

**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY  
AUTHORIZATION REQUEST FOR CONTRACTUAL SERVICES**

This form is **not** a contract, and **must** be completed by the department/division **before** making a commitment to contract with an **individual** to provide contractual services.

The responses provided on the **Authorization Request** form will determine the degree of control and independence of the relationship between the individual performing the services and the University. Additional information may be requested to make the appropriate determination.

**Instructions:** The form must be completed and signed by the University originating requestor and department/division budget owner requesting the services. All department/division approvals are required prior to acceptance by the Procurement Services Office for review. Incomplete forms will be returned to the originating department/division.

**Note: If the request for service(s) is over \$5000, a justification to request waiving competition must be submitted with the Authorization Request to be reviewed by the Procurement Services Office.**

**Submission and Review Process:**

1. Complete the Authorization for Contractual Services form.
2. If the total request is over \$5000, attach a justification letter to the Authorization Request to Independent Contractual Services form for review.
3. Forward the completed form(s) to the Procurement Services Office using any of the delivery methods below:

**Campus Mail:** Procurement Services Office - 209 Dowdy Administration Building  
**Fax:** (336) 334-7013  
**Email:** mcwilli2@ncat.edu

4. The **Authorization Request** shall be reviewed within **3 business days** and a response will be issued to the originating requestor via email. **(If the party is a non-resident alien then the review time will be extended)**. If the **Authorization Request** is approved, a recommended contract template shall be issued with the approval response via email to the originating requestor. If the **Authorization Request** is denied, a justification will be provided via email to the originating requestor.
5. If the **Authorization Request** is approved, the requesting department/division is responsible for submitting the contract to the contractor to execute (sign).
6. After execution of the contract by the contractor, the originating requestor must attach the completed contract, and a copy of the approved **Authorization Request**, to their purchase requisition and forward to Purchasing Department for required approvals, contract execution and order processing.
7. The Purchasing Department will submit an executed copy to the independent contractor (if via Aggie-Mart).
8. The requestor can get a copy of the submitted contract upon request.

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**Date:** \_\_\_\_\_ **Department/Division:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Telephone No.:** \_\_\_\_\_

**SECTION 1: CONTRACTOR RELATIONSHIP: (Please Print Information)**

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Identification Number: Social Security #: \_ \_ \_ \_ \_ or ITIN #: \_\_\_\_\_

Please place an **X** in the appropriate box:

**A.** Is the individual a United States Person? (i.e. Citizen or U.S. Resident Alien) Yes      No

If yes: Attach the Contractor's IRS W-9 Form (Form located at [www.irs.com](http://www.irs.com))  
 If no: Attach a University Foreign National Information Form and a W8 or W9 (which ever is applicable)  
 (Form located at <http://facultypages.ncat.edu/hr.Foreign%20National%20Forms.htm>)

1. Does the individual have a green card? Yes      No

2. Has the individual had a green card within the past 12-month period? Yes      No

**B.** Is the individual a North Carolina A&T State University Student Yes      No

**C.** Is the individual a prospective employee? Yes      No

**D.** Is this individual an employee of North Carolina A&T State University? Yes      No

**E.** Was the individual a University Employee within the past 12 months? Yes      No

If yes: What was their job title? \_\_\_\_\_

What were their dates of employment? \_\_\_\_\_

What were their duties/responsibilities? \_\_\_\_\_

**F.** Is this individual an employee of the State of North Carolina? Yes      No

If yes: Specify the agency: \_\_\_\_\_

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Agency Contact Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

If not, will the service(s) be rendered on the employee's own time? Yes      No

If not, does the employee have permission from their supervisor to provide the Service? Yes      No

**G.** Is this individual a Federal employee? Yes      No

If yes: Specify the agency: \_\_\_\_\_

What is their job title: \_\_\_\_\_

What are their duties/responsibilities? \_\_\_\_\_

**H.** Is this individual in the Armed Forces in active duty status? Yes      No

If yes: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Job: \_\_\_\_\_

**I.** Is the individual an Ordained Minister/Clergy? Yes      No

**J.** Is this individual an Elected Official? Yes      No

If yes: Check which one applies: Local State Federal

**K.** Does the individual have **any** relationship with any person working in department/division requesting the services? Yes      No

Explain the Relationship: \_\_\_\_\_

**L.** Explain in **detail** the need, nature of service(s) required, including the dates of service, place where the work shall be performed, and what are the responsibilities of the University, and the result of the services. Attach an additional sheet if required.

**M.** Please provide the date the Contractor is scheduled to begin and end providing the requested service:

Start Date: \_\_\_\_\_ to End Date: \_\_\_\_\_

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**SECTION 2: COST** (Attach a copy of the Contractor's quotation). The quote should specify all costs for rendering the requested service(s) (i.e. fees, transportation, lodging, meals, etc.). Costs not shown on the quote and not authorized prior to contract execution may not be paid in any form by the University.

**A.** What is the Total estimated cost of service(s) to be rendered? \$ \_\_\_\_\_

**B.** Identify the source of funding for service(s)?

Auxiliary                                      Contracts & Grants                                      State                                      Other

If other: Specify: \_\_\_\_\_

If Grant: Award Period: \_\_\_\_\_

Banner Fund/Index: \_\_\_\_\_

**C.** Is this an honorarium? Yes                      No

If yes: Specify how the amount was determined? \_\_\_\_\_

\_\_\_\_\_

**D.** The cost is Fixed Flat Milestone Based Hourly Rate Other

If other: Specify: \_\_\_\_\_

**SECTION 4: TYPE OF SERVICE** This section has three parts (A-C). **Only** address the part(s) that pertains to the service provided by the Contractor being requested at this time.

**PART A: LECTURER/INSTRUCTOR**: If the Contractor **is** rendering the services as a Lecturer/Instructor address the questions in this part.

**1.** Is this Contractor a guest lecturer/instructor for only one or two class sessions? Yes                      No

**2.** Is the Contractor the primary instructor in a course being offered for academic Credit toward a University degree? Yes                      No

**3.** Is the Contractor responsible for creating the content of the lecture/course? Yes                      No

**4.** Will the Contractor provide the service for less than ten days? Yes                      No

**5.** Is there an admission fee for the lecture program? Yes                      No

If yes: Does the program allow for "program income?" Yes                      No

If yes: Explain how the fees will be used. \_\_\_\_\_

If yes: Where will the fees be deposited? \_\_\_\_\_

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**PART B: NOT A LECTURER/INSTRUCTOR:** If the Contractor **is not** rendering the services as a Lecturer/Instructor address the questions in this part.

- |   |     |    |
|---|-----|----|
| 1. Does the Contractor routinely provide the same or similar services outside of the University to the public?                        | Yes | No |
| 2. Will the University set the number of hours and or days the individual is required to work?  | Yes | No |
| 3. Will the department/division provide the Contractor instructions, supplies, equipment to perform the required services?            | Yes | No |
| 4. Will the department/division pay the Contractor a rate similar to what University employees are paid on campus for similar duties? | Yes | No |
| 5. Does the Contractor engage in entrepreneurial activities in an established business at risk for loss?                              | Yes | No |
| 6. Does the Contractor have insurance for work related injuries?  | Yes | No |
| 7. Is there an admission fee for the event?   | Yes | No |
| If yes: Does the event allow for income?  | Yes | No |
| If yes: Explain how the fee will be used.   |     |    |
| If yes: Where will the fees be deposited?   |     |    |
| 8. Will souvenir items be for sale?   | Yes | No |
| 9. Will the Contractor be responsible for sale of the souvenir items?   | Yes | No |
| If not, who will be responsible for the sale of the souvenir items: _____   |     |    |

**PART C: NON-RESIDENT ALIEN:** If the Contractor is a Non-Resident Alien and an agent is representing the Non-Resident Alien, address the questions in this part.

- |   |     |    |
|---|-----|----|
| 1. Has the Contractor resided in the U.S. more than 31 days in the current year and has resided in the United States for more than 183 days over a three-year period, including the current year? | Yes | No |
| 2. Is the Contractor an artist or a performer?  | Yes | No |

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**SECTION 5: CERTIFICATION BY REQUESTING AREA:** This is to certify that we have surveyed the North Carolina A&T State University campus and other agencies within the State of North Carolina and determined that the service(s) being requested is not available from either source. We further certify that the service requested complies with the criteria provided herein.

**DEPARTMENT APPROVALS:**

Name or Requester: _____	Name of Budget Manager: _____
Print	Print
_____	_____
Signature	Signature
_____	_____
Date	Date

**SECTION 6: FOR USE BY BUSINESS AND FINANCE AND HUMAN RESOURCES ONLY**

**Purchasing Department Assessment:**

Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_      Approved      Denied

If denied: Explain \_\_\_\_\_

**Foreign National Administrator:**

Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_      Approved      Denied

If denied: Explain \_\_\_\_\_

**Contracts and Grants Assessment: (Required)**

Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_      Approved      Denied

If denied: Explain \_\_\_\_\_

The following contract template is being recommended.

U.S. Independent Contractor	Non-Resident Alien Independent Contractor	
Contract for Agent	Contract for Entity	Contract Addendum