## **EASTERN KENTUCKY UNIVERSITY**

Personal Service Contract Number PSC	
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## PERSONAL SERVICE CONTRACT PROOF OF NECESSITY

(For Legislative Research Commission)

Div	ision or Department					
	TYPE OF CONTRACT	T:NEW	RENE	WAL or	EXTENSION	for Time Only
1.	Name & Address of	Contractor:		2.Effective F	Period of Contract:	
				Start Date:		
				End Date:		
3. to b	Explain work to be peri be prepared; reason for	formed. (Be specific duration of contrac	<ul><li>c. Include: Description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>description</li><li>descri</li></ul>	n of project; typ	e(s) of service to be de	livered; reports or produc
	,		, ,			
4	Does an identified or a	nticipated reason n	ow exist which would	l indicate a need	I to renew the contract	for the succeeding fiscal
,ea	ır?	If yes, explain:	ow oxide willon would	i indicato a ricoc	to follow the contract	for the baccedang hotal
	1L3 _ NO	_ii yes, explaiii.				
	5. FINANCIAL AND		Γ DATA			
	A. Total Projected			2		Φ.
	Source of Fund	is: Federa	l:(	State: \$	Local/Other	: \$
	Org. Code(s):	innorted by federal	funds indicate: grant	/project title: ara	 ant I.D. number; and Cl	
	b. II contract is so	pported by rederar	iulius, iliulcate. grain	/project title, gra	ant i.b. number, and Ci	DA Humber.
	C. If contract is su	pported by state fu	nds, indicate source(	s) and amount(s	s) (i.e., E&G, Restricted	d, Other):
	D. Was the contra Request?	ct cost included in t	the original Budget	Yes	If no, explai	n:
	Request:		<del>-</del>			
	E. Describe in det	ail how the projecte	ed cost of the contrac	t was derived (a	ttach proposed budget	when applicable):
						a
	F. Basis for Payment:	*Hourly - *Per Diem -		r hour G r day	. Method of Payment	Straight Disbursemer Inter-Account
		*Fee for Service -	\$pe	r service	Fraguency of	
		*Other-Explain		Н	Frequency of Payment	Monthly
		-				Quarterly Upon Completion
						Other-
						Explain

<ol> <li>Social Security number (if individual) or IRS I.D. Number (if firm or corporate proposed contractor:</li> </ol>	entity) of
NOTE: If professional employment contract with firm or corporate entity, at numbers of all officers, as well as all employees performing work di attach name and social security number.	tach a complete list of names and social security rectly related to the contractor. If individual,
J. If an individual, will the terms of contact require that the contractor be consider purposes?	lered an "employee" of this Department for FICA
6. JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PI What in-house method(s) were considered and why were potential in-house me should be done independently of the University to avoid a conflict of interest; it req and/or legal or other special circumstances require use of an outside provider? If describe efforts made to secure services through regular state employment channes support services to the contractor?	ethod(s) rejected? Is the part of such nature that it uires unique or special expertise/qualifications; services are needed on a continuing basis,
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 references, and evaluation criteria applied):	decision, i.e., solicitation of proposals, bids,
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 monitoring needs will be addressed in the contract to facilitate this activity:	be performed including the manner in which
SIGNATURES:	
PREPARED BY:	DATE:
RECOMMENDED BY:	DATE:
Title:	
APPROVED BY:	DATE:

Director, Purchases & Stores