

## UTT/UTTHSC Contract Addendum Questionnaire

### Institution information

- University of Texas at Tyler
- University of Texas Health Science Center at Tyler

Requisition # \_\_\_\_\_

Symplr Workflow # \_\_\_\_\_

### University Contact

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax number (optional): \_\_\_\_\_

### Vendor Information

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name of the Vendor's representative or primary contact?

\_\_\_\_\_

Vendor contact email address:

\_\_\_\_\_

Vendor contact fax number:

\_\_\_\_\_

**What type of entity is the vendor? Check one:**

- For-profit (including an individual)
- Non-profit (including a religious organization)
- Government (local, state or federal)

**Is vendor a sole source (EAJ standard) for what is being provided under the contract?**

- Yes  No

**Will the vendor access University data in performing the contract?**

- Yes  No

**Is vendor licensing software for University use or University computers?**

- Yes  No

**Will the vendor access University computer systems in performing the contract?**

- Yes  No

**Is the vendor providing Internet or cloud-based services?**

- Yes  No

**Will the vendor have technical access to the University utilities (water, electricity, etc.) or networks?**

- Yes  No

**Will vendor process credit card payments on behalf of the University?**

- Yes  No

**Contract information**

**What is the anticipated cumulative spend under the contract?**

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**Contract information**

**(UTTHSC ONLY) Is the vendor providing hands-on patient care?**

- Yes  No