STATE CENTER COMMUNITY COLLEGE DISTRICT CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Title of Contract/Agreement/Grant:		
Contract/Agreement/Grant Type:		
New (If yes, may require Board approval) Continuing (no changes)	Continuing (with changes, note changes in description) Addendum to existing	
SCCCD Generated Requires Legal Review	Requires Insurance (If yes, complete insurance form) Resolution Required Board approval required	
Additional Required Information: Check One: Check One:		
☐ Grant ☐ Application ☐ 1	Final Initial Initial Initial Initial	
Agreement/Contract Draft		
Total Amount:	Date final approved:	
Yr 1: Yr 2: Yr 3:	Yr 4: Yr 5:	
Budget No Matc	h: Period:	
Approval Signatures: 1. Initiator Signature & Date:	2. Approval Signature & Date:	
Date:	Date:	
Print Name & Title:	Print Name & Title:	
3. Approval Signature & Date:	4. Approval Signature & Date:	
Date:	Date:	
Print Name & Title:	Print Name & Title:	

PLEASE NOTE: UPON EXECUTION OF CONTRACT, A COPY MUST BE SENT TO THE OFFICE OF THE VICE CHANCELLOR OF FINANCE AND ADMINISTRATION.

STATE CENTER COMMUNITY COLLEGE DISTRICT CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Insurance (If requested):		
Certificate Holder: (Name of Organization/Facility)		
Address:		
City/State/Zip:		
Contact Person:		
Email:		
Phone Number:		
Endorsements: (If yes, choose which) Name(s) of Additional Insured:	☐ Additional Insured Covered Party ☐ Loss Payee	
Name(s) of Loss Payee:		
Event Name:		
Date(s) of Event:		
Limits of General Liability:	Other Coverage Limits Requested:	
Note: Signed copy of current agreement must accompany insurance request.		
Additional Notes:		