



WINSTON-SALEM
STATE UNIVERSITY

Contract Justification Notice & Acknowledgement

Contracting Activity: _____

Facility/Contractor Name: _____ Program Type: _____

Contract Period: _____ Date Submitted: _____

I, _____ duly recognize that the above-mentioned agreement for named facility/contractor was submitted on or after the beginning execution date of the contract. I am aware I have no signature authority, authority to authorize, or execute any contract for Winston-Salem State University or the University of North Carolina System.

My signature certifies acknowledgment that I may be held personally responsible for any and all incidents, accidents and lawsuits that may occur for the period of which the contract was set to begin, until it is fully executed by authorized signatories as stated in university policy [900.13 - Contract Review and Authority to Sign](#). I am in agreement and acceptance of any and all liability in my individual capacity that may be tied to this unauthorized contract.

I am also aware because I am submitting this contract at a later time than the beginning execution date, I have already consented to the liability of the above-mentioned agreement. Also, I am aware if performance of this contract has taken place before its execution that the Agreement may not be approved without this contract justification agreement.

Printed Name

Department Head Printed Name

Signature

Signature

Date