**CTSA – Information Sheet**

This template is to assist the Business Office with your project needs and requests. This information sheet is **not** acknowledgement of project approval. Department members are **not** authorized to enter into purchasing or service agreements on behalf of UCI. Please note that this agreement may not be renewed or otherwise amended except through an amendment.

**Requesting Party**: Please take a moment to complete page one and a part of page two. **Department Managers**: Please start from page two.

# **For Requesting Party**

# Leadtime

Please allow **4 weeks** to process requisitions and to onboard new vendors.

# Project Description

**Please describe the project, and the needs of your project: what materials or services are needed or need to happen?**

# Timeframe

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | **Click or tap to enter a date.** | End Date | **Click or tap to enter a date.** |

If term of services is more than one year, Business Office will send the PURCHASE AGREEMENT for completion

# Activities and Timeline

Please note that the [California Contract Code](https://procurement.uci.edu/contracts/restrictions-for-contracting.php) governs the use of independent contractors; it covers rules and regulations regarding successor contracts and contracting with former UC employees. Independent contractors will need to be in compliance with code.

**Describe how and by whom the proposed individual was selected:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Task** | **Activities** | **Timeline** |
| **Title of Task** | **Outline what supplier is supposed to provide. Please be descriptive and detailed** | **Please detail timeline for when this project will take place or identify milestones during the timeline** |

# Pricing/Costs

If fees total more than $2,000, Business Office will send the PURCHASE AGREEMENT for completion

The total fixed price, which is inclusive of all fees, costs or other expenses is **$\_\_\_\_\_\_\_
Detail the total fixed price cost/fee for this service.** Vendor shall provide all Goods and Services at the above fee/price.

Alternatively, if goods are being purchased, please complete the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| Insert Vendor/Company Name | Cost | Quantity | Extended Dollar Amount |
| Item Description | $ | Enter QTY | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  | $ TOTAL |

# Payment Schedule

If payments are to be made at set intervals: please describe timing and amounts of those payments. If there are no terms, default will be **NET 30**.

# Conflict of Interest

[ ]  Yes, vendor is a current UC employee

[ ]  Yes, vendor was an employee of the UC within the last 24-months

[ ]  Yes, vendor is a “near relative” of a current or former UC employee that was employed within the last 24-months

[ ]  Yes, vendor is a company owned by a UC employee, former UC employee or near relative of UC employee

If “YES” is checked for any of the statements above, CONFLICT OF INTEREST form is required.

# **For Department Managers**

# Vendor Information

[ ]  Vendor is already onboarded with PaymentWorks

[ ]  Vendor will need to be onboarded with PaymentWorks

## Data Sharing

[ ]  Vendor will NOT need access to any UC systems and/or databases. No sensitive data will be shared.

# Place of Performance (Check all that apply):

[ ]  On UCI Campus or UCI lease space: Please indicate locations

[ ]  Supplier’s place of business

[ ]  Other - Please describe: Click or tap here to enter text.

# Contact Information

## Vendor:

|  |  |
| --- | --- |
| Name and Title | Click or tap here to enter text. |
| Company Name | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

# Faculty Requestor:

|  |  |
| --- | --- |
| Name and Title | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

## UC Project Manager/Key Contact:

|  |  |
| --- | --- |
| Name and Title | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

# UCI Accounting:

|  |  |  |  |
| --- | --- | --- | --- |
| KFS Account 1: Enter account number | Sub-Account: Enter sub- account number | Project: Enter project code | $ Amount or Percentage of Total |
| KFS Account 2: Enter account number | Sub-Account: Enter sub-account number | Project: Enter project code | $ Amount or Percentage of Total |
| KFS Account 3: Enter account number | Sub-account: Enter sub-account number | Project: Enter project code | $ Amount or Percentage of Total |

# Extra Notes for Procurement:

Please include any notes for procurement – this can include extra accounting information, more detail regarding the work the vendor will complete, adding additional lines for item description, etc.

KFS Requisition Doc# Click or tap here to enter text.