

## Instructions for completing the Independent Contractor Short Form Agreement

The Independent Contractor Short Form Agreement (Short Form) should be used to procure contracted services from individuals providing low risk services. This should not be used for contracting Companies, Corporations, LLC, or vendors with employees or performing services with higher levels risk. **This form should be completed by the individual at FSU who has initiated the services and selected the vendor.**

To complete this form you will left click on the "Click Here" sections of the form. Once the area is highlighted in blue, you can begin typing the required information.

The first section to be filled in says "[Click here to enter name of Contractor](#)" The name you enter should be the same as the name on the W-9 submitted.

### **Section 1. General Purposes:**

- Left click on "[Click here to enter Services to be performed](#)" and type in a basic description of the service the contractor will be providing. Such as ... for consulting ... for graphic design ... for research. *Note: the word ("Services") directly follows the fill in area.*

### **Section 2. Timetable.**

- Left click on "[Click here to enter Date\(s\) and Time\(s\) of Service](#)" and type in the date services will begin and time if applicable. Such as July 1, 2012 at 8:30 am to July 1, 2012 at 3:00 pm. *(Note: if time is not applicable just enter the date)*

### **Section 3. Compensation**

- Left click on "[Click here to enter dollar amount of Fee](#)" Enter the amount that the vendor will receive for their service. This may be a lump sum or an hour rate.

### **Section 4. Contractor's Capacity and Responsibilities.**

- No actions required - This section shows understanding of status by contractor.

### **Section 5 Suspension or Termination of Contract**

- Left Click on "[Choose the Number of Days](#)" and enter the number of days notice you are willing to give and/or receive for the service to end.  
(Note: The number of days will be determined by the type of service being performed as well as the timetable. If you require assistance in determining the number of days please contact purchasing.)

### **Section 6. Indemnification and Hold Harmless**

- No actions required - This section is for the protection of the University its governing board, officers, employees, agents, and students

### **.Authorized Contracting Officer for University**

- Fill in the appropriate person from the Delegated Authority List

### **Select the method of payment**

- P-Card whenever the vendor takes a VISA, the amount to be paid is within your cards limit and purchasing has confirmed that insurance is on file.
- PO when the amount is over \$400.00 and vendor is not set up to take VISA payments
- From Invoice or Contract is used when amount is under \$400.00. Note: Hand check the correct method used once you have printed the page for signing.

### **Index/FAOP**

- This will be handwritten in when FOAP Manager signs it

Once you have completed the agreement, print it. Have your FOAP Manager, requestor and Department Head sign and date it, then send it to the vendor to obtain their signature (you should also request a W9 and certificate of insurance from the vendor at this time, if needed). Once the vendor returns the signed contract, forward it to the Purchasing Department, along with the vendor's W9 and insurance, where they will be logged and reviewed. The Purchasing Department will send for FSU's Authorized Signature and once signed, will return a copy of the fully executed contract to the department. Documents (especially confidential documents such as W9s) should be submitted to the Purchasing Department using the secure "Add Vendor" Portal: <https://www.ferris.edu/vendor/employee/addvendor.cfm>