

Contract Details

This agreement is entered into between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin–Madison Department of (insert Department/School Name): _____ (hereafter *University*) and (insert Contractor's Name): _____ (hereafter *Contractor*):

CONTRACTOR INFORMATION (NAME/ADDRESS)

Contractor's Name (as shown on W9): _____

Address: _____

City / State / Zip: _____

Contact Name / E-Mail: _____

CONTRACT TERM (length of agreement) (NOTE: Requisitions with beginning and ending dates cannot exceed a one-year period. If the contract term is > one year, multiple requisitions may be needed).

Start Date: _____

End Date: _____

COMPENSATION INFORMATION

Fee not to exceed (total amount to be paid for the full contract term) \$ _____

Expenses not to exceed (if expenses are not included in the fee) \$ _____

List expenses to be paid:

Mark/check all that apply:

- Paid on Purchase Order OR Separately (e.g., PIR)
- Limited to State reimbursement levels Receipts required

PAYMENT TERMS: (NOTE: Payment will be made 30 days upon receipt of an invoice from the Contractor. Contractor must invoice according to the terms of the contract.)

How often should Contractor invoice? (e.g., monthly, quarterly, by milestone) _____

Rate and payment details: _____

DEPARTMENT CONTACT INFORMATION (Department contact responsible for monitoring deliverables)

Name: _____ Telephone: _____

E-mail: _____

PROJECT SCOPE (Brief description of services to be provided by Contractor.)

PROJECT DELIVERABLES

Deliverables – include the following:

- a. Detailed measurable work product (i.e., data, designs, drawings, reports, etc. that will be produced).
- b. Timeline of major deliverable due dates.
- c. Milestones tied to payments so the work can be monitored.
- d. Course name, dates, if applicable.
- e. Final report, if required.

Additional Contract Details (mark/check all that apply)

HIPAA / Individually Identifiable Health Information

- 1. Do you belong to the [UW-Madison Health Care Component \(HCC\)](#)?
 Yes **No**
- 2. Will the Service provider create, receive, transmit or store [Individually Identifiable Health Information](#), also known as Protected Health Information (PHI) (either full PHI or a Limited Data Set)?
 Yes **No**

If you answered yes to question 2, please contact your HIPAA Privacy Coordinator or the UW–Madison HIPAA Privacy Officer for additional contracting requirements, and contact your HIPAA Security Coordinator or the UW–Madison Security Officer for IT security requirements if PHI will be received, transmitted, or stored electronically. See <https://compliance.wisc.edu/hipaa/coordinators> for current contact information.

PLEASE INCLUDE A COPY OF THEIR RESPONSE(S) regarding HIPAA-related contracting and IT security requirements with this contracting request.

FERPA – Service provider will have access to UW student information.

- Yes** **No**

IP – There are intellectual property issues associated with this service (See Schedule A / Intellectual Property Rights Form: <https://businessservices.wisc.edu/documents/intellectual-property-rights-schedule-a/>)

- Yes** **No**

Risk Management

Will the service provider be performing work on campus?

- Yes** **No**

Will the service provider be in direct contact with minors?

- Yes** **No**

Are the services high risk in nature (e.g., medical services, equipment maintenance, travel services, etc.)?

- Yes** **No**

Additional Information (if applicable):