

PERSONAL SERVICE CONTRACT UNDER \$10,000

PLEASE NOTE ADDITIONAL FORMS REQUIRING COMPLETION.

BEFORE you prepare this personal service contract form-

COMPLETE and SUBMIT **Determination Contractor Status Form**. Once the Contractor Status is approved then complete the Personal Service Contract under \$10, 000 form.

[Determination Contractor Status Form Link](https://asaweb.wku.edu/php/prod/Forms/DCS1.php)

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Please remember to complete IRS W-9 form when submitting Personal Service Contract under \$10,000.

[IRS W-9 Form Link](http://www.wku.edu/Dept/Support/FinAdmin/W9%20Form.pdf)

<http://www.wku.edu/Dept/Support/FinAdmin/W9%20Form.pdf>

**WESTERN KENTUCKY UNIVERSITY
PERSONAL SERVICES CONTRACT
\$10,000 or Under**

Purchasing Department
Supply-Services Building
1 Big Red Way
Bowling Green KY 42101-3576

PS Contract Number: _____
Department: _____
Account Number: _____

This Personal Services Contract for _____ is made and entered into this _____ day of _____, 20____ by and between **Western Kentucky University (WKU)** and:

Name & Address _____ Social Security No. or Federal Id. _____

Services: WKU has determined that University Personnel are not available to perform the described services or use of University personnel is not feasible. Therefore, the Contractor will perform the services describe below: (Please use a numbered attachment if additional space is required. Any attachment is incorporated into the contract.)

Payment: As fee for the services described, WKU agrees to pay the contractor a sum not to exceed \$_____ including the expenses (if authorized below) upon receipt of signed invoices(s). No other fees or expenses are authorized unless specifically identified in this contract. Receipts are required on all expenditures exceeding \$10.00. Payment will be made as described below:

AUTHORIZED FEES AND EXPENSES

Hourly: \$ _____/hour	Mileage @ .35	Lodging	Postage
Per Diem: \$ _____/day	Airfare	Meals	Printing
Fee: \$ _____/services	Other Trans.	Phone	Misc.

Payment To Be Made: Upon Completion Other: _____

Other Expenses, if any, that will be incurred by WKU on behalf of the contractor – Describe:

Contract Date: Beginning - _____, 20____; Ending - _____, 20____

CANCELLATION: By either party upon 30 days written notice.

Western Kentucky University:

Prepared by:

Signature/Date

Approved by:

Director of Purchasing or Authorized Representative

Contractor:

Signature/Date

Type or Printed Name

NOTE: Contractor may not begin work until the Government Contract Review Commission has received contract. Receipt of a Western University Purchase order will be the contract's notification that works may commence.

**WESTERN KENTUCKY UNIVERSITY
PERSONAL SERVICES CONTRACT PROOF OF NECESSITY**

Contract No. _____

Department _____

TYPE OF CONTRACT: New Renewal or Extension for Time Only

NOTE: All questions must be answered fully. If space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Officer.

1. Name/Address of Contractor: _____ 2. Effective Period of Contract:
Start Date: _____
End Date: _____
3. Explain work to be performed. (Be specific. Include: Description of project; type(s) of service to be delivered; reports or products to be prepared; reason for duration of contract; etc.)
4. A. Does an identified or anticipated reason now exist which would indicate a need to renew the contract for the succeeding fiscal year? YES NO
If yes, explain: _____
- B. Will the contract provide for cancellation by the Department upon a maximum of 30 days or less written notice to the contractor? YES NO
5. FINANCIAL AND CONTRACT COST DATA:
- A. Total Projected Cost of Contract: \$ _____
Source of Funds: Federal: \$ _____ State: \$ _____ Local/Other: \$ _____
- B. If contract is supported by federal funds, indicate: grant/project title; grant I.D. number; and DFDA number:

- C. If contract is supported by state funds, indicate source(s) and amount(s) (i.e., General Fund, Trust and Agency, Other): _____
- D. Was the contract cost included in the original Budget Request? _____ YES _____ NO (If no, explain)
- E. Describe in detail how the projected cost of the contract was derived (attach proposed budget when applicable):

F. Basis for Payment: Hourly: \$ _____ per hour G. Method of Payment: Straight Disbursement
 Inter-Account
Per Diem: \$ _____ per day H. Frequency of Payment: Monthly
 Quarterly

Fee for Service: \$ _____ per service
Other - Explain:

Upon Completion
 Other - Explain:

I. Social Security Number (if individual) or IRS I.D. Number (if firm or corporate entity) of proposed contractor:
SS#:

NOTE: If professional employment contract with firm or corporate entity, attach a complete list of names and social security numbers of all officers, as well as all employees performing work directly related to the contract. If individual, attach name and social security number.

J. If an individual, will the terms of contract require that the contractor be considered an "employee" of this Department for FICA purposes? YES NO

6. JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PERFORM THE SERVICE

The following questions should be addressed at a minimum:
What in-house method(s) were considered and why were potential in-house method(s) rejected? Is the part of such nature that: it should be done independently of the agency to avoid a conflict of interest; it requires unique or special expertise/qualifications; and/or legal or other special circumstances require use of an outside provider? If services are needed on a continuing basis, describe efforts made to secure services through regular state employment channels. Will agency personnel provide staff support services to the contractor?

7. Name and address of other provider(s) considered to perform the service:

8. Basis for selection of the proposed contractor (explain process used in making decision, i.e., solicitation of proposals, bids, references, and evaluation criteria applied):

9. Planned supervision and monitoring of the contractor's performance:

A. Name and Title of Responsible Person:
Office and Location:
Telephone Number:

B. Describe the monitoring activities, both programmatic and fiscal, which will be performed **including** the manner in which monitoring needs will be addressed in the contract to facilitate this activity:

SIGNATURES

PREPARED BY: _____

DATE: _____

RECOMMENDED BY: _____

DATE: _____

TITLE: _____

APPROVED BY: _____

DATE: _____