



LEGISLATIVE RESEARCH COMMISSION
PERSONAL SERVICES CONTRACT PROOF OF NECESSITY

Contract No. _____

Agency _____

Division, Branch, etc. _____

TYPE OF CONTRACT: New Renewal or Extension for Time Only

NOTE: All questions must be answered fully. If space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Officer.

- 1. Name & Address of Contractor: _____
- 2. Effective Period of Contract:
Start Date: _____
End Date: _____

3. Explain work to be performed. (Be specific. Include: Description of project; type(s) of service to be delivered; reports or products to be prepared; reason for duration of contract; etc.)

4. A. Does an identified or anticipated reason now exist which would indicate a need to renew the contract for the succeeding fiscal year? _____YES _____NO
If yes, explain:

B. Will the contract provide for cancellation by the Department upon a maximum of 30 days or less written notice to the contractor? _____YES _____NO

5. FINANCIAL AND CONTRACT COST DATA:

A. Total Projected Cost of Contract: \$ _____
Source of Funds: Federal: \$ _____ State: \$ _____
Local/Other: \$ _____ Identify _____

B. If contract is supported by federal funds, indicate: grant/project title; grant I.D. number; and DFDA number:

C. If contract is supported by state funds, indicate source(s) and amount(s) (i.e., General Fund, Trust and Agency, Other): _____

D. Was the contract cost included in the original Budget Request? _____YES _____NO (If no, explain)

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E. Describe in detail how the projected cost of the contract was derived (attach proposed budget when applicable):

F. Basis for Payment: Hourly: \$_____ per hour
_____ per hour

Per Diem: \$_____ per day
_____ per day

Fee for Service: \$_____ per service

Other - Explain: _____

G. Method of Payment:

- Straight Disbursement
- Inter-Account

H. Frequency of Payment:

- Monthly
- Quarterly

Upon Completion

Other - Explain:

I. Social Security Number (if individual) or IRS I.D. Number (if firm or corporate entity) of proposed contractor:
Social Security/FEIN Number: _____

NOTE: If professional employment contract with firm or corporate entity, attach a complete list of names and social security numbers of all officers, as well as all employees performing work directly related to the contract. If individual, attach name and social security number.

J. If an individual, will the terms of contract require that the contractor be considered an "employee" of this Department for FICA purposes? YES_____ NO_____

6. JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PERFORM THE SERVICE

The following questions should be addressed at a minimum:

What in-house method(s) were considered and why were potential in-house method(s) rejected? Is the part of such nature that: it should be done independently of the agency to avoid a conflict of interest; it requires unique or special expertise/qualifications; and/or legal or other special circumstances require use of an outside provider? If services are needed on a continuing basis, describe efforts made to secure services through regular state employment channels. Will agency personnel provide staff support services to the contractor?

7. Name and address of other provider(s) considered to perform the service:

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8. Basis for selection of the proposed contractor (explain process used in making decision, i.e., solicitation of proposals, bids, references, and evaluation criteria applied): Reference Bid or RFP number if applicable.

9. Planned supervision and monitoring of the contractor's performance:

A. Name and Title of Responsible Person:

Office and Location:

Telephone Number:

B. Describe the monitoring activities, both programmatic and fiscal, which will be performed including the manner in which monitoring needs will be addressed in the contract to facilitate this activity:

SIGNATURES

PREPARED BY: _____

DATE: _____

Title: _____

RECOMMENDED BY: _____

DATE: _____

Title: _____

PURCHASING DIVISION APPROVAL:

Director/Assistant Director

DATE: _____

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