Request for Independent Contractor Approval (Individual Consultants Only)

Form TCIC-1

Service Provider’s Name _______________________________

This form must be completed by the Requesting Department in consultation with the Service Provider. The Service Provider must complete and return IRS Form W-9 to the Purchasing Department at the address or fax number above. Approval must be obtained and an agreement executed before any services are provided. Independent Contractor (Consultant) Policy, procedures, and forms are located at the Purchasing Department website, and the Policy is also located at the Office of Sponsored Programs website.

TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR/REQUESTER

1. Is Service Provider a U.S. citizen?  □ Yes  □ No
   A. If “No,” is Service Provider a permanent resident?  □ Yes  □ No
   B. If the answer to 1A is “Yes,” attach a copy of their green card to this form. If “No,” Service Provider is a non-resident alien. Contact Purchasing department before continuing to fill out this form to check if there is a treaty in place.

2. Has Service Provider received payment from TC:
   A. in the previous 12 months as an employee?  □ Yes  □ No
   B. at any time in the past as an Independent Contractor or a Consultant?  □ Yes  □ No

3. Does Service Provider have an existing immediate family member who is currently employed by TC?  □ Yes  □ No

Internal Revenue Service Common Law Test

The following are questions that will aid in the determination of the Service Provider’s classification as either an employee or an independent contractor, as set forth in the IRS guidelines. The Purchasing Department will review the questions and make the final determination of the Service Provider’s classification.

4. Will the College instruct the Service Provider (or have the right to instruct) on when, where, and how the work will be done?  □ Yes  □ No
   
   An employee must comply with instructions about when, where, and how to work. Even if no instructions are given, the control factor is present if the employer has the right to give instructions.

4. Will the College train or provide training to the Service Provider on performing services in a particular manner?  □ Yes  □ No
   
   An employee is trained to perform services in a particular manner. Independent contractors ordinarily use their own methods and receive no training from the purchaser of their services.
Service Provider’s Name _______________________________

5. Will the College be setting the Service Provider's hours of work or dictating where the work should be performed? □ Yes □ No

An employee has set hours of work established by an employer and performs services on the employers premises. An Independent Contractor is the master of his/her own time and place.

6. Will the Service Provider be providing a part of the business operations? □ Yes □ No

An employee's services are integrated into the business operations because the services are important to the success or continuation of the business. This shows that the employee is subject to direction and control.

7. Will this be, or has this been, an ongoing relationship? □ Yes □ No

An employee has a continuing relationship with an employer. A continuing relationship may exist where work is performed at frequently recurring although irregular intervals.

If “Yes,” please explain:________________________________________________________________________________

8. Will the College be paying the Service Provider by the hour, day, week, or month? □ Yes □ No

An employee is paid by the hour, day, week or month. An Independent Contractor is paid by the job or on a straight commission.

9. Will the College be paying any expenses for the Service Provider? □ Yes □ No

An employee's business and travel expenses are paid by an employer. This shows the employee is subject to regulation and control.

10. Does the Service Provider offer his/her services to other institutions and organizations? □ Yes □ No

An Independent Contractor makes his/her services available to other institutions and organizations.

11. If the Service Provider quits, will he/she incur a liability for work not completed? □ Yes □ No

An employee can quit his/her job at any time without incurring liability. An Independent Contractor usually agrees to complete a specific job and is responsible for its satisfactory completion, or is legally obligated to make good for failure to complete it.
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ATTACHMENT 1: REQUEST TO ISSUE A CONTRACT

Project Title: ____________________________________________________________

Grantor (If Sponsored Program): __________________________________________

TC Index Number: ________________________________

TC Program/Department and Box: __________________________________________

TC Administrative Representative (and extension): __________________________

TC PI/PD (and extension): ________________________________

Service Provider Name: ______________________________________ Phone: ______________________________

Service Provider Address: ________________________________________________

Service Provider Tax ID Number: ______________________________ Email: ______________________________

Service Provider’s Technical Representative:

Name: ________________________________ Title: ______________________________

Address: ________________________________

Phone: _______________ Fax: _______________ E-mail address: ______________________________

Service Provider’s Fiscal Representative:

Name: ________________________________ Title: ______________________________

Address: ________________________________

Phone: _______________ Fax: _______________ E-mail address: ______________________________

Fee: ________________________________

Expenses (travel, other): ________________________________

Total Contract Amount: $ ______________________________

Contract Period of Performance: ___/___/___ -- ___/___/___

(Attach Scope of Work, Budget, Payment Schedule or Invoice Requirements, Certificates of Insurance (if available), and any Reporting Requirements)
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ATTACHMENT 2: SELECTION CRITERIA: SOLE SOURCE JUSTIFICATION

_____ Total contract amount (fees plus expenses) is less than $10,000 (ten thousand dollars). Simply check here.

*If total contract amount (fees plus expenses) is $10,000 (ten thousand dollars) or more, describe the full justification for the selection as a Sole Source procurement by checking all that apply and explain where necessary.*

_____ The services are obtainable from only one source.

_____ The provider of the services has unique qualifications.

_____ An emergency or other circumstance exists which makes competition impractical or inappropriate.

_____ Reasonable price

_____ Other (please explain)

ATTACH ADDITIONAL SHEETS AS NECESSARY
ATTACHMENT 3: SELECTION CRITERIA: ≥10K COMPETITIVE PROPOSALS

Attach a minimum of 3 (three) proposals and describe the criteria used for the selection of the individual or entity. For selection as a Sole Source procurement, please utilize Attachment 2 for justification.

___ Total Contract Amount (fees plus expenses) is $10,000 (ten thousand dollars) or more.

Evaluation Criteria (check all that apply):

___ Quality
___ Personal Qualifications
___ Prior Experience
___ Training and Education
___ Past Performance
___ Scheduling Concerns
___ Price
___ Other (please explain)

Recommendation: What factors from the above make this consultant or entity the strongest candidate?

ATTACH ADDITIONAL SHEETS AS NECESSARY.
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CERTIFICATION

I certify that this work is necessary, reasonable, and allowable under the terms of this project, and that funds are available for the specified services. Furthermore, I certify the facts stated above are true and accurate to the best of my knowledge.

NAME OF PERSON COMPLETING REQUEST

Signature ____________________________  Date Prepared __________________________

Print Name ____________________________  Extension ____________________________

AUTHORIZED DEPARTMENTAL APPROVAL

Signature ____________________________  Date______________________________

Print Name ____________________________  Extension ____________________________
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CHECKLIST

To ensure efficient and accurate processing of the Request for Independent Contractor Approval, the Principal Investigator/Requestor should do the following:

_____ Complete the questions on the first two pages of the Request for Independent Contractor Approval

_____ Complete Attachment 1- ‘Request to Issue a Contract’. Attach Scope of Work, budget, payment schedule or any invoice and reporting requirements, along with any applicable Certificates of Insurance. This document must be completely filled out with appropriate signatures in order for the Request to be processed. Any contract questions may be directed to the Contracts Manager, Juan Torres at (212) 678-3241. Any insurance questions may be directed to the Risk Manager, Donna Shaw Campbell at (212) 678-8164.

_____ Complete either Attachments 2 or 3, depending on total contract amount. If competitive proposals are required, please include these in your Request package.

_____ For Requests for Independent Contractor Approval regarding Sponsored Programs, send package to Carmine Marino in the Office of Grants & Sponsored Programs.

_____ For Requests for Independent Contractor Approval regarding all other areas, send package to the Contracts Manager, Juan Torres, in the Purchasing department.