

Request to Draft Contract

A. UNO Information:

Principal Investigator: _____

Room/Bldg., _____ Phone: _____ Fax: _____ email: _____

B. Contractor Information:

Contractor's Name/address/phone numbers (complete/official name for use in agreements):

Name of Person Authorized to Sign Contract: _____

Contract Period of performance: _____

Total estimated cost: _____

Cost Sharing: _____

Frequency of Technical/Progress Reports: ___ Monthly ___ Quarterly ___ Other, specify _____

Format of Technical/Progress Reports: ___ Letter format ___ Other, specify _____

C. Check List – YOU MUST SUBMIT AN ANSWER TO EACH OF THE FOLLOWING ITEMS.

Attach a copy of the following:

_____ **Contract Scope of Work**

_____ **Contract Budget (if Fixed Price, Milestones and/or Payment Schedule desired)**

_____ **Contract Deliverables**

_____ **Contractor's Disclosure of Ownership (if applicable)**

_____ **Contract Intellectual Property Terms and Conditions (if applicable)**

_____ **Routing Form**

Return completed form and answers to checklist to: Office of Research and Sponsored Programs
1005 Admin Bldg
Ph. 504-280-6836
Email: ORSP@uno.edu