

## **Requesting an Independent Contractor Agreement**

Engagements for work to be completed by an individual outside of the organization need to be formalized in order for compensation to be paid. Funds cannot be paid to individuals without a written agreement which outlines the work to be done, the amount and basis of compensation, and the dates of service. In order to qualify as an Independent Contractor, there are a number of IRS criteria that must be satisfied and the HHRI Independent Contractor checklist addresses those requirements. The following is a list of documents required to pay an Independent Contractor:

- 1) The Independent Contractor checklist (to be completed/signed by HHRI staff person initiating the IC agreement - not the contractor)
- 2) The Independent Contractor agreement (initiated by HHRI Administration)
- 3) W9 for the individual being compensated (signed by the Independent Contractor)

To initiate an Independent Contractor Agreement, send a description of the work to be completed, the amount and basis of compensation proposed, and a completed Independent Contractor Questionnaire, (along with applicable approved Competitive Pricing Checklist or Sole Source Justification if the amount of the proposed agreement is over \$9,999) to the HHRI's Chief Financial Officer for review. Upon approval, the initiating documents will be forwarded to the appropriate HHRI Grant and Contract Administrator to draft an agreement.

Please refer to Section 3.20 of HHRI's Non-payroll Business Expense Guidelines for complete instructions for payments to Independent Contractors, or contact your HHRI Grant and Contract Administrator if you have questions or would like assistance. If you don't know who your Grant Administrator is, a list of department assignments is available on the HHRI Office of Research Resources web page.

## HHRI INDEPENDENT CONTRACTOR QUESTIONNAIRE

This checklist must be approved by the HHRI CFO prior to an independent contractor agreement being fully executed. Please indicate the HHRI Grant Administrator assigned to your department:\_\_\_\_\_.

NAME OF PROPOSED CONTRACTOR: \_\_\_\_\_

1. Is the Contractor currently an employee of HHS or HHRI?

Yes  No

2. Does the HHRI or HHS provide equipment, supplies, or facility space to accomplish the tasks being performed by the Contractor?

Yes  No

If yes, what are they?

3. Where is requested work performed?

4. Does the contractor perform similar services to a multiple of unrelated persons or business simultaneously?

Yes  No

5. Does contractor make similar services available to the general public on a regular and consistent basis?

Yes  No

6. Can the contractor be fired even if they produce the results that meet the contractual specifications?(Note: Typically an Independent Contractor cannot be fired if they are meeting contractual obligations.)

Yes  No

SIGNED:\_\_\_\_\_

This form must be completed and signed by the HHRI employee requesting Independent Contractor services. Note: All Independent Contractor agreements are subject to the procurement policy stated in HHRI's Non-Payroll Business Expense Guidelines (Section 2). Please note Section 2.20 for guidelines for obtaining Quotations/Bids greater than \$9,999.

\_\_\_\_\_: HHRI CFO Approval to Proceed with IC