

University of Connecticut Health Center Research Administration & Finance

CIS/CONTRACT PROCEDURES (for non-grant funded contracts)

Questions regarding these procedures should be directed to Marty Powell. However, if the source of funds for the contract is from a sponsored program, contact Debby Anderson for assistance in completing the O.R.S.P. version of the CIS.

PLEASE NOTE: CONTRACTORS MAY NOT BEGIN SERVICE PRIOR TO RECEIVING A FULLY EXECUTED CONTRACT AND UCHC PERSONNEL MAY NOT BEGIN WORKING UNDER A CONTRACT WITHOUT IT BEING FULLY EXECUTED.

Information/Procedures

1. The Contract Information Sheet (CIS) is an internal document that provides information to generate a Personal Services Agreement (PSA) for services that will cost over \$3,000.00. Please obtain the most current version of the CIS form from the Grant & Contracts public folder.
2. An Independent Contractor Verification Checklist must be completed **prior to submitting a CIS for a Personal Service Agreement** with an individual to determine if the individual meets the criteria of an independent contractor or employee. It is important, for federal tax purposes, to distinguish between an employee and an independent contractor. **This form must accompany the CIS.**
3. A “Non-Compliance Procurement – Consultant Services Exemption Request Form” must be completed and attached to the CIS when consultant services either have not been successfully bid or have not gone through the bid process.

If you would like assistance in completing the Contract Information Sheet (CIS), please contact Marty at 860-679-2284.

Instructions for completing the CIS form:

1. Contract **Type**:

New: The Contractor is being used for the first time, or the proposed contract is not a renewal of a prior contract.

Renewal: The proposed contract is a continuation of a prior contract. The start date of a contract renewal must be the day following the end date of the previous contract.

Amendment: This option is used to alter, change or revise any major contract term, condition and/or amount. **Contract amendments must be fully executed (signed by all parties including the Attorney General) prior to the expiration date of the existing contract.**

2. **Contractor:** The contractor's complete name and address, as on file with the Internal Revenue Service (IRS).

Contact Person: The full name (**no nick names**), business title and phone number of the person to whom contract will be mailed. The contact person for a contract with an individual should be "Same". Title should be left blank.

3. **Social Security Number or Federal Employer Identification Number:**

Social Security Number: The social security number for an individual or a partnership entity.

Federal Employer Identification Number: The federal employer identification number for an incorporated entity.

4. **Health Center Department:** The name of the department initiating the contract.

Contact Person: The name of the person who will be departmentally responsible for overseeing the contract process and to whom the fully executed contract (signed by all applicable parties) will be sent.

Program Director: The first initial and last name of the Program Director or Department Head responsible for the contractor's activity.

5. **Effective Dates:**

Dates the contract will start and end. Please be specific and include month, day and year. Contract work cannot begin prior to the contract start date and should not be performed beyond the end date.

6. **Amount:**

The maximum amount to be paid to the Contractor, or received by the Health Center (Income Contract) for services provided including travel and miscellaneous reimbursable, expenses. **This amount cannot be exceeded under any circumstances unless the contract has been amended, prior to its expiration date, to increase the maximum amount payable to the contractor.**

7. **Coding:**

Coding must include the State Fund, FRS account number and the appropriate subcode, from which payment will be made to the contractor. A list of currently active sub-codes can be obtained by printing report #FBM097 from e-print. FRS coding is also necessary for contracts that will result in income to the Health Center.

8. **Description of Service:**

A brief description of service the Contractor will be providing must be placed here. Continue the description of service on an attached sheet, if more room is needed. Any additional detailed information you wish to be used as additional terms and conditions of the contract should be attached to the CIS. Please leave the pages un-numbered.

DO NOT USE "SEE ATTACHED" AS THE DESCRIPTION OF SERVICE.

9. **Cost Determination:**

The unit rate (fee per hour, day, week, month, etc.) for the services to be provided, including a payment schedule, and other detailed information as may be appropriate to fully understand the contract's cost.

10. **Services available through other State Agencies:** (See explanation for #12)

11. **Competitive Bidding/Alternative Proposals:** (See explanation for #12)

12. **Individual (Sole Proprietor or Guest Lecturer) or Business (Partnership or Corporation):**

Questions #10, #11 and #12, as described on the CIS are self-explanatory. They must be answered as required by the Commission on Human Rights and Opportunities compliance regulations set forth in the Connecticut General Statutes. Inadequate responses to these questions will delay the processing of your contract.

Note: #11 requires a written explanation for either a yes or a no answer.

13. **Approvals:**

The CIS must be signed by **the Department Head and the appropriate Finance Officer** prior to being submitted to Grants & Contracts for processing. Any CIS not fully approved when received in the contracts office will be returned to obtain the required approvals.

The completed and approved CIS must be forwarded to the Research Finance office, ASB, Third Floor, MC-5335, 60 days in advance of the start date of the contract. This will allow enough "lead time" for the contract to be routed to all signing parties, including the contractor, the Health Center's designated official and the Attorney General's Office. **Contracts in excess of \$500,000 must be approved by the Board of Trustees prior to being signed by the Health Center's designated official.** Please take this into consideration when planning the start of the proposed agreement.

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