PERSONAL/CLIENT SERVICE CONTRACT PROCEDURES

# **Authorization:**

 Personal/client services are contracted through the Purchasing office. Personal/client service contract worksheet must be completed and emailed to the Director of Purchasing, Joe Auvil at joea@bigbend.edu. Personal/client service signed contracts must be complete before the work begins.

The contract manager for Big Bend Community College must have completed the DES training for contract management. The course is titled “Contracts 101” and has 4 modules that must be completed before the contract can be created. Please contact Joe Auvil for further information on this course if you have not completed it yet.

## Documentation Required:

* Completed worksheet.
* After getting the contract approved by purchasing, a copy will be emailed to the individual or contractor for signature of contractor with Federal Tax ID or his/her social security number if not a company.
* Grant/Contract cover sheet completed and given to Business Office.
* W9 forms if not already on file

## Requirements for competition:

* Personal service contracts less than $10,000 require no competition. Remember- you cannot bundle within a fiscal year to avoid competition with same company and same service.
* Contracts $10,000 to $100,000 require a competitive informal bid or RFQ, advertised on WEBS
* Contracts over $100,000 require a formal bid or RFP, again advertised on WEBS

Big Bend Community College

PERSONAL AND CLIENT SERVICES CONTRACT WORKSHEET

Must be completed in full-ATTACH COMPLETED PURCHASE REQUEST

This contract is entered into by Big Bend Community College, State of Washington (hereafter the AGENCY) and the CONTRACTOR:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Individual [ ]  Company

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 1. SCOPE OF WORK (Be specific)

a. The CONTRACTOR will provide the following services:

b. Course number(s), if instructional

c. Final written report required? Yes No If yes, describe

# 2. PERIOD OF PERFORMANCE

a. Begin Date End Date Time (if applicable)

b. Location of work *(building # & room name/number, etc.)*

You may also include specific information on contract extensions.

# 3. COMPENSATION AND PAYMENT

a. Total fee for services rendered under this contract (choose only one)

Not to exceed $

Fixed Fee (per class, per hour, per day) $

Estimate $

b. BBCC to pay travel and expenses [ ]  Yes [ ]  No

If Yes-

c. Details of estimated travel and expenses reimbursement. *Invoice required from contractor*

d. COMPLETE BUDGET CODE

 \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

# 4. CONTRACT REPRESENTATIVE

a. AGENCY Contract Manager

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. CONTRACTOR Contract Manager

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 5. Contractor must supply BBCC with a Federal Tax ID or Social Security Number with a W9 form.

# 6. Any other notes relating to this contract: