

**UNIVERSITY OF SOUTH ALABAMA
AGREEMENT CHECKLIST**

Instructions: Section I, Section IIb (if appropriate) and Section III must be completed for **every** agreement between USA and another institution, organization or business. If this Agreement is grant-funded, Sections I, IIa, IIb and III must be completed entirely and sent to the appropriate College / Department Grant Administrator.

I. AGREEMENT INFORMATION

1. SPA Log # or Attorney's Office Log # _____ / _____
2. Agency / Vendor _____
3. Title _____
4. Monetary Amount of Agreement (if applicable) \$ _____
5. If this is a USA template, I verify there were no changes made. Sign here→ _____
6. Has this Agreement been bid/RFP through USA Purchasing? YES NO
If yes, is E-Verify Company Profile Document attached?
Items available from only one vendor/manufacturer may be approved as sole source after a review by the Purchasing Agent. To facilitate this review, a detailed statement, written and signed by the user and attested to by the Department Head, must accompany the requisition.
7. Source FOAPAL # _____
8. Deadline for Final Execution _____
- Is this Agreement funded by an external grant? YES NO
9. *If yes, route to Department / College Grants Administrator*
10. Is this a request for a modification to an existing Agreement? YES NO
If yes complete this form:
<http://www.southalabama.edu/departments/research/resources/Agreement%20Modification%20032614.pdf>
11. Principal Investigator / Responsible Person _____
 Telephone # _____ Dept. _____ Bldg/Room # _____

II a. SUBRECIPIENT INFORMATION (grant-related only)

Subrecipient Name _____
 Subrecipient Contact _____ Email _____
 Subaward Title _____
 Subaward Start Date _____ End Date _____

II b. COMPLIANCE INFORMATION (related to subagreement)

Will human subjects be used in the course of the research at USA or at collaborating institution?
 YES NO Note: If "YES", copy of approval required. **For assistance, please call 460-6308**

Will animals be used in the course of the research at USA or at collaborating institution?
 YES NO Note: If "YES", attach approval letter. If at a foreign site, follow USA IACUC guidance at
<http://www.southalabama.edu/researchcompliance/pdf/domesticandforeignsubcontracts.pdf> **For assistance, please call 460-6863.**

EXPORT CONTROLS

YES NO Will any equipment be shipped by the University in the course of this project?
 YES NO Will this project require any export controlled items or information to be received on campus?
 YES NO Will this project involve any foreign nationals?
 YES NO Are there restrictions in the terms of the award which require prior approval?

For assistance, please contact Dusty Layton at 460-6625.

CONFLICT OF INTEREST

YES NO Have all participants involved in this project complied with the policies of their institution regarding disclosures of conflict of interest(s)?

HIPAA

YES NO Will this Agreement involve the use, disclosure, or access by the vendor or subrecipient to identifiable health information of any patient?

III. AUTHORIZATION

I have read this Agreement, including all attachments and exhibits and have reviewed this Agreement with the Administrator, Dean, Vice President, Director or Chair, and that individual is aware of all business terms of this Agreement. The business terms negotiated and agreed to by the parties are contained in this Agreement.

Principal Investigator or Responsible Person _____
 Signature _____ Date _____

I am aware of all business terms of this Agreement and approve.

Dean / Department Head / Administrator

Printed Name _____ Signature _____ Date _____

Date released by legal office for: (a) requested changes to Agreement _____
 (b) execution by agency/vendor/USA _____

Date signed by agency/vendor _____ Date signed by University _____