

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
REQUEST FOR AUTHORIZATION TO RETAIN THE SERVICES OF AN INDEPENDENT CONTRACTOR

Please provide the information requested below to enable the Research Foundation to prepare an Independent Contractor Agreement to secure the services needed by your project and encumber the funds for the Contractor's payment. **No Contractor may begin work until an Independent Contractor Agreement has been executed by the Contractor and the Research Foundation.**

Request for: New Agreement Amendment to Existing Agreement # _____

RF Account #: _____ CUNY Unit: _____

P.I. Name-First : _____ Last: _____

Contractor's Name: _____

Business Address: _____

Type of Entity: Corporation Partnership Sole Proprietorship

Employer Identification Number: _____

Performance Period: Start _____ End _____

For Amendments-Prior Dates: Start _____ End _____

Total Amount of Agreement: _____

For Amendments, Indicate Amount of Either: Increase: _____ Decrease: _____

Are Reports or other deliverables to be submitted? YES NO

If "YES", please attach reporting schedule indicating when reports are due

Is the Contractor a non-resident Alien? YES NO

If "YES", please attach a J-1 Visa and a I-94

Is the work being performed in the U.S.A? YES NO

Is the Contractor a full-time CUNY employee? YES NO

If "YES", please attach appropriate CUNY approval

Has CUNY employed or retained the services of the Contractor in the past?

Employee? YES NO

Independent Contractor? YES NO

If "YES" to either question, please provide details: _____

If sponsor requires, please provide Contractor's billing rate per applicable period: _____

THE FOLLOWING DOCUMENTS MUST BE ATTACHED FOR THIS REQUEST TO BE PROCESSED:

- SCOPE OF WORK
- DOCUMENTATION OF CONTRACTOR'S PUBLIC OFFERING OF SERVICES (e.g., client lists, advertisements)
- RESUME
- REPORTING SCHEDULE (if applicable)
- CUNY APPROVAL (if applicable)

Signed: _____ Date: _____ Telephone: _____
Principal Investigator

Signed: _____ Date: _____ Telephone: _____
College Authorization (if required)

FOR FOUNDATION OFFICE USE ONLY

RF Log #: _____ Fiscal Approval: _____ Date: _____ Amount: _____