**Independent Contractor/Consultant Checklist**

**Department of Family Medicine**

**Required forms:                                                        Purpose**

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| [ ]  [Independent Contractor Pre-Hire Worksheet](https://ucla.app.box.com/v/tax-pdf-ind-contr-pre-hire)  | Determines the type of working relationship between the employer and the individual/vendor. |
| [ ]  [Independent Contractor/Consultant Form](https://ucla.app.box.com/v/pur-pdf-ind-cont-consult-form) | Provides detailed scope of work/service and/or proposal (must include period or performance/start/end date), please attach CV or resume  |
| [ ]  [Family Medicine PO Request Form](https://www.uclahealth.org/family-medicine/for-research-employees)  | This is an internal form specific to our department. This form is required to identify the FAU, state the business justification, and show PI and Fund Manager approval. Please include copy of budget/justification as well.  |
| [ ]  A copy of the supplier’s certificate of liability insurance  | Proof of adequate insurance as required. A [waiver](https://ucla.app.box.com/v/pur-pdf-liability-ins-waiv-req) may be requested under certain circumstances (please see finance team for more details). Please inform the vendor that UCLA should be listed as a certificate holder:  The Regents of the University of California -1111Franklin St, Oakland, CA 94607 |
| **Is the contractor/consultant new (not in the UCLA system yet)? If yes, you may need:** |
| [ ]  [W-9](https://ucla.box.com/ap-pdf-ucla-w9)  | Required to get the vendor set up into the system to conduct UC business.   |
| **Is this being paid for by federal funds? If yes, you may need:** |
| [ ]  [Sole Source Justification](https://www.ucop.edu/procurement-services/policies-forms/federal-funds-files/source-selection-price-reason-form-9-24-2019.pdf) (if applicable) or Detailed scope of work for competitive bid, competing proposals (to meet requirements related to competition, price reasonableness and funding).  | This document must be completed by the requesting department PI for all federally funded purchases **≥$10,000** (including tax/shipping) and non-federally funded purchases **≥$100,000** (excluding tax, but including shipping), to substantiated the appropriateness of source selection and price reasonableness. Locations are strongly encouraged to seek competition even in cases where goods and/or services are exempt from the requirement to competitively bid. |
| [ ]  [Debarment Certificate](https://www.uclahealth.org/family-medicine/workfiles/research/Debarment%20and%20Anti%20Lobby%20Certificates.pdf) | Required if federally funded, must be signed by vendor |
| **Did the contractor/consultant already do the work for which we are trying to pay them? If yes, DON’T DO THAT! But also, you will need to complete the following:** |
| [ ]  [After the Fact](https://ucla.app.box.com/v/pur-doc-after-the-fact-form) (if applicable) | If the work took place before the requisition is issued, the department PI must complete the [Justification Form for After-the-Fact Purchases](https://ucla.box.com/pur-doc-after-the-fact-form) and obtain all required approvals. |
| **Is the contractor/consultant a near relative? If yes, please complete the following:** |
| [ ]  [Conflict of interest form](https://ucla.app.box.com/v/pur-pdf-conflict-interest) (this form comes directly from the purchasing buyer) | Must be completed by any employee who proposes, or who is a near relative proposing to rent or sell goods/services to the University.  |
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| **A Purchasing Buyer will contact the vendor directly by email to complete the forms below:**  |
| [ ]  [Small Business Solicitation form](https://ucla.app.box.com/v/pur-doc-small-biz-solicit)  | For all POs greater than $100K issued under federal prime contract. |
| [ ]  HIPAA Business Associate Agreement (BAA form)  | Required to safeguard contractor observing protected health info (e.g. participants of research studies, storing patient data, etc.)  |
| [ ]  Nondisclosure Agreement  | This form is for contractors requesting to have access to personal or confidential information. |
| [ ]  EFT form (optional) | If vendor is requesting to receive payment electronically/direct deposit |