

Dartmouth College
Consultant/Independent Contractor Service Agreement
Effective: September 4, 2018

This Consultant/Independent Contractor Service Agreement (the "Agreement") must be filled out completely, signed by both parties, and approved by the Office of Procurement Services prior to the Consultant/Contractor performing any work or providing services under the Agreement. The Dartmouth College Standard Terms and Conditions of Purchase (available at www.dartmouth.edu/~control/policies/terms-cond-purch.html) will apply to any services rendered under this Agreement, and are incorporated herein by reference. The Office of Procurement Services must be contacted to review and approve any proposed amendments or additions to the Standard Terms. ANY PURPORTED APPLICATION OF TERMS AND CONDITIONS INCONSISTENT WITH OR IN ADDITION TO THE DARTMOUTH COLLEGE STANDARD TERMS AND CONDITIONS OF PURCHASE SHALL BE NULL AND VOID UNLESS EXPRESSLY ACCEPTED IN WRITING BY AN AUTHORIZED REPRESENTATIVE OF DARTMOUTH.

Part I: Consultant/Contractor Information (to be completed by Consultant/Contractor)

Important information: All Consultants and Independent Contractors are required to have a completed and current IRS W-9 form (available at: www.irs.gov/pub/irs-pdf/fw9.pdf) or W-8BEN form (for international work) on file with the Office of Procurement Services. New W-9 forms should be submitted with this Agreement. Please note that the name on the W-9/W-8BEN must match the name provided below for payments.

1. Name of Consultant/Contractor:
2. Name of company (if different):
3. Permanent address:
4. Address for payments (if different):
5. Phone: _____ Fax: _____
6. Email: _____
7. Are you currently or have you ever been a Dartmouth College employee?
Yes No If Yes, please indicate dates of employment:

Part II: Services Information (to be completed by Department representative)

1. Department requesting services:
2. Department contact person:
3. Department contact phone number:
4. Has the Consultant/Contractor previously been engaged by your Department to provide services?
Yes No If Yes, please indicate month(s) and year(s) of previous engagement(s):
5. Describe the *nature of services* to be performed and how services will be provided (*please provide a scope of work attachment if available*):

6. Describe the **fees** payable to Consultant/Contractor in connection with this Agreement (***please note whether these fees are inclusive of expenses, or if expenses will be reimbursed in addition to the quoted fees***):
7. Indicate the **term** for which the Consultant/Contractor is being engaged (e.g., one year, or from/to a certain date). ***Please note whether this agreement will be for a single task or project or whether it is expected that the Consultant/Contractor will do multiple pieces of work over the indicated time period:***
8. Briefly describe the **selection criteria** used for this Consultant/Contractor (e.g., education, training, experience). ***If the total value of the engagement and this Agreement will exceed \$9,999, please attach (i) a sole source justification for selection and reasonableness of cost OR (ii) three quotes for the services to be provided:***
9. **Does any individual who participated in the selection of the Consultant/Contractor on behalf of the College have a familial or other personal or business relationship with this Consultant/Contractor?**
- Yes No (If Yes, please describe):

Part III: Signatures (to be signed by an authorized representative of Dartmouth and by Consultant/Contractor; if the fees for this Agreement will be paid from sponsored award, a representative of the Dartmouth Office of Sponsored Projects must also sign below in acknowledgement of the services to be provided.)

TRUSTEES OF DARTMOUTH COLLEGE

By:
Print name:
Title:
Date:

Approved by Procurement Services:

By:
Print Name:
Title:
Date:

CONSULTANT/INDEPENDENT CONTRACTOR

By:
Print name:
Title:
Date:

Acknowledged by the Office of Sponsored Projects (if required):

By:
Print name:
Title:
Date:

Addendum to Standard Independent Contractor Service Agreement

Independent Contractor Status Worksheet to be completed by the Department in consultation with the Consultant/Contractor.

Consultant /Contractor name:

This checklist will provide support for classifying an individual as an independent contractor and should be completed by the Department requesting payment. If all questions are answered “yes”, the individual will likely be approved as an independent contractor. If there are any “no” answers, please provide explanation in the space provided at the bottom of this checklist. When an individual is approved as an independent contractor, payments will be processed through Accounts Payable. *Note: A misclassification of an individual as an independent contractor may result in taxes, interest, and penalties being assessed by the IRS. If this happens, the Department will be billed for their proportional share of these assessments.*

	Yes	No
Behavioral Control Factors:		
1.Does the individual make decisions as to when, where, and how the work is to be performed?		
2.Does the individual have the necessary training or skills to perform the task?		
3.Does the individual hire, supervise, and pay their own employees or assistants?		
4.Does the individual set their own work hours?		
5.Does the individual determine the sequence of tasks required to complete the work?		
6.Are regular written or oral reports required to be submitted to Dartmouth College?		
Financial Factors:		
7.Is the individual performing their services as a separate company with a Federal Tax ID?		
8.Does the individual receive payments on the basis of set deliverables?		
9.Does the individual furnish their own space, tools, and materials?		
10.Is the individual able to make a profit or potentially suffer a loss for this work?		
Relationship Factors:		
11.Does the individual provide similar services to other non-Dartmouth clients or advertise their services to the public?		
12.Would the department expect to hold payment or receive money back if goods or services are not delivered?		
13.There is not an employee providing similar services in our department (True = Yes; False = No)		

Explanation(s) for any “No” answers:

Completed By:

I confirm that the answers provided above are true and complete to the best of my knowledge in consultation with the Consultant/Contractor.

Signature:

Date:

Print Name:

Title:

Department Name:

Division Finance Center: