



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:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**PURCHASING DIVISION APPROVAL:**

\_\_\_\_\_  
**Director/Assistant Director** **DATE:** \_\_\_\_\_

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