

Research Administration and Finance Personal Service Agreement Procedures Related to Grants & Sponsored Programs

Outlined below are the procedures and requirements necessary for the timely preparation and processing of Personal Service Agreements related to Grants & Sponsored Programs. These procedures provide a framework and time frame that will enable personnel to efficiently prepare the PSA and ensure that the document meets audit and legal requirements and enables the delivery of the required services.

Questions regarding this process should be addressed to Debby Anderson. Forms are available on the Research Administration & Finance website.

Please note that it is critical the PSA process be initiated as soon as practicable. The Contract information Sheet should be submitted as soon as the requisite information regarding the transaction is available. In preparing the Contact Information Sheet do not request delivery of services outside the period of the Agreement.

General Procedures

1. Complete a Contract Information Sheet (CIS) and attach the required supporting documentation. If the services of an individual are being utilized, the “Independent Contractor Verification Checklist” must be completed, signed and submitted with the CIS.
2. Secure the signatures of the Principal Investigator, Departmental Chair and Finance Officer from the School to which you report.
3. Submit the completed and signed CIS, and all relevant supporting documents, to Debby Anderson, Research Administration & Finance, MC 5335.

Instructions for Completing the Contract Information Sheet

1) **Specify the Contract Type**

New: For a new project or when the Contactor is being used for the first time.

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. If submitting for Renewal, please specify the prior contract number, dollar amount and execution date.

Amendment: A major contract term, condition or amount of financial compensation is being amended. Contract amendments must be fully executed prior to the expiration date of the existing contract. If submitting a CIS for an amendment, you must attach a copy of the original PSA.

2) **Contractor Information**

Provide the Contractor's complete legal name and address as on file with the Internal Revenue Service.

Contact Person: Provide the name, title, and phone number of the person to whom the PSA will be sent. This should be an individual who can provide any Contractor related documentation required to prosecute the PSA.

3) **Social Security Number or Federal Employer Identification Number**

Social Security Number: Provide the Social Security Number for an individual or a partnership entity. This is a 9-digit number.

Federal Employer Identification Number: Provide the federal employer identification number for an incorporated entity. This is a 9-digit number.

4) **Health Center Department**

Provide the name of the department initiating the PSA.

Contact Person: Provide the person's name in your department to whom the fully executed agreement should be sent.

Program Director: Provide the name of the Principal Investigator responsible for the project.

5) **Effective Dates**

Provide the start and end dates for the agreement (m/d/y). Work performed under the PSA must not begin prior to the start date and should not exceed the end date of the agreement.

6) **Amount**

Specify the maximum amount to be paid to the Contractor. If an amendment, specify the additional amount in the amount field. Add the amended amount to the amount of the original agreement and enter in the amended amount field.

- 7) **Coding**
Provide complete FRS coding in order to avoid any delay in processing the agreement and subsequent payments.
- 8) **Project Title**
Provide the complete title for the project/program supporting the services to be provided under this PSA.
- 9) **Granting Agency**
Provide the name of the Agency supporting the project/program, the grant number and the Catalogue of Domestic Federal Assistance (CFDA) number if applicable.
- 10) **Description of Services (*Do not use "See Attached"*)**
Provide/describe the services the Contractor will be performing during the period of the agreement. See "Writing Descriptions of Service for PSAs and Contracts" for an outline of what information needs to be included. Provide as much detail as possible. Attach copies of the application budget pages or IPAS form that provides the financial support for this agreement and include text from the supporting application that provides an explicit description of the scope of services to be provided.
- 11) **Cost Determination (*Do not use "See Attached"*)**
Provide a description of the costs (by category) that comprise the agreement amount listed in number 6. Provide a description of the basis for making payment (e.g., schedule, hourly, daily or unit rate, etc.)
- 12) **Certification of HIPAA Language**
- 13) **Services available through other State Agencies**
- 14) **Competitive Bidding/Alternative Proposals**
- 15) **Individual (Sole Proprietor or Guest Lecturer) or Business (Partnership or Corporation)**
Response to items 13, 14, and 15 is required by the Connecticut Commission on Human Rights and Opportunities and Ethics Commission compliance regulations.
- 16) **The CIS must be signed by the Principal Investigator and/or Department Head and the appropriate Financial Officer**

The completed and approved CIS should be forwarded to Debby Anderson, Research Administration & Finance, Munson Rd., MC 5335.