

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

Title of Contract/Agreement/Grant: _____

Please select as many as apply:

New

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

Additional Required Information:

Check One:

Grant

Agreement/Contract

Check One:

Application

Draft

Final

Total Amount: _____ Date Final Approved: _____

Yr 1: _____ Yr 2: _____ Yr 3: _____ Yr 4: _____ Yr 5: _____

Budget No. _____ Match: _____ Period: _____

Description of Funding Source: _____

Approval Signature District Senior Accountant (grants only): _____ **Date:** _____

Description/Notes (Explanation of grant/agreement and changes from prior agreement, if any):

Approval Signatures:

1. Initiator Signature & Date:

2. Approval Signature & Date:

_____ Date: _____

Print Name & Title:

_____ Date: _____

Print Name & Title:

3. VP Admin Services Approval Signature & Date:

4. President Approval Signature & Date:

_____ Date: _____

Print Name:

_____ Date: _____

Print Name:

**Please note: Upon full execution of the contract, a copy must be submitted to
the office of the Vice Chancellor of Finance and Administration.**

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

Certificate Holder: _____
(Name of Organization/Facility)

Address: _____

City/State/Zip: _____

Contact Person: _____

Email: _____

Phone Number: _____

Endorsements: (If yes, choose which)	Additional Insured Covered Party	Loss Payee
--------------------------------------	----------------------------------	------------

Name(s) of Additional Insured: _____

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: