Procurement Services will use the information provided on this form to write a contract, and send the contract to the supplier for negotiation and execution. The following pages should be completed by the requesting department, and not by the supplier. This form is not a contract. To ensure accurate and timely processing:

a) Please answer all questions in detail on the following pages.
b) If applicable, please attach the prospective supplier’s proposal or contract. UC policies require that we use our UC contract templates and terms, unless an exception applies.
c) If the services are at and exceed $3,500 on federal funds, please attach a completed Form A.
d) For non-federal funds, if the services are considered Professional or Personal and exceed $99,999.99, please attach a completed Source Justification (non-federal Form A).

1. SERVICES TO BE PROVIDED

1a. Supplier (Company) Name: _____________________________________________________________

1b. Dates of Service – On what dates are the supplier’s services to begin and end?

    Begin date: _____________________ *    End date: _____________________ **

*If the work has started, but has not yet been completed, please attach a written explanation signed by the department Director or Chair explaining why the department authorized this service without a fully executed contract.

**If the work has been completed in its entirety, please complete the Confirming Order form in Gateway rather than fill out this form; and attach a written explanation signed by the department Director or Chair explaining why the department authorized this service without a fully executed contract.

1c. Scope of Work - Please describe in detail the services to be provided. If applicable, please attach the supplier’s proposal or contract, but your own words to describe the Scope is necessary. Attach additional page(s) if needed.

1d. What deliverables, if any, will be provided?
1e. Complete the following Milestone matrix to establish any phases and/or any deliverable dates (attach additional page if needed):

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<th>Milestone</th>
<th>Expected completion date</th>
<th>Amount to be paid</th>
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1f. Who is the University department coordinator or PI who will be supervising the supplier’s activities?

Name:  
Phone #:  

1h. Where will the services be performed? Will the services will be performed on UC property?


1i. Will the Supplier use any University supplies or equipment?  Yes ☐  No ☐

If “Yes” describe below:


1j. Will the supplier be required to submit formal reports?  Yes ☐  No ☐

If “Yes”, please include the delivery of the required reports in the milestone table above. Please describe the scope and the format of the reports, and indicate whether hard copy or electronic reports are required:


1k. Will the supplier’s services potentially involve written works, editing, software, website design, logo design, artwork, film, or photography often involve copyright, trademark, and/or other intellectual property issues?  Yes ☐  No ☐

If “Yes”, please describe:


2. SUPPLIER DETAILS

2a. Please indicate which of the supplier's employee(s) will perform the services, if known:


2b. Are any of the personnel providing the service(s):

- A current or a recent (within 2 years) University of California employee, or the near relative of a current University of California employee?
- A current, or near relative of, a current University of California employee owning or controlling more than a ten percent (10%) interest?
- A past University employee within the last year, and did he/she provide the same or similar services while a UC employee?
- Been employed in your department in a policymaking position in the same general subject area as the proposed agreement within the last twelve (12) months?
- Been engaged in any part of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the proposed agreement while employed in any capacity in any University department within the last twenty-four (24) months?
- Been involved in a prior business contract with the University of California that required, suggested, or recommended the proposed services?

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<th>Yes</th>
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If any of the above resulted in a "Yes", please explain:


2c. Please explain why a University employee or a University department cannot provide these services.


3. COST AND PAYMENT

☐ A professional fee of $ __________ per hour / day for up to _____ hours / days $ 

☐ A professional fee $ 

☐ Travel expenses* - Please describe: $ 

☐ Other expenses - Please describe: $ 

**Total Cost** - must equal the total of the fees and the expenses listed and will be the maximum amount paid out under this agreement. $ 

*Travel expenses must be in accordance with UC Bulletins BUS-79 and G-28
4. IRS CLASSIFICATION FACTORS: (This section not needed for performances, speaking engagements, and other one-day events)

University purchasing procedures may not be used in lieu of placing an individual on payroll.

An individual may only be retained as an independent contractor if a determination has been made, in accordance with the guidelines provided below, that an employer-employee relationship does not exist. As a general rule, individuals should be classified as an Independent Contractor **on an exception basis only**.

- Will the University have the right to give the supplier **instructions** about when, where, and how he or she is to do the job?  
  - Yes ☐ No ☐
- Will the supplier receive any **training** from the University to enable them to perform the job?  
  - Yes ☐ No ☐
- Is the work to be performed part of the regular business of the University, such as **teaching or research**?  
  - Yes ☐ No ☐
- Will the established relationship between University and supplier be on a continuing basis?  
  - Yes ☐ No ☐
- Does the supplier have the capability to **hire, supervise, or pay assistants** to help perform the services under this contract?  
  - Yes ☐ No ☐
- Must the supplier complete the work in a **sequence** set by the University?  
  - Yes ☐ No ☐
- Has the supplier **invested** in an office or other facility to perform the services?  
  - Yes ☐ No ☐
- Will the supplier be providing their **own tools and materials** to provide the services?  
  - Yes ☐ No ☐
- Does the supplier make their **services available** to the general public?  
  - Yes ☐ No ☐
- Could the University **terminate** the supplier at any time without incurring liability for the supplier?  
  - Yes ☐ No ☐

**Determination**

Generally, under common law if an employer has the right to direct and control the work of an individual who performs the services, not only as to the results to be accomplished but also as to the methods and means by which the results are accomplished, an employer-employee relationship exists. In addition, if the services have been or will be provided on an on-going basis, the IRS determines the relationship is likely that of an employee.

Does an employer-employee relationship exist?  Yes ☐ No ☐

If “Yes”, or if you have questions, please contact your Compensation Analyst in Human Resources.

5. INSURANCE REQUIREMENTS

Most service providers are required to provide insurance. Please provide a comment on your Gateway requisition if:

- ☐ Your department has received an approved **waiver of insurance** from the Risk Manager

6. SUBMISSION STATEMENT

By submitting this Form, your department is certifying the above information is accurate.