

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/](http://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

_____	_____	_____	_____
FY	Account Number	Center Number	Amount

_____	_____	_____	_____
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 \_\_\_\_\_