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|  **COOPERATIVE CONTRACT APPROVAL FORM** | **Contract No.**   |       |
| **Amendment/Change Order No.**  |  |
| **SCHOOL / DEPARTMENT INFORMATION** |
| Requesting School/Dept: |       |
| School/Dept. Contact: |       | Email prefix: |       | Phone ext: |       |
| School/Dept. Contract Mgr.: |       | Email prefix: |       | Phone ext: |       |
| **CONTRACTOR INFORMATION** |
| Full Business Name: |       |
| **REQUEST SUMMARY** |
| Check One |
| **OR** |
| [ ]  New Cooperative Contract RequestAttached:[ ]  Solicitation Public Notice/Advertisement[ ]  Solicitation[ ]  Awarded Vendors Bid/Proposal[ ]  Cooperative Contract and Amendments |  [ ]  Cooperative Contract Update Attached:[ ]  Cooperative contract amendments |
| **CONTRACT USAGE** |
| Start Date:        | End Date:        | [ ] Multi-Year |
| Describe Intended Use of Cooperative Contract:       |
| Check One |
| [ ]  A Purchase Order will be used with this cooperative contract | [ ]  A separate contract is required for use with this cooperative contract |
| Check One |
| [ ]  Single Purchase | [ ]  Department Repetitive Use | [ ]  District-wide use |
| **CONTRACT DOLLARS SUMMARY / CHARTFIELD ALLOCATION** |
| [ ]  **This cooperative contract DOES NOT use federal grant or federal pass-through funds** |
| [ ]  **This cooperative contract DOES use federal grant or federal pass-through funds** |
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| Fund | Function (Program) | Object (Account) | Location (Site Loc) | Area (Class) | Project | Department | Amount | Running Total (per Line) |
|     |       |       |     |       |       |       |       |       |
|     |       |       |     |       |       |       |       |       |
|     |       |       |     |       |       |       |       |       |
|     |       |       |     |       |       |       |       |       |
|     |       |       |     |       |       |       |       |       |
| **Payment Method:** [ ]  Encumber Funds [ ]  Spend Up  | CAF Total: |       |  |

 |
| Original Contract Amount  Total of Previous Amendment(s)  Amount of this Amendment  Contract Total:  |

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| **ATTESTING SIGNATURES** |
| *I attest that I have the authority to sign this document and that I have evaluated the purpose of this contract and believe it (1) to be a reasonable and judicious use of District money, (2) to further the District's strategic goals, (3) to advance my Department/School's implementation of the District's mission of educating every student to meet or exceed academic standards, and (4) that there is adequate funding in my Department/School's budget to cover the current fiscal year expenditures.* |
| Name of Budget Holder / Principal / Manager      | Signature      | Date      |
| Name of Budget Holder / Principal / Manager      | Signature      | Date      |
| **DO NOT WORK BELOW THIS LINE; FOR PURCHASING AND CONTRACTING USE ONLY** |
| Board Date:       | Resolution No.:       | PeopleSoft Entry:  | Posted to Website | E-mailed |