**Independent Contractor/Consultant Checklist**

**UCLA Department of Family Medicine**

*This form and all applicable documents must be submitted BEFORE the vendor commences any work. Once these forms are submitted, Purchasing will reach out to the vendor directly to obtain a signed contract. Once that contract has been fully-executed, then work/services may begin. Invoices that are dated prior to the Purchase Order creation date WILL NOT BE PAID.*

1. **Basic/Financial Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantity** | **UOM** | **Unit Price** | **Description** | **Amount** |
|   |   |   |   |  |
|   |   |   |   |  |
|   |   |   | One-dollar balance to keep PO open, in case of additional work/funds\* | $1 |
| Add lines if needed |   |   |   | **Total** |  |

 \*The $1 line item is optional, but strongly encouraged. Otherwise, once all deliverables are met and all invoices are paid, the contract will automatically close and you will need to complete this entire packet again if you decide to add deliverables/funds. With a $1 balance, the contract will remain open and we can add additional funds as needed. If no additional work/funding is required, you can request that the $1 encumbrance be released and the contract will then close.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [Account](https://www.ucop.edu/ucop-budget/budget-development/budget-glossary.html) | [CC](https://www.ucop.edu/ucop-budget/budget-development/budget-glossary.html) | [Fund](https://www.ucop.edu/ucop-budget/budget-development/budget-glossary.html) | Project (optional) | [Object](http://ga.accounting.ucla.edu/)  | Fund Name | Amount (or) | % |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

Add lines if needed

|  |  |  |  |
| --- | --- | --- | --- |
| **Requester Name:** |  | **Email:** |  |
| **Contractor/Consultant Name:** |  | **Email:** |  |
| **City and State (or country) where services will be provided/performed:** |  |
| **Justification (business purpose):** |  |

1. **Are you are requesting payment to a non-individual (e.g. community clinic)?**

[ ]  **No** Skip to #3and then complete the remainder of this form

[ ]  **Yes** Provide *only* the following items (colored in purple for easy reference):

[ ]  Scope of Work (SOW)

[ ]  Proposal Budget Justification (if being paid from a contract/grant source)

[ ]  Insurance or Insurance Waiver (refer to Insurance section in #3 below and select the appropriate response)

[ ]  Answer Item #6 on this form and attach all required documents

[ ]  This checklist, with only the following sections completed: #1, #2, Insurance item in #3, #6, #11, and #12

1. **If you are requesting payment to an individual, please be sure to review and complete the rest of this Checklist in its entirety. The following forms are required:**

|  |  |
| --- | --- |
| [ ]  We have completed and attached the [**Independent Contractor Pre-Hire Worksheet**](https://ucla.app.box.com/v/pur-pdf-indie-cont-prehire)  | This is a UCLA Purchasing form that determines the type of working relationship between the employer and the vendor. Be sure to sign as the “Person who Prepared this Form.” |
| [ ]  We have completed and attached the [**UCLA Purchasing Independent Contractor/ Consultant Form**](https://ucla.app.box.com/v/pur-pdf-ind-cont-consult-form) | This is a UCLA Purchasing form that gathers information about the scope of work/type of service, performance dates, etc.  |
| [ ]  We have attached the **Resume/CV** |  |
| [ ]  We have attached the **Scope of Work**  | This duplicates some information gathered on the UCLA Purchasing Form, but we are required to upload the SOW as a separate document. |
| **Insurance** (select one): | [ ]  **The vendor already has liability insurance with UCLA listed as Certificate Holder/Additional Insured**. A copy of their insurance is attached and we have confirmed that UCLA is listed as “additional insured.” (If the vendor has insurance but UCLA is not listed as “additional insured”: Please ask the vendor to work with their insurance office/company to add the following as “additional insured”: The Regents of the University of California -1111 Franklin St, Oakland, CA 94607. We cannot move forward with this request until the vendor has done this and sent you a copy).[ ]  **The vendor does not have liability insurance so we are requesting a waiver**. The fund manager will request a [waiver](https://ucla.app.box.com/v/irm-request-waiver-liability) or determine if the vendor is eligible for a [blanket waiver.](https://ucla.app.box.com/v/blanket-waivers) To facilitate this, please provide an explanation why you are requesting a waiver instead of the vendor obtaining insurance:

|  |  |
| --- | --- |
| EXPLANATION: |  |

*If UCLA rejects our request for a waiver, the vendor can* [*purchase liability insurance*](https://ucla.campusconnexionsuc.com/other-constituents/vendors-and-contractors/vendor-liability.html) *through UCLA for as little as $750 per year, or through an insurance provider of their choice. We will not be able to pay this vendor if they are unable to obtain either insurance or an insurance waiver.*  |
| [ ]  We have completed **this** **Checklist form** in its entirety | Check off all required items and be sure to attach everything when you submit this form to your fund manager/purchaser. Incomplete submissions will be rejected and returned. |
| 1. **Is the contractor/consultant new (not registered with PaymentWorks or Trascepta yet)?**

[ ]  **No** If this vendor is not new/is already registered, you may skip to #5[ ]  **Yes** If this vendor is new and not registered, please be sure the vendor’s email address is included at the top of this form. The Purchaser will initiate registration with [PaymentWorks](https://purchasing.ucla.edu/paymentworks/training-material) but can only do so if they have the vendor’s email address and you have selected “YES” to this question. |
|  |  |
| 1. **Is this being paid from a contract or grant?**

[ ]  **No** Skip to #6. (The Purchaser should add a note on the Requisition so that Purchasing knows that the proposal/budget justification attachment is inapplicable.)[ ]  **Yes** Please attach a **copy of the proposal** or the **budget justification**. We recommend highlighting the relevant section of the budget justification, especially if vendor is not listed by name.  |
|  |
| 1. **Is this being paid by federal funds?**

[ ]  **No**  If this is not being paid from federal funds and the total is less than $100,000, skip to the next item.(If the total is $100,000 or more, please complete the Source Selection item below)[ ]  **Yes** If this is being paid from federal funds, please address the following: |
| [ ]  The vendor has completed the [**Debarment and Anti-Lobby Certificate**](https://www.uclahealth.org/departments/family-medicine/family-medicine-research-unit-employees) and we have attached it here[ ]  This purchase is **less than $10,000**[ ]  This purchase is **$10,000 or more** (or $100,000 or more if non-federally funded) and we have completed at attached the [**Source Selection and Price Reasonableness Form (SSPR)**](https://www.uclahealth.org/departments/family-medicine/family-medicine-research-unit-employees) | This form is required and must be signed *by the vendor*.If less than $10k, be sure to include the Debarment & Anti-Lobby Certificate above and then skip to #7. You should complete all sections of the SSPR that apply for “Sole Source” justification. If this purchase does not qualify for Sole Source, Purchasing will use the SOW to seek competitive bids. **If this purchase is $250,000 or more**, you will also need to attach the [Small Business Solicitation Form](https://ucla.app.box.com/v/pur-doc-small-biz-solicit).  |
| 1. **Did the contractor/consultant already do the work for which you are trying to pay them?**

[ ]  **No**  Skip to #8. (Be sure that when the vendor is ready to submit their invoice(s), that all invoices are dated *after* the date of PO creation.)[ ]  **Yes**  YOU ARE OUT OF COMPLIANCE WITH UC POLICY. Please do not make a habit of doing this. Payment is not guaranteed. Please provide the following in order to proceed: |
| [ ]  We have completed and obtained all required signatures on the **Justification “After the Fact” form** and have attached it here | If the vendor is invoicing for work already completed before a PO has been issued, **this form must be completed and submitted by you via online form**. Once you have received notification that all required parties (you, the CAO, the Dean, and the Chief Procurement Officer) have signed, download the signed form and attach it here. To access the online form, go to the [Purchasing Forms website](https://purchasing.ucla.edu/purchasing/Purchasing-forms) and select the **Justification “After the Fact” Form** (under “Exceptions” heading). Log in, the online form will open in a new tab. |
| 1. **Is the contractor/consultant a UC employee or a near relative?**

[ ]  **No**  Skip to #9.[ ]  **Yes** This is discouraged and may not be allowable. Please attach the following to proceed: |
| [ ]  [Conflict of interest form](https://ucla.app.box.com/v/pur-pdf-conflict-interest)  | Must be completed by any employee or near relative of an employee proposing to rent or sell goods/services to the University.  |
| 1. **Is the contractor/consultant providing services outside the U.S.?**

[ ]  **No**  Skip to #10. (Be sure to list the city and state where services will be provided in #1)[ ]  **Yes** Please review the [Foreign Source Income Statement Guidelines](https://ucla.app.box.com/v/tax-pdf-fsis-pay-for-service) and follow all instructions. If you have questions, please reach out to the fund manager/purchaser or Tax Services for more information. |
| 1. **Will the vendor have access to protected health information or confidential information?**

[ ]  **No**  Skip to #11.[ ]  **Yes** Purchasing will reach out to the vendor to obtain a HIPAA Business Associate Agreement (BAA form) and/or Nondisclosure Agreement, as applicable. Please inform the vendor that compliance with and their signature on all of these forms will be required prior to the commencement of any service. |
| 1. **Are any of the following applicable? If yes, the Purchaser will include a comment in the requisition stating that this purchase is exempt from SBF restrictions for the following reason:**

[ ]  This is federally-funded[ ]  The vendor is providing a unique professional service[ ]  One of the [exemptions listed here](https://ucla.box.com/shared/static/it8dxvupdv92uahzmvk3b86elmgdl1do.pdf) is applicable. List the exemption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR**[ ]  None of the above exemptions are applicable. I have therefore reviewed the [Small Business First Program website](https://purchasing.ucla.edu/small-business-first-program) and complied with all instructions. I have attached all relevant documentation to this request. |  |

1. **The Principal Investigator/Authorizer has reviewed and approves this request, confirmed below:**

|  |  |
| --- | --- |
| **PI/Authorizer** (Typing name here indicates approval): |  |
| **Date Approved:** |  |

Submit this completed checklist and all required documentation to your Approver/Fund Manager, who will then submit to the Fam Med Purchaser for processing. Submission of this form does not mean work can commence. UCLA Purchasing will review all of our submitted documents and then will send an agreement to the contractor/consultant. The contractor/consultant must sign and then receive the fully-executed contract before work may commence. A PO number will be assigned at that time. The Fam Med Purchaser will inform you of the PO number for your records. The contractor/consultant can then submit invoices to you for payment as deliverables are met, citing the PO number on each invoice. The PI should confirm invoice accuracy before submitting the invoices to the Fund Manager and Purchaser for payment. You should track invoices to ensure that the PO is charged appropriately and that there are enough funds remaining to cover all expected invoices. PI’s should also review these during their monthly meetings with the fund manager.