determination. Continue filling out the form.

6. **Green Light:** If you are given a green light, the outside entity is likely a vendor. Continue filling out the form.

UNO Prime Award Information

UNO Prime Award Information	
Award Number:	*
Start Date:	* 📅
End Date:	* 📅
Grant Number:	*
What type of funds were awarded?	◯ Federal ◯ State ◯ Local ◯ Private
Are any of the funds pass-through?	◯ Yes ◯ No

1. **Award Number:** Enter the Workday award number for the UNO prime award.

2. **Start Date:** Enter or select the start date for the UNO prime award.

3. **End Date:** Enter or select the end date for the UNO prime award.

4. **Grant Number:** Enter the Workday grant number for the grant associated with the UNO prime award.

5. Indicate whether the funds were awarded from a federal, state, local, or private entity.

    a. If a state or local entity, indicate whether the funds were awarded by a Louisiana/local entity.

6. Indicate whether the funds are pass-through.

Subrecipient Information

Vendor Information		
Vendor Name:		*
Address:	Line 1:	*
	Line 2:	
	City:	*
	State:	* ⌄
	Zip Code:	*
	Country:	
Email Address:		*
Phone Number:		*
Fax Number:		
Federal Tax ID or SSN:		*
DUNS Number:		*

1. **Vendor Name:** Enter the name of the vendor.

2. **Address:** Enter the address for the vendor, selecting the state from the dropdown menu.

3. **Email Address:** Enter an email address for the vendor.

4. **Phone Number:** Enter a phone number for the vendor.

5. **Fax Number:** If desired or known, enter a fax number for the vendor.

6. **Federal Tax ID or SSN:** Enter the Federal tax ID or SSN for the vendor.

7. **DUNS Number:** Enter the DUNS number for the vendor.

Vendor Signing Authority Information

Vendor Signing Authority Information	
First Name:	*
Last Name:	*
Job Title:	*
Email Address:	*
Phone Number:	*

1. **First Name:** Enter the first name of the individual who has signing authority for the vendor.

2. **Last Name:** Enter the last name of the individual who has signing authority for the vendor.

3. **Job Title:** Enter the job title of the individual who has signing authority for the vendor.

4. **Email Address:** Enter an email address for the individual who has signing authority for the vendor.

5. **Phone Number:** Enter a phone number for the individual who has signing authority for the vendor.

Vendor Principal Investigator Information

Vendor's Principal Investigator Information	
First Name:	*
Last Name:	*
Email:	*
Resume:	📎 Click here to attach a file *

1. **First Name:** Enter the first name of the individual who will serve as the PI for the vendor.

2. **Last Name:** Enter the last name of the individual who will serve as the PI for the vendor.

3. **Email:** Enter an email address for the individual who will serve as the PI for the vendor.

4. **Resume:** Attach a copy of the PI's resume.

Subcontract Information

Subcontract Information

Performance Start Date:	★ 📅
Performance End Date:	★ 📅
Total Estimated Costs:	★
Cost Sharing:	

Technical/Progress Reports

Frequency of Reports: ⚪ Semi-annually ⚪ Quarterly ⚪ Other ⚪ N/A

Format of Reports: ⚪ Letter ⚪ Other ⚪ N/A

Will the subcontract involve…   [Definitions & Explanations]

    human subjects?   ⚪ Yes ⚪ No

    animal subjects?   ⚪ Yes ⚪ No

    intellectual property or nondisclosure agreements?   ⚪ Yes ⚪ No

    export controls?   ⚪ Yes ⚪ No

    any other restrictions or reporting requirements?   ⚪ Yes ⚪ No

1. **Performance Start Date:** Enter or select the date when work on the subcontract will begin.

2. **Performance End Date:** Enter or select the date when work on the subcontract will conclude.

3. **Total Estimated Costs:** Enter the total amount that work on the subcontract is estimated to cost.

4. **Cost Sharing:** Enter the amount that is expected to be provided as cost share.

5. **Technical/Progress Reports:** Indicate the intended frequency and format for technical and/or progress reports.

6. Indicate whether or not the subcontract will involve human subjects, animal subjects, intellectual property, nondisclosure agreements, export controls, or any other restrictions or reporting requirements.

Attachments

Attachments

You must submit each of the following items. Please attach Word documents rather than PDFs.

Statement of Work: 📎 Click here to attach a file ★

    Describe in detail what services the vendor will perform.

Deliverables: 📎 Click here to attach a file ★

    Detail the expected results from the vendor and a schedule for these deliverables.

Budget: 📎 Click here to attach a file ★

    If the subcontract is cost reimbursable, complete an itemized budget and indicate invoicing frequency.

    If the subcontract is fixed price, indicate the invoicing schedule and whether it ties into any of the deliverables' due dates. List any related tasks.

Performance Measures: 📎 Click here to attach a file ★

    Explain the methodology to be used to monitor the vendor's performance. Be specific. This information will be used to complete the evaluation form at the end of the award.

1. **Statement of Work:** Attach a detailed statement of what services the vendor will perform.

2. **Deliverables:** Attach the expected results and a schedule for those deliverables.

3. **Budget:** Attach a budget as requested.

4. **Performance Measures:** Attach an explanation of the methodology to be used to monitor the vendor's performance.

5. **Cost Benefit Analysis:** Attach the cost-benefit analysis that has been conducted.

6. **Monitoring Plan:** Attach a description of how the subaward will be evaluated and observed.

7. **Goals & Objectives:** Attach an explanation of what will be accomplished by or for the vendor and how.

8. **Additional/Optional Attachments:** Add any other attachments you deem relevant.

Comments (Optional)

> **Comments**
>
> I have entered a test comment into the form.
>
> Submitted by: **jelandr1**   on **12/7/2020**
>
> ◾ Add more comments

1. **Add comments:** If relevant, click the **Add comments** link to add a comment to the form.

2. Type your comment in the box that appears. Your username and the date will auto-populate beneath the comment.

3. **Add more comments:** If necessary, click the **Add more comments** link to add more comments.

PI Certification & Signature

> **PI Certification & Signature**
>
> I fully understand that in requesting this subcontract, I am responsible for ensuring that all of the terms and conditions set forth are adhered to by the entity receiving the subcontract. I am responsible for monitoring the scope of work of the vendor and receiving copies of all required documentation. Invoices will be sent to me for approval, and I will attach a copy of all required documentation and forward to the Office of Research. The invoice will only be paid once all backup is approved by me and forwarded to the Office of Research for approval. I will ensure that the work/deliverables of the vendor are in accordance to the requirements of the Prime Award.
>
> **Once you sign the form, you will not be able to edit it again without the assistance of the Office of Research.**
>
> [Save for Later]
>
> Signature: [_____] *

1. Read the certification.

2. **Save for Later:** If you wish to continue working on the form, click the button to save the form without locking it.

3. **Signature:** Enter your name to sign the form. Your username and the date will auto-populate. All previous fields will lock.

4. **Submit:** After signing the form, click the **Submit** button in the ribbon at the top.

5. You will receive an email confirmation of your submission.

Approver Instructions by Action (Office of Research)

Comments (Optional)

1. **Add comments:** If relevant, click the **Add comments** link to add a comment to the form.

2. Type your comment in the box that appears. Your username and the date will auto-populate beneath the comment.

3. **Add more comments:** If necessary, click the **Add more comments** link to add more comments.
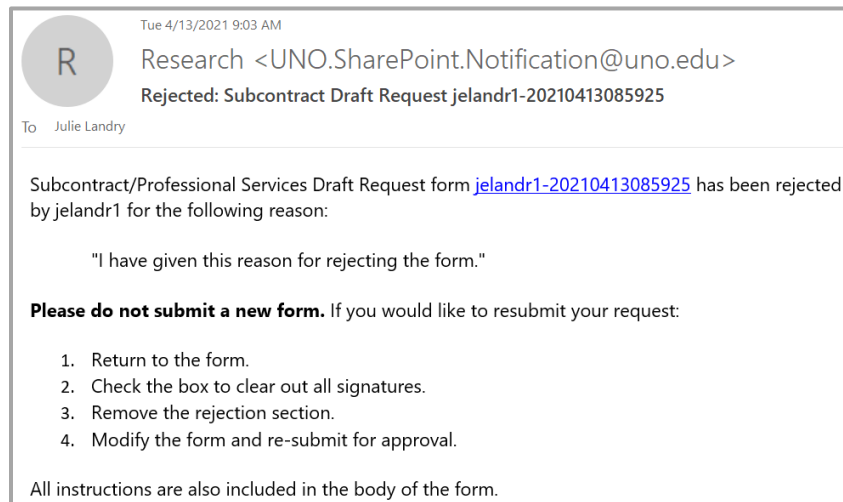
Approve Request

1. To approve the Subcontract/Contractual Services Draft Request, scroll down to the **Office of Research** section.

2. **Signature:** Sign the form. Your username and the date will auto-populate.

3. **Submit:** After signing the form, click the **Submit** button in the ribbon at the top.

4. The PI (and the initiator, if different) will be notified via email.

Reject Request

1. To reject the Subcontract/Contractual Services Draft Request, click **Reject this form** at the top of the form.

2. **Reason for Rejecting:** You must enter a reason for the rejection. This language will be provided to the PI (and to the initiator, if different).

3. **Sign:** Sign the form. Your username and the date will auto-populate.

4. **Submit:** After signing the form, click the **Submit** button in the ribbon at the top.

5. The PI (and the initiator, if different) will receive an email similar to below.

Tue 4/13/2021 9:03 AM

R   Research <UNO.SharePoint.Notification@uno.edu>
     Rejected: Subcontract Draft Request jelandr1-20210413085925

To   Julie Landry

Subcontract/Professional Services Draft Request form jelandr1-20210413085925 has been rejected by jelandr1 for the following reason:

"I have given this reason for rejecting the form."

Please do not submit a new form. If you would like to resubmit your request:

1. Return to the form.
2. Check the box to clear out all signatures.
3. Remove the rejection section.
4. Modify the form and re-submit for approval.

All instructions are also included in the body of the form.

Contacts

Technical Issues

If you encounter a technical issue with the SharePoint form, contact Julie Landry at jelandr1@uno.edu.

Research Policy/Scenario Questions

If you have a question about your submission or its results, contact the appropriate member of your service team as indicated on the Office of Research website.

Document Notes

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