



POST AWARD CONTRACT ADMINISTRATION CHECKLIST

Contractor Name:	
Contract No./PO Number:	
Estimated Expense per year:	
Estimated Term Expense:	
Estimated Revenue per year:	
Contract Term:	
Renewal Description:	
Contract Administrator(s):	
Contract Manager (Procurement):	

This **Post Award Contract Administration Checklist** shall be by used the Contract Manager (“CM”) and the Contract Administrator (“CA”) as defined in [Operating Policy 72.04](#) to manage contracts:

This checklist is required on the following contracts:

- Purchase Orders/Contracts in excess of \$1,000,000 per annum; and
- Contracts that require Board of Regents approval.

Instructions: This checklist will be prepared by the CM after execution of the contract and shall be reviewed annually to **verify contract compliance**. The CM/CA shall **provide the date of completion** for each task listed below, to indicate compliance with the contract requirements. Enter “N/A” if the task is not applicable to this contract. If the task obligation occurs more frequently than once a year, enter the details specific to the task.

This Checklist must be signed by the designated CM and the CA to certify compliance with all required provisions of the contract. The checklist shall be retained on file in the Procurement Services office.

	Task	Completion (date)			Notes
		Yes	N/A	Date	
	1. Signed contract/renewal/amendment on file.				
	2. Updated certificate(s) of insurance on file as required in Contract Policy types: _____				
	3. Performance Bond (if required in the Contract).				
	4. Payment Bond (if required in the Contract).				
	5. Annual contract review/meeting frequency: ____times/year				
	Year 1				
	Year 2				
	Year 3				
	Year 4				
	Year 5				
	Year 6				

	Year 7				
	Year 8				
	6. Revenue/Commissions/Assets/ Contributions report received from CA				
	Year 1				
	Year 2				
	Year 3				
	Year 4				
	Year 5				
	Year 6				
	Year 7				
	Year 8				
	7. CA-review invoices and create receipts in a timely manner.				
	Year 1				
	Year 2				
	Year 3				
	Year 4				
	Year 5				
	Year 6				
	Year 7				
	Year 8				
	8. CA-Vendor Performance Form upon completion or termination.				
	9. Other [Please describe]: _____ _____ _____				
	10. Other [Please describe]: _____ _____ _____				
	11. Other [Please describe]: _____ _____ _____				
	12. Other [Please describe]: _____ _____ _____				

I hereby certify in compliance with Operating Policy 72.04 that I have monitored the Contractor's performance, managed TTU/TTUS resources used in the performance of the contract, authorized payments consistent with the contract, resolved and documented minor disputes in a timely manner, and communicated with the Procurement Services Office as appropriate, documenting significant events or milestones, and maintaining appropriate records as required by applicable record retention law.

Signature of Contract Administrator: _____

Dated: _____ Name/Title: _____

Signature of Contract Administrator: _____

Dated: _____ Name/Title: _____

Signature of Contract Administrator: _____

Dated: _____ Name/Title: _____

Signature of Contract Administrator: _____

Dated: _____ Name/Title: _____

As Contract Manager, I certify I have reviewed supporting documentation related to the Contract Management responsibilities.

Signature of Contract Manager: _____

Dated: _____ Name/Title: _____