



Cerritos College

CERRITOS COMMUNITY COLLEGE DISTRICT

REQUEST FOR CONTRACT (RFC) FORM

TO: PURCHASING DEPARTMENT Date of Request: _____

FROM: _____
Requestor Name Department/Division/Program

The following information must be fully completed (with all necessary backup documentation) in order to process your request for contract. Services cannot be scheduled without an executed agreement signed by an authorized District signatory.

Type Of Contract Requested:

New Renewal: _____ Amendment: _____
Please provide previous contract number Please provide current contract number

Board Approval:

Yes Board Meeting Date: _____ No

Backup Documentation Attached:

Proposal W-9
 Scope of Work or Services (SOW/SOS)

Effective Term: Start Date: _____ End Date: _____

Contract Amount and/or Payment Schedule (250 Character Limit):

Scope Of Work/Scope Or Services (SOW/SOS) To Be Performed (250 Character Limit):



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Type of Contract:

- Income Expense MOU
- Clinical/Practicum Federal Other _____

Budget/Account Code: _____

Contractor Information:

Contractor/Company Name: _____ Phone: _____

Contact Person/Representative: _____ Fax: _____

Address: _____

City, State, ZIP: _____

Email Address _____

Tax Identification Number (TIN): _____
EIN or SSN

**Contractor's Authorized Signatory
(Required for electronic signature purposes)**

Authorized Signatory Name: _____

Authorized Signatory Title: _____

Authorized Signatory
Email Address: _____

Electronic Signatures (Please use AdobeSign to submit this form):

Manager

Vice President (If board approval required)

Signature

Signature

Name

Name

Title

Title



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INSTRUCTIONS

Request for Contract (RFC) Form

Purchasing is combining the previous Request for Contract (RFC) forms onto one document. Please be sure to fill out the form completely, and provide any/all backup information required to avoid delays in processing.

Date of Request:

The date the RFC form is completed.

Requestor Name:

Person in department/division/program submitting the request (usually the manager or dean).

Department/Division/Program:

Department, division, or program submitting the request.

Type of Contract Requested:

New/Renewal/Amendment: Please select the type of contract you will be requesting. If the contract is a renewal or amendment, please input the appropriate contract number in the space provided. Otherwise, Purchasing will assign a new contract number.

Board Approval:

Please check the appropriate box as to whether the contract needs to be submitted for Board of Trustees approval. See below to assist with this determination.

NOTE: All formally bid public works contracts (and their respective change orders), and goods and services over the bid threshold require board approval. Please reference the following file path for the current bid threshold for goods and services to determine if your request requires board approval:

<https://www.cerritos.edu/purchasing/faqs-district.htm>

If the contract requires Board of Trustees approval, please input the requested Board meeting date in the space provided. A listing of the Board meeting dates and deadlines can be found on the President's Office website at the following link: <https://go.boarddocs.com/ca/cerritos/Board.nsf/Public>.

To access the file, start by selecting the Library tab from the top of the page. Then, select "Guide to Submitting Board Meeting Agenda Items" from the left panel. The Board Meeting Deadlines PDF is stored as an attachment at the bottom of the page.



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Backup Documentation Attached:

Please check the appropriate box(es). **NOTE:** A W-9 is required for all new suppliers, vendors, contractors, and consultants.

Effective Term:

Please indicate the requested start date and the end date of the contract.

Contract Amount and/or Payment Schedule:

Please indicate the total amount of the contract. If the contractor has separate fees for items such as reimbursables, this should also be indicated here, as well as any payment schedules. If multi-year contract, indicate amounts for each year.

Scope of Work/Scope of Services (SOW/SOS) To Be Performed:

Please summarize the work or services that the contractor will be providing the District. **This area must be completed and not left blank.**

Type of Contract:

Please indicate if your contract is Income, Expense, MOU, Clinical/Practicum, Federal, or other. Additionally, if the contract is an expense, please indicate the budget/account string from which the contractor will be paid in the space provided.

Contractor Information:

Please complete **ALL** information for the contractor, including the email and Tax ID or Social Security Number. Additionally, the name, title, and email address of the individual responsible to sign the contract on behalf of the contractor is required for electronic signature purposes. No fields in the area should be left blank.

Electronic Signatures:

Please use AdobeSign to submit this form. A manager's signature is required, and their respective Vice President's signature is required only if board approval of the contract is required (see above to assist with this determination).