

How to complete State Proof of Neccessity (PON) Form

1 Enter department name, division, etc.

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

Contract Number _____

Organization: University of Louisville Division, Branch, Etc. _____

TYPE OF CONTRACT: New Renewal (Renegotiation) Extension (Time Only)

Division, Branch, Etc.

All questions must be answered fully. If space provided is insufficient, additional pages should be attached referencing the serially numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Officer.

Name & Address of Contractor:

2 Select 'New'.

**Legislative Research Commission
Personal Services Contract Proof of Neces:**

Contract Number _____

Agency: University of Louisville Division, Branch, Etc. _____

TYPE OF CONTRACT: New Renewal (Renegotiation) Ext

NOTE: All questions must be answered fully. If space provided is insufficient, additional page specifically numbered item. Questions regarding this form should be directed to the Bureau,

1. Name & Address of Contractor:

3 Enter name and address of consultant or firm.

4

Enter start and end date of services to be performed. The start date cannot be backdated.

NOTE: All questions must be answered fully. If space provided is insufficient, additional pages should be attached referring specifically numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Office

1. Name & Address of Contractor:

2. Effective Period of Contract: Start Date: _____

End Date: _____

3. Explain work to be performed. (Be specific. Include: Description of project, type(s) of service to be delivered, report to be prepared, reason for duration of contract, etc.)

4. Budget and Cancellation

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Enter detailed explanation of services to be performed. This can be the same information that was entered on the PSC document under section 1.

2. Effective Period of Contract: Start Date: _____

End Date: _____

3. Explain work to be performed. (Be specific. Include: Description of project to be prepared, reason for duration of contract, etc.)

4. Budget and Cancellation

a. Does an identified or anticipated reason now exist which would incur year? YES NO

If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon contractor? YES NO

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Check one as appropriate. If 'YES' was selected, provide explanation.

End Date: _____

3. **Explain work to be performed.** (Be specific. Include: Description of project, type(s) of ser to be prepared, reason for duration of contract, etc.)

4. **Budget and Cancellation**

a. Does an identified or anticipated reason now exist which would indicate a need to rer year? YES NO

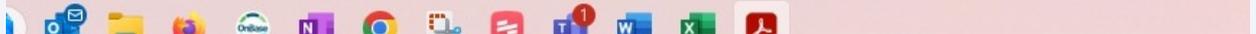
If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon a maximum of thi contractor? YES NO

5. **Financial and Contract Cost Data**

a. Total Project Cost of Contract \$ _____

Source of Funds: Federal \$ _____ State \$ _____ L



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Check 'YES'.

4. **Budget and Cancellation**

a. Does an identified or anticipated reason now exist which would indicate a need to rer year? YES NO

If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon a maximum of thi contractor? YES NO

5. **Financial and Contract Cost Data**

a. Total Project Cost of Contract \$ _____

Source of Funds: Federal \$ _____ State \$ _____

b. If contract is supported by federal funds, indicate: grant/project title, grant I.D.#, and _____

c. If contract is supported by state funds, indicate: source(s) and amount(s) (i.e., Gener

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Enter total amount of project. This should be the same amount from the PSC, section 2.D.

4. Budget and Cancellation

a. Does an identified or anticipated reason now exist which would indicate a need to renew the contract year? YES NO

If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon a maximum of thirty (30) days or contractor? YES NO

5. Financial and Contract Cost Data

a. Total Project Cost of Contract \$ _____

Source of Funds: Federal \$ _____ State \$ _____ Local/Other \$ _____

b. If contract is supported by federal funds, indicate: grant/project title, grant I.D.#, and CFDA #

c. If contract is supported by state funds, indicate: source(s) and amount(s) (i.e., General Fund, Trust ar

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Page

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Provide breakdown of the source of the funds.

4. Budget and Cancellation

a. Does an identified or anticipated reason now exist which would indicate a need to renew year? YES NO

If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon a maximum of thirty (30) days or contractor? YES NO

5. Financial and Contract Cost Data

a. Total Project Cost of Contract \$ _____

Source of Funds: Federal \$ _____ State \$ _____ Local/Other \$ _____

b. If contract is supported by federal funds, indicate: grant/project title, grant I.D.#, and CFDA #

c. If contract is supported by state funds, indicate: source(s) and amount(s) (i.e., General Fund, Trust ar

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Provide answer if using federal or sponsored projects funds.

[Empty response area for question 10]

a. Does an identified or anticipated reason now exist which would indicate year? YES NO

If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon a contractor? YES NO

5. Financial and Contract Cost Data

a. Total Project Cost of Contract \$ _____

Source of Funds: Federal \$ _____ State \$ _____

b. If contract is supported by federal funds, indicate: grant/project title,

c. If contract is supported by state funds, indicate: source(s) and amount

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Provide answer if using state funds.

[Empty response area for question 11]

a. Does an identified or anticipated reason now exist which would indicate year? YES NO

If YES, explain: _____

b. Will the contract provide for cancellation by the Department upon a contractor? YES NO

5. Financial and Contract Cost Data

a. Total Project Cost of Contract \$ _____

Source of Funds: Federal \$ _____ State \$ _____

b. If contract is supported by federal funds, indicate: grant/project title,

c. If contract is supported by state funds, indicate: source(s) and amount

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12 Check box as appropriate. if 'NO' was selected, provide explanation.

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Was the contract cost included in the original Budget Request? YES NO

If no, explain: _____

Describe in detail how the projected cost of the contract was derived (attach proposed budget when applicable):



13 Provide detailed response on how the cost of the project was determined.

d. Was the contract cost included in the original Budget Request?

If no, explain: _____

e. Describe in detail how the projected cost of the contract was derived (a



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Enter basis for payment as relevant per options provided. If travel or other expenses are allowed, include that under Other with amount.

If no, explain: _____

e. Describe in detail how the projected cost of the contract was derived (attach proposed budget with supporting documents)

f. Basis for Payment: Hourly \$ _____ per hour
 Per Diem \$ _____ per day
 Fee for Service \$ _____ per service
 Other (explain) _____

g. Method of Payment: Straight Disbursement Inter-Account

h. Frequency of Payment: Monthly Quarterly Upon completion

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Check box as appropriate.

If no, explain: _____

e. Describe in detail how the projected cost of the contract was derived (attach proposed budget with supporting documents)

f. Basis for Payment: Hourly \$ _____ per hour
 Per Diem \$ _____ per day
 Fee for Service \$ _____ per service
 Other (explain) _____

g. Method of Payment: Straight Disbursement Inter-Account

h. Frequency of Payment: Monthly Quarterly Upon completion

18 Check box as appropriate.

g. Method of Payment: Straight Disbursement Inter-Account

h. Frequency of Payment: Monthly Quarterly Upo
 Other: Explain _____

i. Social Security Number (if individual) or IRS Federal I.D. number (if firm/corporate en
*NOTE: If professional employment contract with firm or corporate entity, attach a complete list of nar
officers, as well as all employees, performing work directly related to contract. If individual, attach na*

j. If an individual, will terms of contract require that the contractor be considered an "e
purposes? YES NO

6. Justification for Contracting with an Outside Provider to Perform Service
The following questions should be addressed, at a minimum:
(1) What in-house method(s) were considered and why were potential in-house method(s) rejecte
(2) Is the part of such nature that: it should be done independently of the agency to avoid conflict
expertise/qualifications; and/or legal or other special circumstances require the use of an outsi
(3) If services are needed on a continuing basis, describe efforts made to secure services through r
(4) Will agency personnel provide staff support services to the contractor?

19 Provide justification for contracting with outside provider. Questions 1-4 should be addressed at a minimum. If response is not sufficient it will be returned by Procurement Services.

*NOTE: If professional employment contract with firm or corporate entity, attach
officers, as well as all employees, performing work directly related to contract. If*

j. If an individual, will terms of contract require that the contractor be
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(3) If services are needed on a continuing basis, describe efforts made to secu
(4) Will agency personnel provide staff support services to the contractor?

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Enter names and addresses of all other consultants considered for this work. If a sole source justification was authorized by Procurement Services, enter "Sole Source Provider".

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7. Name and address of other provider(s) considered to perform the ser





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Provide explanation for how consultant was chosen. If through the RFP process, enter "Consultant awarded based on evaluation of proposals received through formal solicitation RFP-PSCXXX (Procurement Services will enter this number if unknown).

8. Basis for selection of the proposed contractor (explain process used in making decision. i.e., solicitation of proposals, references, and evaluation criteria applied):



9. Planned Supervision and Monitoring of the Contractor's Performance

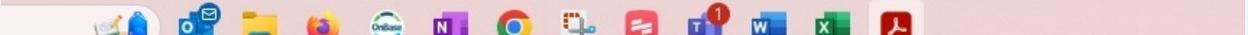
a. Name and Title of Responsible Individual:



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Enter the name, title, office, location, email address, and phone number of the individual that will be responsible for monitoring this contract with consultant. It is the Department Unit's responsibility to ensure that the maximum amount approved on the contract is not exceeded and that work does not extend past the expiration date.

	<p>8. Basis for selection of the proposed contractor (explain process used in references, and evaluation criteria applied): _____ _____ _____</p> <p>9. Planned Supervision and Monitoring of the Contractor's Performance</p> <p>a. Name and Title of Responsible Individual: _____ Office and Location: _____ Email Address and Telephone Number: _____</p> <p>b. Describe monitoring activities, both programmatic and fiscal, which monitoring needs will be addressed in the contract to facilitate this activity: _____ _____</p>
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Provide description of activities by the department unit to monitor consultant activities as well as fiscal activities.

	<p>9. Planned Supervision and Monitoring of the Contractor's Performance</p> <p>a. Name and Title of Responsible Individual: _____</p> <p>Office and Location: _____</p> <p>Email Address and Telephone Number: _____</p> <p>b. Describe monitoring activities, both programmatic and fiscal, which v monitoring needs will be addressed in the contract to facilitate this a</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>SIGNATURES</p>
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Send completed PON to Procurement Services for review **PRIOR** to obtaining any signatures. If edits are needed after signatures are obtained, new signatures or initials will have to be requested from the consultant indicating approval of the changes.

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Department Chair / Head to sign. Printed name, title, and date are required and document will be returned by Procurement Services if missing or not legible.

monitoring needs will be addressed in the contract to facilitate

SIGNATURES

Recommended By: _____
Department Chair / Head Signature

Print Name

Title

Date

