

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 YES _____ NO _____

(or \$10,000 for architecture, engineering or other design services)?

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 _____	Fund/Org/Account/Program _____	Amount _____
FY _____	Fund/Org/Account/Program _____	Amount _____
FY _____	Fund/Org/Account/Program _____	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 _____