MEMO

**Do not modify this memo. Please fill out completely and add any comments.**

TO: Office of the General Counsel and Board Secretariat (GCBS)

FROM:

EXTENSION:

PROGRAM:

DATE:

SUBJECT:

AGREEMENT WITH:

LENGTH OF TERM OF AGREEMENT: Year(s) (maximum 5 years)

Attached is a copy of an agreement for signature **(indicate if there is a 2nd copy showing changes from standard template)**

We have reviewed this agreement, and confirm that it is

* A standard agreement, utilizing a standard agreement template
* A standard agreement with minor changes (include 2nd copy showing changes)
* A non-standard agreement that has been reviewed by Counsel (attach correspondence)
* An amendment that has been reviewed by Counsel
* Other: approval for insurance coverage only; agreement to follow once approved

When the agreement has been signed:

* Call \_\_\_\_\_\_\_\_\_\_\_\_\_ at Ext. \_\_\_\_\_\_\_\_\_\_ or email *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* to arrange for pickup; OR
* Return this agreement to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate office location).*

General Counsel and Board Secretariat Copy:

* Keep a copy of the fully signed agreement for your office file, or
* We will send a copy of the fully signed agreement to you for your office file.

**NOTE: Include a separate Contract Checklist for Risk Management form for each agreement.**