

6. The following criteria have been considered and complied with prior to submitting this request. Please respond to each question.

- a. Does the consultant qualify as an independent contractor in accordance with the criteria shown on this form?
____ Yes ____ No
- b. Are fees from Federal funds being paid to a full-time employee of the Federal Government?
____ Yes ____ No
- c. Are services to be provided by persons receiving salary support in the area of responsibility
____ Yes ____ No
- d. Has a selection process been employed to secure the most qualified individual available, considering the nature and extent of services to be required? ____ Yes ____ No
- e. Is the charge appropriate considering the qualifications of the performer, his normal charges, and the nature of the services to be provided? ____ Yes ____ No

This is to certify that I, _____, have surveyed the Campus of North Carolina A&T and the State of North Carolina and I have determined that the service requested is not available from either source. I further certify that the service requested is in compliance with the criteria listed.

DEPARTMENTAL APPROVALS:

_____	_____
Supervisor of Budget	Date
_____	_____
Dean, Manager, Director, etc.	Date

CRITERIA FOR DETERMINATION OF INDEPENDENT CONTRACTOR STATUS

Factors characteristic of the independent contractor relationship include those listed below, although not all must necessarily be present in every independent contractor relationship, and no single factor is necessarily controlling. In general, however, the independent contractor:

- a. Is subject to the control of the university merely as to the results to be accomplished by the work and not as to the means and methods of accomplishment;
- b. Is not subject to discipline or discharge under university personnel policies;
- c. Does not have a continuing relationship with the university;
- d. Is not an employee of any state of North Carolina agency or institution;
- e. Is paid a fee or contracted amount for his services;
- f. Has an opportunity to realize a "profit or loss," in the usual business sense;
- g. Follows an independent profession, trade, or business and offers services to the public.

Examples of independent contractors as defined above include one-time professional lecturers, short-term professional consultants, public stenographers, construction contractors, physicians, lawyers, organizations supplying temporary office services, and other persons or firms in business for themselves to offer services to the public.

Each administrative office involved will review each request for a payment to an independent contractor in accordance with the instructions contained on this form. In questionable cases, originating department may be asked for additional justification or for re-submission of the request as a salary and wage payment.

PAYMENT IS SUBJECT TO 4% WITHHOLDING FOR N. C. INCOME TAXES. (Non-Resident Contractor)

FISCAL APPROVALS:

_____	_____
Director of Contracts & Grants	Date
_____	_____
Business and Finance	Date

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

Greensboro, North Carolina

AUTHORIZATION FOR LECTURER, CONTRACTUAL, AND OTHER PERSONAL SERVICES

NOTE TO REQUESTOR/ALLOTMENT SUPERVISOR: This form should be completed if A&T Personnel cannot perform the services requested. **SEE SECTION 6 ON REVERSE SIDE.**

Date _____

DEPT/DIVISION _____ Account No. _____

Authorization is requested for the procurement of consultant services to be rendered by:

1. Name: _____ Estimated Cost of Personnel Services \$ _____
Address: _____ Federal Funds: Is written federal permission required?
Telephone: _____ YES _____ NO _____
If yes, please explain. _____
Business Tax ID No. _____

- a. University Employee: Yes _____ No _____
- b. Prospective Employee: Yes _____ No _____
- c. State Employee (Not University): Yes _____ No _____
- d. Federal Employee: Yes _____ No _____
- e. If firm, corporation or partnership: to your knowledge, does any University or faculty member serve either as principal or employee? Yes _____ No _____
- f. Expertise of Consultant _____
- g. Ordained Minister/Clergy Yes _____ No _____
- h. U.S. Citizen: Yes _____ (If Yes) Attach IRS Form W-9*
No _____ (If No) Attach Foreign National Information Form.*

* Forms are located at the following website: <http://businessfinance.ncat.edu/FORMS%20LIST.htm>

2. Purpose (Explain need for and the nature of services to be rendered, including place work performed, equipment to be provided, and purpose to be accomplished):

3. Services will be performed between _____ and _____
date date

4. Daily fees to be paid \$ _____

5. (Complete Item 5 only if applicable)
Transportation Cost \$ _____ (attach transportation receipt)
Subsistence Requested \$ _____ Indicate if either of these costs are given consideration in establishing the proposed fee. Please give the estimated cost as well as the points of origin and termination for travel and estimated number of days involved for subsistence.

REMARKS: _____

GO TO REVERSE SIDE