

Form FHS001: Clearance of Non-GOB Contracts

Instructions

- Forms to be downloaded from the Administrative Forms web page at <https://forms.uct.ac.za/forms.htm>
- The attached Contracts Checklist needs to be completed in addition to the FHS001 form.
- Before review by Legal Office, the contract must be discussed with the HOD, Deanery, Faculty HR (if applicable) and Faculty Finance - who will help develop an appropriate budget.
- Please refer to attached process flow for submission of documents.

A. Project Profile (project leader to complete)

Title of project:	
Department:	
Division:	
Funder:	
Proposal approved by Head of Department: <i>(Name, Signature and Date)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Proposal discussed with relevant Deputy Dean:	<input type="checkbox"/> Y <input type="checkbox"/> N Name of Deputy Dean:
Consulted with Faculty HR to determine the employee relations and/or human resources impact	<input type="checkbox"/> Y <input type="checkbox"/> N Name of HR Business Partner:
If there is an HR impact, please indicate the nature of the impact?	

B. Budget

Non-GOB contracts (all non-GOB activities involving a contract between UCT and a funder): Financial and legal aspects of the contractual agreement must meet UCT/HSF requirements and guidelines. Please use the Research Contract Costing Template for calculation of the cost recovery (if applying full cost recovery), alternatively apply the baseline 15% cost recovery. Please provide a motivation for exemption or reduction in cost recovery. The budget must comply with the Funder's financial terms and conditions.	
Budget prepared/checked by:	
Senior Finance Officer (SFO) <i>(Name, Signature and Date)</i>	
• Cost Recovery Percentage OR	
• Reason for Waiver Request:	
Approval of Waiver Request if applicable:	<input type="checkbox"/> Y <input type="checkbox"/> N Approved by:

C. Properties and Services Approval (only applicable to Property Lease Agreements)

Approved by:	
Executive Director: Properties and Services (or nominee) <i>(Name, Signature and Date)</i>	

D. Legal Office

Director: Legal Services (or nominee) <i>(Name, Signature and Date)</i>	
VAT Status Confirmation:	<input type="checkbox"/> Exempt <input type="checkbox"/> Vatable Input VAT Claimable: <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Zero-rated (local) <input type="checkbox"/> Zero-rated (foreign)

E. Documentation Checklist (tick ✓)

c/o

1. Draft Contract	<input type="checkbox"/>	Project Leader
2. Budget with cost recovery	<input type="checkbox"/>	SFO
3. Approval/rejection of Cost Recovery	<input type="checkbox"/>	Dean/DFO/MA
4. Completed, duly signed FHS001 form	<input type="checkbox"/>	SFO
5. Completed, duly signed Contracts Checklist	<input type="checkbox"/>	SFO
6. Documents forwarded to Contracts Office	<input type="checkbox"/>	AMA
7. Date forwarded to Contracts Office		AMA <i>(signature)</i>
8. Legal Office approval	<input type="checkbox"/>	Legal Office
9. Registrar Office signed	<input type="checkbox"/>	Registrar Office
10. List the fund number		AMA/SFO

CONTRACTS CHECKLIST

Checklist to be completed before grants/contracts/MOUs/MOAs are forwarded to the Registrar or duly authorised signatory for signature on behalf of the University of Cape Town.

By signing this form, each signatory further declares that to the best of his/her knowledge, no actual or potential conflict of interest exists.

CONTRACT(S) /AGREEMENT(S):

1. Name of member submitting the grant/contract/MOU/MOA for signature:

Insert document/project title: _____

Signature of Member: _____ Date: _____

Full name: _____

Extension/Telephone No: _____ Email: _____

Where the person submitting as set out in (1) above is not the Fund Manager (Fund Holder), then item 3 must also be completed.

2. If this involves an outgoing consultancy arrangement, have the necessary procurement approvals been obtained from the Procurement office? (Compliance with UCT Procurement Policies)

YES NO

Signature of Project Leader: _____ Date: _____

3. Has the relevant Fund Manager (*Fund Holder*) endorsed the grant/contract/MOU/MOA:

YES NO

Signature of Fund Manager/Holder: _____ Date: _____

Full name: _____

4. Has the relevant Executive Director/Dean (or nominee) endorsed the grant/contract/MOU/MOA?

YES NO

Signature of Dean: _____ Date: _____

Full name: _____

5. Has the relevant Finance Manager/Management Accountant approved the budget associated with the document set out in 1 above?

YES NO

Signature of Finance Manager: _____ Date: _____

Full name: _____

6. Has the Director: Legal Services or nominee approved the grant/contract/MOU/MOA for signature?

YES NO

Signature of Director: Legal Services or nominee _____

Date: _____

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Process Flow

Lead Time

