



TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

CONTRACT ROUTING ACKNOWLEDGEMENT FORM

I, _____, _____ from _____ grant
Full Name Title Department
authority to the Contracting Services Department to upload the following contract on behalf of the department into the contracting database and begin formal reviews and execution:

VENDOR INFORMATION:

Company's Legal Name: _____ R# _____

Contact Name: _____ Contact Email: _____

Contact Title: _____ Contact Department: _____

Contact Phone: _____

PRIOR RELATED CONTRACT #

PRIOR RELATED AMENDMENT#

FUNDING INFORMATION:

Funding Category:

- Expense
- Revenue
- Affiliation
- Patient Billing System
- Other: _____

If Revenue		If Expense	
Year 1	\$	Year 1	\$
Year 2	\$	Year 2	\$
Year 3	\$	Year 3	\$
Year 4	\$	Year 4	\$
Year 5	\$	Year 5	\$
Year 6	\$	Year 6	\$
Year 7	\$	Year 7	\$
Total	\$	Total	\$

*Note: If contract exceeds \$1M, it will require Board approval or if it is a consulting agreement.

CONTRACT TERMS:

Statement of Purpose:

Anticipated Effective Date: _____

Term: _____ Months Years Other: Start Date: _____ End Date: _____

Patient Health Information Shared? Yes No (If yes, submit additional form for BAA)

Software agreement? Yes No

If yes, please submit APPROVED SYSAID ticket with this form. Sysaid Ticket No. _____

Select: New Contract OR Renewal

Select type: Software Software as a Service (SaaS) Hardware with associated software
 Cloud-based subscription New module to existing application

CONTRACT ROUTING ACKNOWLEDGEMENT FORM

CONTRACT AND CONFLICT OF INTEREST ATTESTATION STATEMENT:

I have reviewed the attached contract document(s) and recommend executing the attached document(s) as written. In addition, I can confirm that we do have available resources to fulfill all of the obligations contained in this agreement or contract, and it is within the mission of this department or area of responsibility. I feel this agreement or contract is a proper activity to enter into, that it will be beneficial to TTUHSC EP, and it complies with Board of Regents and TTUHSC EP policies.

[The policies cited here are HSC OP 54.01 - 54.02 - 54.04 and Board of Regent's Rules 07.12].

Texas Tech University Health Sciences Center El Paso (TTUHSC EP) employees are entrusted with protecting the safety and welfare of the public's trust. State law prohibits TTUHSC EP Employees from having direct or indirect interests, including financial and other interests, engaging in business transactions or professional activities, or incurring any obligation of any nature that is in substantial conflict with the proper discharge of the Employee's duties to TTUHSC EP or the public interest. Employees shall avoid acts which are improper or give the appearance of impropriety. The definitions and questions herein are based on HSCEP OP 10.05 Conflict of Interest and Commitment Policy (HSCEP OP 10.05), which shall apply to all TTUHSC EP Employees, regardless of rank or position. For further explanation of any terms or statements herein, please refer to HSCEP OP 10.05.

Conflict of Interest: A conflict of Interest refers to a situation in which an Employee's financial, professional, or other personal considerations may directly or indirectly affect, or have the appearance of affecting, the Employee's judgment in exercising any duty or responsibility, including the conduct or reporting of research, owed to the Institution.

I have read the Contract and Conflict of Interest Attestation statement.

DEPARTMENT REVIEW/CONTRACT MANAGER

I further acknowledge in granting this authority, I retain full responsibility that:

_____ I have reviewed the contract document(s) and recommend executing the attached document(s) as written.
Initial Here

_____ I can confirm that we have available resources to fulfill all of the obligations contained in this agreement or
Initial Here contract, and it is within the mission of this department or area of responsibility.

_____ I feel this agreement or contract is a proper activity to enter into, that it will be beneficial to TTUHSC, and it
Initial Here complies with Board of Regents and TTUHSC policies. [The policies cited here are HSC OP [54.01](#) - [54.02](#) - [54.04](#) and [Board of Regent's Rules 07.12](#)].

Signature

Date