## Legislative Research Commission Personal Services Contract Proof of Necessity (PON)

		Contract Number			
UNIVERSITY OF LOUISVILLE Agency		Division, Branch, etc.			_
TYPE OF CONTRACT:	[]New	[] Renewal (Renegotiation)	or	[] Extension for Time Only	T.
		If space provided is insufficient, add as regarding this form should be dire			
1. Name & Address of Contractor:		2. Effective Period of Contract:			
		End Da	te:		
products to be prepared; r		ific. Include: Description of project; of contract; etc.)			
succeeding fiscal year	de for cancellation	now exist which would indicate a ne If yes, explain:  n by the Department upon a maximum			
5. FINANCIAL AND CO					
A. Total Projected Cost of					
Source of Funds: Fe	ederal: \$	State: \$	Lo	ocal/Other: \$	
<b>B.</b> If contract is supported	ed by federal funds	s, indicate: grant/project title; grant l	I.D. number	; and CFDA number:	
**		indicate source(s) and amount(s) (i.e.			
<b>D.</b> Was the contract cost	included in the or	riginal Budget Request?YES	NO	If no, explain:	
E. Describe in detail ho	w the projected co	ost of the contract was derived (attach	n proposed l	oudget when applicable):	
F. Basis for Payment: *	'Hourly: \$	per hour		*Per Diem:	per d
*]	Fee for Service: \$	per service	*Oth	er - Explain:	
<b>G.</b> Method of Payment:	*	Straight Disbursement []	*Inte	er-Account [ ]	
H. Frequency of Paymer	nt: *Monthly	[] *Quarterly[]	*Up	on Completion [ ]	
	*Other [ ] -	- Explain:			

	I. Social Security Number (if individual) or IRS I.D. Number (if firm or corporate entity) of propose	ed contractor:			
	<b>NOTE:</b> If professional employment contract with firm or corporate entity, attach a complete list of of all officers, as well as all employees performing work directly related to the contract. If security number.				
	<b>J.</b> If an individual, will the terms of contract require that the contractor be considered an "employee" FICA purposes?	of this Department for			
6.	6. JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PERFORM	THE SERVICE			
	The following questions should be addressed at a minimum: What in-house method(s) were considered and why were potential in-house method(s) rejected? Is the done independently of the agency to avoid a conflict of interest; it requires unique or special experience other special circumstances require use of an outside provider? If services are needed on a continuir secure services through regular state employment channels? Will agency personnel provide staff superior of the services are needed on a continuir secure services through regular state employment channels?	ertise/qualifications; and/or legal or ng basis, describe efforts made to			
7.	7. Name and address of other provider(s) considered to perform the service:				
8.	8. Basis for selection of the proposed contractor (explain process used in making decision, i.e., solid and evaluation criteria applied):	citation of proposals, bids, references,			
9.	9. PLANNED SUPERVISION AND MONITORING OF THE CONTRACTOR'S PERFORMAN	ICE:			
	A. Name and Title of Responsible Person: Office and Location: Telephone Number:				
	<b>B.</b> Describe the monitoring activities, both programmatic and fiscal, which will be performed <u>including</u> the manner in which monitoring needs will be addressed in the contract to facilitate this activity:				
<u>S1</u>	SIGNATURES:				
	PREPARED BY: DATE:				
	RECOMMENDED BY: DATE:				
	Title:				
	APPROVED BY: DATE: Chief Financial Officer or Designee				

(Printed with state funds)