

## The University of Southern Mississippi Charitable Contractual Service Agreement

I hereby agree to comply with the terms and conditions of this Procurement and Contract Services Charitable Contractual Service Agreement as outlined in the University Snack Policy and Procedures at <https://usm.policystat.com>

I hereby agree as donating vendor to not accept any benefits (payment, distribution of marketing material and advertisements) from this donation. I understand that this transaction is a donation and the organization and/or department may have the donating vendor listed on the respective program, bulletin, or T-shirt. Any tax implications shall be considered by the donating vendor's tax firm and is not the responsibility of the University

**Requirements and Responsibilities:**

- Must be a valid USM student organization or department
- Organization/Department must have the donating vendor sign this agreement
- Organization/Department must disclose charitable intentions, and financial sales disclosure
- Organization/Department is responsible for verifying vendor's certificate of liability insurance

I hereby understand that the University may terminate my right to conduct charitable events at any time and for any reason. I hereby agree to all terms and conditions of the Charitable Contractual Service Agreement and University Snack Policy.

**Donating Vendor Information**

Vendor Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date Requested \_\_\_\_\_  
 Date Needed \_\_\_\_\_

**Organization/ Department Information**

Organization/ Department Name \_\_\_\_\_  
 Box Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Budget String \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 Date Requested \_\_\_\_\_  
 Date Needed \_\_\_\_\_

<u>Event Location</u>	<u>Type of Donation</u>	<u>Quantity Donated</u>	<u>Est. Dollar Value</u>

\_\_\_\_\_  
 Donating Vendor Applicant Signature                      Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Organization/ Department Applicant Signature      Date

\_\_\_\_\_  
 Printed Name