**PROPOSAL TO ENTER INTO A CONTRACT
- COVER SHEET -**

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| ***Supporting documents****: refer La Trobe University ‘Legal Process and Approval of Contract Policy and Procedure’ and Contract Signing Delegations available at* [*http://www.latrobe.edu.au/legalservices/contract*](http://www.latrobe.edu.au/legalservices/contract)***Application****: This cover sheet must be completed and submitted with contracts which meet the following criteria:**When the contract requires execution:** *under common seal;*
* *by the Vice-Chancellor, the Senior Deputy Vice-Chancellor, the Deputy Vice-Chancellor (Academic), the Deputy Vice-Chancellor(Research) , the Vice-President (Administration) or the Vice-President(Finance) and Chief Financial Officer;*

*with a $ limit exceeding $100,000 and is identified from the* *Table of the Instrument of Delegation for Contract Signing as one of the following:** *Column 1: Item 1 (excluding research contracts); or*
* *Column 1: Items 2, 4, 6, 8, 10, 14, 15,17,18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 or 33 (excluding research contracts or international).*

*(Please note this cover sheet does not apply to research and International contracts where alternative administrative protocols and procedures apply; contact Research Services or La Trobe International respectively)* |

1. **Party/parties identified for the Contract, other than La Trobe University.***(Where an entity is ‘Trading As’ please ensure both legal and trading names are provided)*

1. **Contract Type, as identified in Columns 1 and 2, Table of the Instrument of Delegation for ContractSigning.**
2. **University Business Area.**

Top of Form

Central Administration [ ]

Commercial [ ]

Faculty [ ]

1. **Summary and Purpose of this Contract.***(Max. 100 words)*
2. **Is the Contract consistent with the University’s Strategic and/or Operational Plan?**

Top of Form

Yes [ ]  No [ ]

Please provide brief details and/or justification:

Bottom of Form

1. **Resource implications: please provide justification and detail where costs associated with this Contract will not be met by the project.**
2. **University stakeholders consulted in the development of the proposed arrangement, resulting in this Contract.**
3. **Contact person at La Trobe University for queries relating to the Contract.**

Name:
Position Title:
Telephone:
Email:

1. **I certify that:**
2. Where applicable, the expenditure associated with the Contract has been separately approved by a person or body with authority under the University’s Instrument of Delegation for Financial Expenditure and is within an approved University budget;
3. Satisfactory justification has been provided for Question 6 and/or commercial viability is assured;
4. Where the value of the Contract is $5,000,000 or more, evidence of Council’s prior approval of the transaction or undertaking is attached;
5. All required internal University approvals and any necessary approvals under the La Trobe University Act 2009 have been obtained; and
6. All relevant University Statutes, Regulations, Policies, Procedures and the Commercial Activities Guidelines have been complied with.

**Authorising signature/s of Faculty/Division submitting the proposed Contract:**

**Signature of senior academic staff or senior professional staff (PRC Member)**

…………………………………………….. ……………………………………………..

Signed Date

 *Name:*

*Position Title:*

**Second signature (if required) of senior academic staff or senior professional staff**

…………………………………………….. ……………………………………………..

 Signed Date

 *Name:*

*Position Title:*