



UC SANTA BARBARA PROCUREMENT SERVICES
REVENUE CONTRACT REQUEST

Rev. 8-2019

Form B

For use when Departments need a contract when UCSB is providing goods or services.

Procurement Services will use the information provided on this form to write a contract, vet the activity and budget by Budget and Planning, and assist with the setup of an EMF account string if needed. The policies governing UC-provided services are Academic Personnel Manual APM-020 (<http://www.ucop.edu/academic-personnel-programs/files/apm/apm-020.pdf>) and BFB Policy A-56 (<http://policy.ucop.edu/doc/3420329>).

The following pages must be completed by the requesting department, **not by the client**.

To ensure accurate and timely processing:

- a) Please answer all questions in detail on the following pages.
- b) A budget sheet is necessary; it must include a breakdown of the Direct Costs and Indirect Costs, and the IDC rate

1. UCSB Information:

- a. Department: _____
- b. UCSB faculty or staff who will be providing the services, including UC Path Employee ID(s):

2. Client Information

- a. Client (Company) Name: _____
- b. Is this a federal entity? Yes No
If yes:
 - i. What is the Prime Award, Contract, or PO Number? _____
 - ii. Please attach the award documents
- c. Is the Client's funding a pass-through from a federal entity? Yes No
If yes:
 - i. Who is the awarding Agency? _____
 - ii. What is the Prime Award, Contract, or PO Number? _____
 - iii. Please attach the award documents
- d. Client address: _____
- e. Client contact person, phone # and/or email address for services:

3. Invoicing

- a. How much will UCSB be paid for this service? _\$ _____
- b. Client invoicing contact, including phone # and email:

- c. Address for invoices (if different than 2.d.):

- d. Type of billing:
 - Up front billing for full amount (preferred)
 - Full amount billable at the end of the services
 - Milestone or Monthly billing
 - Cost Reimbursement billing
 If so, billing frequency (Monthly or Quarterly?) _____

4. Dates of Service. Begin date : _____ End date : _____

5. Location: Where will the services be performed?

6. Scope of Work - Please describe in detail the services you or your department will provide. Include any travel you will need to take, or materials you will need to provide. Attach additional page(s) if needed.

7. Service Determination

- | | | |
|--|------------------------------|-----------------------------|
| • Is there potential for patentable or copyrightable technology to be created through this service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Does the UC's involvement represent a specific, clearly defined intellectually significant portion of the overall client's award or project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Will there be any human or animal subjects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Will there be any collaboration efforts with the client, with the possibility of the UC creating or developing Intellectual property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Is UC merely working at the direction of the client, with no possibility of UC being an inventor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Does your department, or do other departments on campus provide the same, or similar services to other clients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Are the services considered routine or off-the-shelf? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Does your department expect to be able to publish the results of this service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

In determining whether the Agreement is Research (send to Office of Research) or Services (submit through Procurement Services), each factor is examined and analyzed in relation to one another, and no single factor is determinative.

Based on your analysis of the above checked items, this Agreement is determined to be:
RESEARCH SERVICES

Provide any additional comments:

8. Submit

Submit this completed, your budget, and any relevant and supporting documentation here:
<https://www.bfs.ucsb.edu/forms/request-contract>