

# Request for Independent Contractor Approval (Individual Consultants Only)

Service Provider's Name \_\_\_\_\_

This form must be completed by the Requesting Department in consultation with the Service Provider. The Service Provider must complete and return IRS Form W-9 to the Purchasing Department at the address or fax number above. Approval must be obtained and an agreement executed before any services are provided. Independent Contractor (Consultant) Policy, procedures, and forms are located at the [Purchasing Department website](#), and the Policy is also located at the [Office of Sponsored Programs website](#).

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## TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR/REQUESTER

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1. Is Service Provider a U.S. citizen?  Yes  No
  - A. If "No," is Service Provider a permanent resident?  Yes  No
  - B. If the answer to 1A is "Yes," attach a copy of their green card to this form. If "No," Service Provider is a non-resident alien. Contact Purchasing department before continuing to fill out this form to check if there is a treaty in place.
  
2. Has Service Provider received payment from TC:
  - A. in the *previous 12 months* as an employee?  Yes  No
  - B. at any time in the past as an Independent Contractor or a Consultant?  Yes  No
  
3. Does Service Provider have an existing immediate family member who is currently employed by TC?  Yes  No

### Internal Revenue Service Common Law Test

The following are questions that will aid in the determination of the Service Provider's classification as either an employee or an independent contractor, as set forth in the IRS guidelines. The Purchasing Department will review the questions and make the final determination of the Service Provider's classification.

4. Will the College instruct the Service Provider (or have the right to instruct) on when, where, and how the work will be done?  
 Yes  No

*An employee must comply with instructions about when, where, and how to work. Even if no instructions are given, the control factor is present if the employer has the right to give instructions.*

4. Will the College train or provide training to the Service Provider on performing services in a particular manner?  Yes  No

*An employee is trained to perform services in a particular manner. Independent contractors ordinarily use their own methods and receive no training from the purchaser of their services.*

Purchasing Department  
Box 198  
525 West 120th Street  
New York, NY 10027-6696  
Tel. (212) 678-3136  
Fax (212) 678-4048

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5. Will the College be setting the Service Provider's hours of work or dictating where the work should be performed?  Yes  No

*An employee has set hours of work established by an employer and performs services on the employers premises. An Independent Contractor is the master of his/her own time and place.*

6. Will the Service Provider be providing a part of the business operations?  Yes  No

*An employee's services are integrated into the business operations because the services are important to the success or continuation of the business. This shows that the employee is subject to direction and control.*

7. Will this be, or has this been, an ongoing relationship?  Yes  No

*An employee has a continuing relationship with an employer. A continuing relationship may exist where work is performed at frequently recurring although irregular intervals.*

*If "Yes," please explain: \_\_\_\_\_*

8. Will the College be paying the Service Provider by the hour, day, week, or month?  Yes  No

*An employee is paid by the hour, day, week or month. An Independent Contractor is paid by the job or on a straight commission.*

9. Will the College be paying any expenses for the Service Provider?  Yes  No

*An employee's business and travel expenses are paid by an employer. This shows the employee is subject to regulation and control.*

10. Does the Service Provider offer his/her services to other institutions and organizations?  Yes  No

*An Independent Contractor makes his/her services available to other institutions and organizations.*

11. If the Service Provider quits, will he/she incur a liability for work not completed?  Yes  No

*An employee can quit his/her job at any time without incurring liability. An Independent Contractor usually agrees to complete a specific job and is responsible for its satisfactory completion, or is legally obligated to make good for failure to complete it.*

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## **ATTACHMENT 1: REQUEST TO ISSUE A CONTRACT**

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Project Title: \_\_\_\_\_

Grantor (If Sponsored Program): \_\_\_\_\_

TC Index Number: \_\_\_\_\_

TC Program/Department and Box: \_\_\_\_\_

TC Administrative Representative (and extension): \_\_\_\_\_

TC PI/PD (and extension): \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Provider Address: \_\_\_\_\_

Service Provider Tax ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Service Provider's Technical Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### **Service Provider's Fiscal Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Fee: \_\_\_\_\_

Expenses (travel, other): \_\_\_\_\_

**Total Contract Amount:** \$ \_\_\_\_\_

Contract Period of Performance: \_\_\_/\_\_\_/\_\_\_ -- \_\_\_/\_\_\_/\_\_\_

(Attach Scope of Work, Budget, Payment Schedule or Invoice Requirements, Certificates of Insurance (if available), and any Reporting Requirements)

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## **ATTACHMENT 2: SELECTION CRITERIA: SOLE SOURCE JUSTIFICATION**

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\_\_\_\_\_ Total contract amount (fees plus expenses) is less than \$10,000 (ten thousand dollars). *Simply check here.*

*If total contract amount (fees plus expenses) is \$10,000 (ten thousand dollars) or more, describe the full justification for the selection as a Sole Source procurement by checking all that apply and explain where necessary.*

\_\_\_\_\_ The services are obtainable from only one source.

\_\_\_\_\_ The provider of the services has unique qualifications.

\_\_\_\_\_ An emergency or other circumstance exists which makes competition impractical or inappropriate.

\_\_\_\_\_ Reasonable price

\_\_\_\_\_ Other (please explain)

**ATTACH ADDITIONAL SHEETS AS NECESSARY**

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## **ATTACHMENT 3: SELECTION CRITERIA: ≥10K COMPETITIVE PROPOSALS**

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*Attach a minimum of 3 (three) proposals and describe the criteria used for the selection of the individual or entity.  
For selection as a Sole Source procurement, please utilize Attachment 2 for justification.*

\_\_\_\_\_ Total Contract Amount (fees plus expenses) is \$10,000 (ten thousand dollars) or more.

### **Evaluation Criteria (check all that apply):**

- \_\_\_\_\_ Quality
- \_\_\_\_\_ Personal Qualifications
- \_\_\_\_\_ Prior Experience
- \_\_\_\_\_ Training and Education
- \_\_\_\_\_ Past Performance
- \_\_\_\_\_ Scheduling Concerns
- \_\_\_\_\_ Price
- \_\_\_\_\_ Other (please explain)

**Recommendation:** What factors from the above make this consultant or entity the strongest candidate?

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

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## CERTIFICATION

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*I certify that this work is necessary, reasonable, and allowable under the terms of this project, and that funds are available for the specified services. Furthermore, I certify the facts stated above are true and accurate to the best of my knowledge.*

### NAME OF PERSON COMPLETING REQUEST

Signature \_\_\_\_\_

Date Prepared \_\_\_\_\_

Print Name \_\_\_\_\_

Extension \_\_\_\_\_

### AUTHORIZED DEPARTMENTAL APPROVAL

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Extension \_\_\_\_\_

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## CHECKLIST

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**To ensure efficient and accurate processing of the Request for Independent Contractor Approval, the Principal Investigator/Requestor should do the following:**

- \_\_\_\_\_ Complete the questions on the first two pages of the Request for Independent Contractor Approval
  
- \_\_\_\_\_ Complete Attachment 1- 'Request to Issue a Contract'. Attach Scope of Work, budget, payment schedule or any invoice and reporting requirements, along with any applicable Certificates of Insurance. This document must be completely filled out with appropriate signatures in order for the Request to be processed. Any contract questions may be directed to the Contracts Manager, Juan Torres at (212) 678-3241. Any insurance questions may be directed to the Risk Manager, Donna Shaw Campbell at (212) 678-8164.
  
- \_\_\_\_\_ Complete either Attachments 2 *or* 3, depending on total contract amount. If competitive proposals are required, please include these in your Request package.
  
- \_\_\_\_\_ For Requests for Independent Contractor Approval regarding Sponsored Programs, send package to Carmine Marino in the Office of Grants & Sponsored Programs.
  
- \_\_\_\_\_ For Requests for Independent Contractor Approval regarding all other areas, send package to the Contracts Manager, Juan Torres, in the Purchasing department.