

**Tennessee State University**  
**Academic Affairs**  
**Preliminary Negotiation of Contract and Agreement Information Form**  
(Please type information and forward to Provost/Executive VP Office prior to Initial Negotiation)

Contract Name \_\_\_\_\_

TSU Contact Person \_\_\_\_\_ Department/Unit \_\_\_\_\_

Agency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Estimate Cost to TSU: \$ \_\_\_\_\_ Source of Funding \_\_\_\_\_

Proposed Contract Period: Start date \_\_\_\_\_ End Date \_\_\_\_\_

Brief Description of Proposed Contractual Agreement:

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Proposed Space requirement and location: \_\_\_\_\_

Any special conditions (i.e., additional staff, fire code, health inspector approval, building commission approval, TBR approval, others) {Please describe}.

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Submitted By: \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Department Head Approval: \_\_\_\_\_ Date \_\_\_\_\_ Dean/Supervisor Approval: \_\_\_\_\_ Date \_\_\_\_\_

Provost Office Approval: \_\_\_\_\_ Date \_\_\_\_\_