

Contract Number: _____



FINANCIAL IMPACT STATEMENT

Section I. INFORMATION ABOUT THE VENDOR OR SERVICE PROVIDER AND THE CONTRACT

I-A Name of company _____
 Contact person _____
 Address _____

 Phone, fax, email _____
 Federal tax ID number _____

I-B Project name / description _____
 Is this a renewal of or modification to a previously approved contract? YES NO
If "YES" to the above, provide the contract number _____
 Is the attached contract an unmodified Temple University form? YES NO

I-C Temple University contact:
 Name _____
 Department _____
 Phone, email _____

Section II. FINANCIAL AND COMMITMENT INFORMATION

II-A The term of the contract is from (DATE) _____ to (DATE) _____

II-B Does the contract require a capital expenditure greater than \$50,000 (or \$10,000 for architecture, engineering or other design services)? YES NO
If "YES" to the above, ATTACH a signed Capital Expenditure Request (CER) ATTACHED
 (Available on the Facilities Management website at www.temple.edu/facilities/)

II-C The total amount of payments by Temple University pursuant to this contract is: \$ _____

This amount will be paid (CHECK ONE):

Entirely in the _____ fiscal year:

In multiple fiscal years as detailed below:

FY	Account Number	Center Number	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other (describe in detail) _____

Section III. PROCUREMENT INFORMATION

III-A The purchasing process was conducted by

Purchasing Other _____
(Name of School/Department)

If "Purchasing", skip to Section IV. Otherwise, complete this Section III.

III-B Is this a sole source request (did you solicit a price for the goods or services from only one vendor)? YES NO

If "YES", ATTACH justification for sole source and skip to Section IV. Otherwise, complete this Section III.

How many firms were solicited _____

Names of vendors / suppliers solicited and response received

Name _____	Response (yes/no) _____
Name _____	Response (yes/no) _____
Name _____	Response (yes/no) _____

Are any of the solicited firms certified as a MBE (Minority Business Enterprise), WBE (Woman Business Enterprise), or DBE (Disadvantaged Business Enterprise)?

YES NO DON'T KNOW

If "YES", list the name of the applicable vendor / supplier and its certification (state/city/other).

Name _____	Certification _____
Name _____	Certification _____

Are any of the solicited firms local businesses? (see instructions)

YES NO DON'T KNOW

If "YES", list the name of the applicable vendor / supplier and its zip code.

Name _____	Zip Code _____
Name _____	Zip Code _____

Section IV. APPROVALS

IV-A Budget Unit Manager or Authorized Signatory

Signed _____ Date _____
Printed _____

IV-B Vice President or Provost

Signed _____ Date _____
Printed _____