

OUTSIDE FUNDS CONTRACT REQUISITION BACKUP FORM

1. Requesting Department:
2. Name of vendor:
3. Description of purchase:
4. The cost, including any extensions or Associated Purchases: *(Please see Paragraph "C" of Sourcing Procedure 2.1 for the description of "Associated Purchases.")*
5. Will the purchase be paid for completely from Outside Funds? Outside funds are funds other than (i) funds appropriated or bonds authorized by the General Assembly; (ii) revenue generated from tuition; (iii) funds collected from student fees, housing fees, or dining services; (iv) revenue generated from athletic sponsorship deals or ticket sales; and (v) revenue collected from the clinical operations of The University of Connecticut Health Center and the John Dempsey Hospital.  
Yes  
No
6. Is this purchase under a grant award or other letter of award that (i) is from a government entity Funder and (ii) is an award governed by laws, regulations, or rules for the selection of vendors? *(Please see Paragraph F(2)(i) of Sourcing Procedure 2.1 for a description of this option.)*  
Yes (if selected, please attach an explanation of the process used to select the vendor)  
No
7. Is this purchase under a grant award or other letter of award from a non-government entity Funder that explicitly prescribes a process for the selection of vendors? *(Please see Paragraph F(2)(ii) of Sourcing Procedure 2.1 for a description of this option)*  
Yes (if selected, attach (i) an explanation of the process used to select the vendor and (ii) the grant award or other letter of award that explicitly prescribes the process for the selection of vendors)  
No
8. Is this purchase under a signed agreement between UConn and the Funder in which the parties agree to a process that will be utilized to select vendors? *(Please see Paragraph F(2)(iii) of Sourcing Procedure 2.1 for a description of this option)*  
Yes (if selected, attach (i) an explanation of the process used to select the vendor and (ii) the agreement between UConn and the Funder)  
No

The undersigned certifies that (i) to the best of the knowledge of the undersigned, no extensions or Associated Purchases will be needed in excess of those included in #4 above; (ii) all the above statements are true and precise, and (ii) **the undersigned has no financial or other beneficial interest in the vendor/Collaborator.**

Signature:\*  
Print Name:

Date:  
Title:

\* The signatory on this form must be at the level of Director or Department Head, or higher.

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The following section must be completed by Sponsored Program Services if "Yes" is checked for #6 above:

Sponsored Programs Services confirms (i) that this purchase is being made from funds awarded by a grant award or other award from a government entity, (ii) this purchase is governed by laws, rules, or regulations for the selection of vendors; and (iii) that the vendor was selected in a manner consistent with such laws, rules, or regulations.

Signature:  
Print Name:

Date:  
Title: