

Golden West College

CONTRACT CHECK-OFF FORM

Submitted by: _____ Anticipated Board Date: _____
Name of Agency: _____

Contact District Risk Services at x 84800 for specific questions or to determine which standard agreement template to use from the District website: <http://www.cccd.edu/facultystaff/riskservices/forms.aspx>

_____ Standard Agreement (**template created by the college or District**)
___ 3 originals attached w/signature, title, & date blocks for the agency, college, and District
(C.M. Brahmbhatt, Vice Chancellor, Administrative Services)
___ 1 copy emailed to President's office

_____ Nonstandard Agreement (**created by the outside agency contracting with the college**)
___ 3 originals attached w/signature, title, & date blocks for the agency, college, and District
(C.M. Brahmbhatt, Vice Chancellor, Administrative Services)
___ 24 copies. Printed double sided, 3 hole punched, stapled
___ 1 copy emailed to President's office

Type of Contract:			
New	_____	Effective Dates From: _____	To: _____
Renewal	_____	Effective Dates From: _____	To: _____
Amendment	_____	Effective Dates From: _____	To: _____
Clinical	_____	Effective Dates From: _____	To: _____
Hold Harmless	_____	Effective Dates From: _____	To: _____
MOU	_____	Effective Dates From: _____	To: _____
Contract Ed Class	_____	Effective Dates From: _____	To: _____

Description of need or purpose for the agreement:

Fiscal Impact. Please be descriptive; do not use the word "none":

	Signatures:	Date:
Originator	_____	_____
Supervisor	_____	_____
Vice President	_____	_____
Fiscal Services	_____	_____
President	_____	_____
District Risk Services	_____	_____

Transmitted _____ Board Date: _____ Prelim Agenda Pg # _____ Final Agenda Pg # _____