

**MEMORANDUM OF AGREEMENT  
PERSONAL SERVICE CONTRACT  
PROOF OF NECESSITY**

(For Legislative Research Commission)

Division or Department \_\_\_\_\_

**TYPE OF CONTRACT:**        NEW        RENEWAL or        EXTENSION for Time Only

**1. Name & Address of Contractor:**

[Empty box for 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. 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:

**5. FINANCIAL AND CONTRACT COST DATA:**

A. Total Projected Cost of Contract: \$ \_\_\_\_\_

Source of Funds: Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_ Local/Other: \$ \_\_\_\_\_ (Explain): \_\_\_\_\_

Org Code: \_\_\_\_\_

B. If contract is supported by federal funds, indicate: grant/project title; grant I.D. number; and CFDA number:

\_\_\_\_\_

C. If contract is supported by state funds, indicate source(s) and amount(s) (i.e., ENG, Restricted):

\_\_\_\_\_

D. Was the contract cost included in the original Budget Request?        Yes        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

\*Per Diem - \$ \_\_\_\_\_ per day

\*Fee for Service - \$ \_\_\_\_\_ per service

\*Other-Explain \_\_\_\_\_

\_\_\_\_\_

G. Method of Payment        Straight Disbursement

       Inter-Account

H. Frequency of Payment        Monthly

       Quarterly

       Upon Completion

       Other-Explain:

\_\_\_\_\_

I. Social Security number (if individual) or IRS I.D. Number (if firm or corporate entity) of proposed contractor: \_\_\_\_\_

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 contractor. If individual, attach name and social security number.

J. If an individual, will the terms of contact require that the contractor be considered an "employee" of this Department for FICA purposes?  
\_\_\_\_\_

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

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 University 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 University 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: \_\_\_\_\_

Director, Purchases & Stores