

AGREEMENT FOR THE PERFORMANCE OF AN INDEPENDENT CONTRACTOR

***** This agreement must be fully approved by the University Corporation before work commences. *****										
PROJECT CONTACT	CHARTFIELD									
NAME		ACCOUNT	FU	N D		DEPT		PROJECT		
								Grants & Contracts Only		
EXT.										
	CONTRACTOR INFORMATION									
Last Name, First Name, Middle Initial If this is the first time you are requesting										
					payment from Ucorp, a W-9 or 1042-S is required.					
Street Address		City		State		ZIP Code		Country		
Is contractor a legal resident of the United States?	Is contractor a legal resident of the United States?		Immigration Status							
					Passport Number					
Yes No TERM OF ENGAGEMENT		F-1	J-1	Other		E SERVICES WILL BE		ODMED		
Start Date		Street Address		LUCATION	WHER	E SERVICES WILL BE	EPERF	ORIVIED		
End Date		City				State				
	F		τ ςτα	TILS			Jiate			
E M P L O Y M E N T S T A T U S 1 Has the contractor been an employee of SFSU or UCorp at any point during the past 12 months?										
If the answer to #1 is "Yes", please stop here. This person must be hired as a UCorp employee before performing work.										
2 The contractor provides the same or similar service to other clients.										
3 The contractor will be working full-time on this project.										
4 The contractor has the right to control & direct the means, manner, and method of providing										
services under this agreement, including starting & ending times, days of work, and the order of work performed.										
5 Contractor may hire, supervise, and pay assistants independent of project director, if contract amount										
does not increase as a result.										
6 Contractor will pay for his/her expenses involved in completing this work.										
7 Contractor will provide his/her own tools, supplie	es, and e	quipment.								
8 Contractor provides evidence that the services pr	ovided a	are made available or	advertised to	the general	public.					
9 Contractor is liable for any expenses, liabilities, and/or losses he/she may encounter in completing his/her tasks.										
10 Contractor agrees that he/she cannot be paid for	partial c	completion of a job, a	nd may be lia	ble to compe	ensate	the				
project for failure to complete assignment.										
		SCOPE O	-		-	Attack additional a		· · · · · · · · · · · · · · · · · · ·		
Provide a detailed description of the work	to be pe	rjormed under this ag	reement. No	te all deliverd	idles. I	Attach adaitional po	ages ij	necessary.		
		ььа	itional docun	nentation atta	ached.	Yes		No		
		PAYM		. sation atte		163		110		
Estimated Hourly Rate: Agreement Not To Exceed:										
AGREEMENT OF THE CONTRACTOR										
I agree to perform the services described above at the amount indicated. I understand that I am not an employee of the University Corporation, the San Francisco State										
Foundation, or SFSU, because I follow an independent t	rade or p	rofession, and will not b	e subject to co	ontrol and direc	ction as	to the details and me	eans foi	r accomplishing the		
anticipated results of my service. I have read and agree to all the covenants, conditions, certifications, and stipulations on both pages of this agreement as is evidenced by										
my signature below and on page 2.										

Signature of Independent Contractor

Date

REV 4.22.19



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CERTIFICATION AND JUSTIFICATION REGARDING THE NEED FOR THESE SERVICES

I hereby authorize the obligation of funds indicated on Page 1, and certify the following conditions which I understand the requested performance agreement must meet:

- a. No current SFSU or UCorp employees can perform the services described on Page 1 because:
- b. The selection process for this contractor included the following steps:
- c. The fee is justified because it has been calculated at the rate:

customarily paid this consultant by Federal or other contracting agencies.

other (please describe):

- d. The contractor holds the following certificates, licenses, and/or degrees:
- e. Name of home institution, if applicable:

Project Director: Please indicate "True" or "False" for the statements listed below.

1 Project Director has not provided training to Individual.
2 The work to be performed is not essential to your project.
3 Individual does not have a continuing relationship to the project.
4 Individual has enough time available to pursue other gainful work.
5 Individual is not required to submit interim reports to you.
6 Individual is to be paid for the job, not for the time spent doing the job.
7 Individual may work for more than one firm at a time.
8 Individual can perform his/her services without use of project materials.
9 Individual cannot be fired at will, so long as the result specified in the contract is produced.
10 Individual has provided a certificate of insurance.

HOLD HARMLESS AGREEMENT: Contractor shall hold harmless, defend and indemnify The State of California; the Trustees of The California State University; San Francisco State University; The University Corporation, San Francisco State; and their employees, officers, directors, volunteers and agents from and against any and all liability, loss, damage expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the Entity.

AGREEMENT AND SIGNATURE

We, the undersigned, understand that the agreement is not to be considered complete until it has been reviewed and approved by an authorized University Corporation representative. Contractor is prohibited from commencing work until explicit approval has been provided by the University Corporation.

Contractor Signature	ſ	Date Authoriz	ed Project Signature	Date					
PROJECT CHECKLIST OF BACKUP DOCUMENTATION									
W-9 or 1042-S (Nev	v subcontractors only)								
Scope of Work									
Resume, curriculum	n vitae, bio, or other evidence	e that subcontractor is qualified to perfor	m assigned work						
Certificate of Liabili	ty Insurance								
	UNIVERSITY	CORPORATION USE	ONLY						
HR Generalist	Date	Cost Allowability		Date					
Risk Management	Date	Authorized Signed/Approved	for Independent Contractor Status	Date					