

University of Alaska Anchorage

Short Form Contract for Miscellaneous Services

THIS CONTRACT, entered into by the University of Alaska Anchorage and the Contractor named below, documents the entire understanding of the parties regarding the services to be provided. This agreement becomes effective only when signed by the contractor and a University of Alaska Anchorage Procurement Services Department representative.

NAME AND ADDRESS OF CONTRACTOR
(CONTRACTOR MAY NOT BE A CURRENT UAA EMPLOYEE)

NAME AND ADDRESS OF UAA DEPARTMENT

University of Alaska Anchorage

Name of Contractor

Address

Department, Unit or Division Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Phone Number/Fax Number/E-mail

Department, Unit or Division Contact

1. SCOPE OF SERVICES: Contractor shall perform all services below for the compensation indicated in Section 2 (Complete all that apply):

Name of Project or Description of Services: _____

Location: _____ Date(s): _____ Time(s): _____

Contractor agrees to provide the following equipment/items for this agreement (if any):

University agrees to provide the following equipment/items for this agreement (if any):

The following attachments are part of this agreement:

2. COMPENSATION: Contractor will be paid \$ _____ per hour for _____

For a total of \$ _____ or a lump sum amount not to exceed \$ _____

Total compensation includes all the following related to the scope of services, including but not limited to (i.e. equipment, travel, miscellaneous materials): _____

3. TERMS OF PAYMENT (Department, Unit or Division representative may select one of the following, if applicable. Payment 30 days after receipt of invoice unless otherwise indicated):

- Payment to the contractor upon completion of services.
 Payment to the contractor within 10 days after date of performance.

4. INDEMNIFICATION: Contractor shall indemnify, save harmless and defend the University, its Board of Regents, officers, employees and agents from all liability, including costs and expenses, for all actions or claims resulting from injuries or damages sustained by any person or property arising directly or indirectly as a result of any error, omission, or negligent act of the Contractor, subcontractor, or anyone directly or indirectly employed by them in the performance of this agreement. All contractors' activities will be at its own risk and contractor is given notice of its responsibilities to guard against physical, financial, and other risks as appropriate.

5. TERMINATION: This contract may be terminated at no cost to either party upon _____ days advanced written notice (30 days unless otherwise indicated). This contract may also be terminated in whole or in part in the best interest of the University, or terminated for default if the contractor fails to make delivery of work products or perform services within the specified time.

6. OTHER: Contractor is an independent contractor and will pay all applicable state, local, and federal taxes associated with this agreement. This contract is governed and construed by laws of the State of Alaska, federal laws, local laws, and regulations and ordinances applicable to the work performed. The Contractor shall be cognizant and shall at all times observe and comply with such laws, regulations, and ordinances which in any manner, or in any way affect the performance of this contract.

7. INSURANCE: The responsible Procurement Officer may require proof of applicable insurance prior to job performance.

Signature of Contractor

Signature of Procurement Officer

Printed Name and Title

Printed Name and Title

Date Signed

Date Signed



Procurement Services
3211 Providence Drive
Anchorage, Alaska 99508

University Lake Building, Suite 106
Phone: (907) 786-6500
Fax: (907) 786-6519

Substitute W-9

Request for Taxpayer Identification Number and Certification
(This form is to be used only by U.S. Citizens and Permanent Residents)

Part 1 - Name and Taxpayer Identification Number (TIN)

Name (Legal name as shown on your income tax return)

Business Name (note: a sole proprietor may have a "doing business as" or "DBA" trade name, but the legal name to be entered on the line above is the name of the business owner)

Remit Address (where check should be mailed) Number, street, suite number, city, state, zip code

Primary Address (for return of 1099 form if different from remit address) Number, street, suite number, city, state, zip code

Taxpayer Identification Number Social Security Number OR Employer Identification Number

Part 2 - Tax Status (check only one)

- Individual or Sole Proprietor
Partnership
Corporation
LLC - Limited Liability Company - Sole Member
LLC - Limited Liability Company - Partnership
LLC - Limited Liability Company - Corporation
Government Entity
Non-Profit - unincorporated
Non Profit Corporation
Other

Part 3 - Exemption from backup withholding (Check your qualifying exemption reason below)

- Corporation (Note that there is NO corporate exemption for medical & health care payments, or for payments for legal services)
Tax Exempt Entity under 501(a) (includes 501(c)(3) or IRA)
The United States or any of its agencies or instrumentalities
A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies
A foreign government or any of its political subdivisions or any international organization in which the United States participates under a treaty or Act of Congress

Part 4 - Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Table with 3 columns: Printed name, Printed Title, Telephone Number, Signature of U.S. Person, Date (mm/dd/yyyy)