



### CONTRACT REVIEW REQUEST

**(BEFORE REQUESTING CONTRACT REVIEW, PLEASE INDICATE IF THIS TRANSACTION IS OVER \$25,000, WAS IT COMPETITELY BID? FOR MORE INFORMATION ON HOW TO ANSWER THIS QUESTION, PLEASE VISIT:**

**<https://www.brown.edu/about/administration/policies/competitive-bid-requirements-and-sole-source-purchases>**

Please answer all of the questions to avoid delays

DATE: \_\_\_\_\_

A. **WAS THIS TRANSACTION COMPETITELY BID?** (i.e. informal quote or formal solicitation (e.g. RFP, Invitation to Bid, etc.) **YES**  OR **NO**  please specify the method:

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B. **CONTRACT SPEND:** \$ \_\_\_\_\_

C. **ASSIGNED PURCHASING STAFF NAME:** \_\_\_\_\_

D. **Supplier/Vendor Legal Name:** \_\_\_\_\_

E. **Name and Email of the Requester/Responsible University Office\*:**

\*"Requester/Responsible University Office" means the school, division, department or office from which a desired transaction or contract originates. This office typically is responsible for the business terms of the contract, communicates with the supplier/vendor, and has the ongoing obligation to monitor the terms of the contract after it has been executed.

**Department Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

F. **Priority Level (\*\*high, standard, low):** \_\_\_\_\_

\*\*Prior Levels: High- 1, Standard= 2, Low= 3

High- review required within 7 days  
Standard- after 7 days but within 30 days  
Low- after 30 days

*(Please consider actual deadlines to determine priority levels, for example expiration of a contract, payment commitment deadline and other deadlines to determine priority levels)*

**Return Completed form to:**

Insurance and Purchasing Services-Contracts

Box 1845

Providence, RI 02912

Email: [contractmanagerpurchasing@brown.edu](mailto:contractmanagerpurchasing@brown.edu)

**G. Documentation.** Please provide and list the documents received from the Vendor, including quotes, scope of work, marketing materials, bid documents from the “selected vendor only” and any contract documents. Are any **hyperlinks** with additional terms and conditions referenced in the agreement? If so, provide the actual **printed documents** for review.

**H. Please provide service/product description:**

**I. Information/Data Sharing.** Will Confidential information or Student Data Shared: **YES**   
**OR**  **NO** (If Yes, please specify)

**J. Are any licenses involved or provided by the supplier?** **YES**  **OR**  **NO** (If yes, please list the software names)

**K. Is this a new supplier?** or an **existing supplier** with a previously signed agreement? The existing signed agreement is a **required** attachment to this request. **Please attach.**

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Providence, RI 02912  
Email: [contractmanagerpurchasing@brown.edu](mailto:contractmanagerpurchasing@brown.edu)

CRR 7-2-19 VD