



**NO COST CONTRACT ROUTING SHEET**

This form is used to submit MOUs, Grants, clinical, internship, revenue-generating, or other no-cost agreements to the District for Board ratification. Include the partner signed Contract and relevant supporting documents when submitting this routing sheet.

Contract Originator Name: \_\_\_\_\_ Department: \_\_\_\_\_

Contract Originator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contract Origination Location: De Anza \_\_\_ Foothill \_\_\_ District Office \_\_\_ Sunnyvale \_\_\_

**CONTRACT INFORMATION:**

Vendor/Partner Name: \_\_\_\_\_

Contract Type: MOU \_\_\_ Clinical \_\_\_ Internship \_\_\_ Revenue/Grant \_\_\_ Amount (if applicable) \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_

Term: Start date \_\_\_\_\_ End date \_\_\_\_\_

Contract Description/Purpose:

**APPROVALS:** (All Approvers required unless noted.)

1. Originator's Manager / Dean / Area VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(additional signer if necessary) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. VP Admin. Services/Finance Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Director, Purchasing, Contracts, & Risk Mgmt. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **Acceptor:** Contracts@fhda.edu\*

**NEXT STEPS:**

\* Indicate contracts@fhda.edu email in Adobe Sign as Acceptor. Acceptor will obtain District countersignature and return agreement to contract originator within 5 business days.