



# SOUTHERN UNIVERSITY SYSTEM REQUEST FOR PROFESSIONAL SERVICES CONTRACTUAL APPROVAL FORM

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CAMPUS LOCATION: \_\_\_\_\_

CAMPUS MAILING ADDRESS: \_\_\_\_\_

**PURCHASING DEPARTMENT USE ONLY:**

ENCUMBERED [ ] FUNDS AVAILABLE [ ]

DOC. I.D.#: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

FRS VENDOR # \_\_\_\_\_

LINE NO.	CAMPUS FUND	ACCOUNT CODE	OBJECT	SUB-OBJECT	AMOUNT
01			74040		

This is to certify that the attached contract between \_\_\_\_\_ of  
**NAME OF CONTRACTOR**

Zip Code: \_\_\_\_\_

**MAILING ADDRESS OF CONTRACTOR**

And Southern University Shreveport in the amount of \$ \_\_\_\_\_

has been prepared in accordance with State Regulations for the procurement of Professional, Personal, Social and Consulting Services. This contract covers the period \_\_\_\_\_.

[ ] FEDERAL TAX IDENTIFICATION NO. \_\_\_\_\_ [ ] SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR, END USER OR DEPARTMENTAL REPRESENTATIVE TELEPHONE NO. \_\_\_\_\_

## RECOMMENDATION FOR APPROVAL SIGNATURES:

\_\_\_\_\_  
STUDENT ADVISOR (IF APPLICABLE)

\_\_\_\_\_  
DIRECTOR OF HUMAN RESOURCES (PERSONNEL)

\_\_\_\_\_  
DIRECTOR OR DEPARTMENT HEAD

\_\_\_\_\_  
DIRECTOR OF PURCHASING

\_\_\_\_\_  
DEAN OR VICE CHANCELLOR

\_\_\_\_\_  
VICE CHANCELLOR FOR FINANCE & ADMINISTRATION

Southern University  
Shreveport, La 71107

LETTER OF CERTIFICATION

Dr. Ray L. Belton, President/Chancellor  
Southern University System  
Baton Rouge, Louisiana 70813

Dear Dr. Belton:

In reference to the enclosed contract, we do certify the following:

1. Either no employee of our agency is both competent and available to perform the services called for by The proposed contract or the services called for are not the type readily susceptible of being performed By persons who are employed by the state on a continuing basis;
2. The services are not available as a product of a prior or existing Professional, Personal, Consulting or Social services contract;
3. When applicable, the requirements for consulting or social services contracts, as provided for under Louisiana Revised Statutes' Title 39:1595, have been complied with;
4. The \_\_\_\_\_ Department has developed and fully intends to implement a written plan providing for:
  - A. The assignment to \_\_\_\_\_ to a monitoring and liaison function; and
  - B. The periodic review of interim reports or other indicia of performance to date; and
  - C. The ultimate use of the final product of the services.
5. A cost-benefit analysis has been conducted which indicates that obtaining such services from the private sector is more cost-effective than providing such services by the agency itself or by an agreement with another state agency and includes both a short-term and a long-term analysis and is available for review.
6. The cost basis for the proposed contract is justified and reasonable.
7. A description of the specific goals and objectives, deliverables, performance measures and a plan for monitoring the services to be provided is contained in the proposed contract.
8. An inquiry has been conducted to determine if the contract outsources a key internal control of the agency. The results have been documented in the agency's files and are available for review, upon request. If warranted, the RFP and contract have included provisions, which address the need for assurances and/or monitoring of the key internal control.
9. **The Board of Regents has been notified, in accordance with R.S. 39:136 of services that are the type readily susceptible of being performed by persons who are employed by or who are students of a postsecondary institution of the state.**

Sincerely,

\_\_\_\_\_  
Name of Authorized Preparer

\_\_\_\_\_  
Title

REVISED OCTOBER 2016

## PROFESSIONAL SERVICES CONTRACT

BE IT KNOWN, that on this day of \_\_\_\_\_ Southern University  
System,  
Shreveport, Louisiana 71107, hereinafter sometimes referred to as the "University" and

Whose address is: \_\_\_\_\_  
City: Atlanta State: GA Zip: \_\_\_\_\_  
Whose Telephone No. is: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_ Cellular No.: \_\_\_\_\_  
Email address: \_\_\_\_\_, hereinafter sometimes referred to as "Contractor" does  
hereby enter into contract under the following terms and conditions:

1.

**SCOPE OF SERVICES:**

Contractor hereby agrees to furnish the following services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.

**SPECIFIC GOALS AND OBJECTIVES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.

**MEASURES OF PERFORMANCE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.

**MONITORING PLAN:**

\_\_\_\_\_  
The contract monitor will be ( \_\_\_\_\_  
\_\_\_\_\_

5.

**PAYMENT TERMS**

In consideration of the services described above, the University hereby agrees to pay to the contractor a maximum fee of \$ \_\_\_\_\_. Payment will be made only on approval of \_\_\_\_\_  
If progress and/or completion to the reasonable satisfaction of Southern University are obtained, payments are scheduled as follows: \_\_\_\_\_  
\_\_\_\_\_

6.

**TERMINATION FOR CONVENIENCE**

The University may terminate this contract at any time by giving thirty (30) day's written notice to the contractor. The contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

7.

**TERMINATION FOR CAUSE**

The University may terminate this contract for cause based upon the failure of the contractor to comply with the terms and/or conditions of the contract; provided that the University shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have either corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then the University may, at its option, place the Contractor in default and the Contract shall terminate on the date specified in such notice. The Contractor may exercise any rights available to it under Louisiana Law to terminate for cause upon the failure of the University to comply with terms and conditions of this contract; provided that the Contractor shall give the University written notice specifying the University's failure and a reasonable opportunity for the University to cure the defect.

8.

**REMEDIES FOR DEFAULT**

Any claim or controversy arising out of this contract shall be resolved by the provisions of Louisiana Statutes Annotated (LSA) –Revised Statutes (R.S.) 39:1672.2-1672.4; 39:1524-1526.

9.

**RECORD OWNERSHIP**

Upon completion of this contract, or if terminated earlier, all records, reports, documents and other material delivered or transmitted to Contractor by the University shall remain the property of the University, and shall be returned by Contractor to the University, at Contractor's expense, at termination or expiration of this contract. All records, reports, worksheets, documents or other material related to this contract and/or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of the University, and shall, upon request, be returned by Contractor to the University, at Contractor's expense, at termination or expiration of this contract.

10.

**NONASSIGNABILITY**

No contractor shall assign any interest in this contract by assignment, transfer, or notation without prior written consent of the University. This provision shall not be construed to prohibit the contractor from assigning his bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the University.

11.

**AUDITORS**

It is hereby agreed that the Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration auditors shall have the option of auditing all accounts of contractor which relate to this contract.

12.

**FISCAL FUNDING**

The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

13.

**E-VERIFY**

Contractor acknowledges and agrees to comply with the provisions of La. R.S. 38:2212.10 and federal law pertaining to E-Verify in the performance of services under this contract.

14.

**GOVERNING LAW**

This contract shall be governed by and interpreted in accordance with the laws of the State of Louisiana, including but not limited to La. R.S. 39:1551-1736; rules and regulations, executive orders; standard terms and conditions, special terms and conditions, and specifications listed in the RFP (if applicable); and this contract. Venue of any action brought, after exhaustion of administrative remedies, with regard to this contract shall be in the Nineteenth Judicial District Court, Parish of East Baton Rouge, State of Louisiana.

15.

**DISCRIMINATION CLAUSES**

The contractor agrees to abide by the requirements of the following as applicable: Title VI of Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

16.

**CONTINUING OBLIGATION**

Contractor has a continuing obligation to disclose any suspensions or debarment by any government entity, including but not limited to General Services Administration (GSA). Failure to disclose may constitute ground for suspension and/or termination of the contract and debarment from future contracts.

17.

**ELIGIBILITY STATUS**

Contractor and each tier of Subcontractors, shall certify that it is not on the list of Parties Excluded from Federal Procurement or Non-Procurement Programs promulgated in accordance with E.O's 12549 and 12689, "Debarment and Suspension," as set forth at 24CFR part 24.

18.

**CONTRACTOR'S COOPERATION**

The Contractor has the duty to fully cooperate with the University and provide any and all requested information, documentation, etc., to the University when requested. This applies even if this contract is terminated and/or a lawsuit is filed. Specifically, the contractor shall not limit or impede the State's right to audit or shall not withhold State owned documents.

19.

**COMMISSIONER'S STATEMENTS**

Statements, acts and omissions made by or on behalf of the Commissioner of Administration regarding the RFP or RFP process, this contract, any contractor and/or any subcontractor of the Contractor shall not be deemed a conflict of interest when the Commissioner is discharging his duties and responsibilities under law, including, but not limited, to the Commissioner of Administration's authority in procurement matters.

20.

**TRAVEL EXPENSES**

No more than (\$ \_\_\_\_\_ ) of the total maximum payable under this contract shall be paid or received as reimbursement for travel and other reimbursable expenses; and Travel expenses shall be reimbursed in accordance with Division of Administration Policy and Procedure Memorandum PPM #49.

21.

**TAXES**

Contractor hereby agrees that the responsibility for payment of taxes from the funds thus received under this contract and/or Legislative appropriation shall be contractor's obligation and identified under Federal Tax Identification Number: \_\_\_\_\_

**TERM OF CONTRACT**

This contract shall begin on \_\_\_\_\_ and shall terminate on \_\_\_\_\_ .

**GENERAL AUTHORITY**

This contract was prepared in accordance with the State of Louisiana, Revised Statute 39:1551-1736, 39:1595 and the Office of Contractual Review, Division of Administration and Southern University System's Administrative and Fiscal Policies and Procedures governing Professional, Personal, Consulting and Social Services. Contracts prepared for a dollar amount that exceeds \$20,000.00 shall require the approval of the President of the Southern University System, Department of Civil Service and the Director of the Office of Contractual Review, Division of Administration. **NO CONTRACT SHALL BE VALID UNTIL ALL APPROVALS HAVE BEEN OBTAINED.**

IN WITNESS WHEREOF, the parties have executed this agreement as of this day of \_\_\_\_\_ .

**CONTRACTOR**

**SOUTHERN UNIVERSITY SYSTEM – Shreveport**

By: \_\_\_\_\_  
Signature of Contractor

By: \_\_\_\_\_  
**CHANCELLOR**

\_\_\_\_\_  
*Printed or Typed Name of Above*

\_\_\_\_\_  
*Printed or Typed Name of Above*

**WITNESSED:**

**WITNESSED:**

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

**WITNESSED:**

**WITNESSED:**

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

**APPROVED:**

\_\_\_\_\_  
**SOUTHERN UNIVERSITY SYSTEM**

**WITNESSED:**

\_\_\_\_\_

**WITNESSED:**

\_\_\_\_\_

Date \_\_\_\_\_

# CONSULTANT AUTHORIZATION FORM

TO BE COMPLETED IN SUPPORT OF ALL REQUESTS FOR PAYMENT OF CONTRACTUAL EXPENSES.

The \_\_\_\_\_ is hereby requesting approval to employ the  
NAME OF DEPARTMENT, GRANT OR PROGRAM

Individual identified below as a consultant on Account Number: \_\_\_\_\_

Name of person/company: \_\_\_\_\_

CONSULTANT'S PRESENT JOB TITLE \_\_\_\_\_ FEDERAL TAX IDENTIFICATION NO. \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ [ ] PART TIME  
[ ] FULL TIME

BUSINESS ADDRESS: \_\_\_\_\_  
CITY Atlanta STATE GA ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLACE OF SERVICE \_\_\_\_\_ DATE(S) OF SERVICE(S) \_\_\_\_\_

AMOUNT TO BE PAID: \_\_\_\_\_

- A. GIVE PURPOSE OR STATE NEED OF CONSULTATION SERVICE (STATE SPECIFIC SERVICE TO BE PERFORMED OR RENDERED):
- B. GIVE METHOD OR REASONS FOR SELECTION OF THE ABOVE CONSULTANT:
- C. INDICATE HOW FEE AMOUNT WAS DETERMINED. (INDICATE AMOUNT OF HOURLY OR DAILY RATE OF PAY):
- D. INDICATE WHY PERSONS PRESENTLY ON SOUTHERN UNIVERSITY PAYROLL CANNOT PROVIDE SERVICE(S):
- E. IS THIS INDIVIDUAL AN EMPLOYEE OF THE FEDERAL GOVERNMENT? YES  NO   
IS THIS INDIVIDUAL AN EMPLOYEE OF THE UNIVERSITY? YES  NO   
IS THIS INDIVIDUAL A RETIRED UNIVERSITY EMPLOYEE? YES  NO  (if yes, what is effective date)
- F. LIST NAMES OF ALL CONSULTANTS OR CONTRACTORS CONSIDERED:

AS PRINCIPAL INVESTIGATOR, I HEREBY CERTIFY THAT:

1. THESE SERVICES ARE ESSENTIAL AND CANNOT BE OR PROVIDED BY PERSONS RECEIVING SALARY ON THE GRANT OR OTHERWISE COMPENSATED FOR THEIR SERVICES.
2. A SELECTION PROCESS HAS BEEN EMPLOYED TO SECURE THE QUALIFIED PERSON AVAILABLE.
3. THE CHARGE IS APPROPRIATE CONSIDERING THE QUALIFICATION OF THE CONSULTANT, HIS NORMAL CHARGES, AND THE NATURE OF THE SERVICE RENDERED.
4. IF THE CONSULTANT IS A SOUTHERN UNIVERSITY EMPLOYEE, CONSULTATION IS ACROSS DEPARTMENTAL LINES AND IN ADDITION TO REGULAR DUTIES AND/OR INVOLVES A SEPARATE OR REMOTE OPERATION AND IS IN ADDITION TO THE CONSULTANT'S REGULAR DEPARTMENTAL WORKLOAD.

\_\_\_\_\_  
DEPARTMENTAL CHAIRPERSON

\_\_\_\_\_  
PRINCIPLE INVESTIGATOR OR REQUESTOR

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
INSTITUTIONAL REPRESENTATIVE - CHANCELLOR

\_\_\_\_\_  
DATE

**SOUTHERN UNIVERSITY**  
**3050 Martin Luther King, Jr. Drive**  
**Shreveport, LA 71107**

**TIME SHEET**

**GRANT NUMBER OR**

DEPARTMENTAL CODE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**Date(s) of Service(s):**

**Time Period of Service(s) Hours-C. S. T:**


**I HEREBY CERTIFY THAT SERVICES WERE RENDERED BY ME ON THE DATE(S) AND THE TIME PERIOD AS SPECIFIED ABOVE.**

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  
(THE NAME OF A PERSON WRITTEN WITH HIS/HER HAND)

\_\_\_\_\_  
TYPE OR PRINT NAME

\_\_\_\_\_  
DIRECTOR/DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DIRECTOR OF HUMAN RESOURCES (PERSONNEL)

**(THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE UPON COMPLETION OF SERVICES) PLEASE ATTACH A COPY OF APPROVED CONTRACT, WHEN APPLICABLE.**

AMOUNT: \$ \_\_\_\_\_



**SEE SEPARATE PAGE FOR W-9 FORM - SEE ATTACHED FILLABLE PDF**

REVISED OCTOBER 2016

**CONTRACTUAL PERFORMANCE EVALUATION FORM**  
**PROFESSIONAL, PERSONAL, CONSULTING AND SOCIAL SERVICES**  
**SOUTHERN UNIVERSITY SYSTEM**

Name of Contractor: \_\_\_\_\_ Beginning and Ending Dates of Contract  
From: \_\_\_\_\_ To: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Signature of Program Monitor/Evaluator: \_\_\_\_\_ SU CONTRACT NO. \_\_\_\_\_

Approved by: \_\_\_\_\_ DOA CONTRACT NO. \_\_\_\_\_  
DEPARTMENT HEAD

AGENCY CONTRACT NUMBER: \_\_\_\_\_ CFMS CONTRACT NO. \_\_\_\_\_

CONTRACT AMOUNT: \$ \_\_\_\_\_ ACTUAL AMOUNT PAID: \$ \_\_\_\_\_

PURCHASE REQUISITION NO: \_\_\_\_\_ PURCHASE ORDER NO: \_\_\_\_\_

CONTRACTUAL COST BASIS:  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTUAL MODIFICATIONS:  
NUMBER: \_\_\_\_\_  
Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF SERVICES (WHAT WERE THE SERVICES BEING PROVIDED ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELIVERABLE PRODUCTS:  
(What were the final products ? \_\_\_\_\_  
(Were they delivered on time ? ) \_\_\_\_\_  
(Were they usable ? If so, how ? If not, why not ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROBLEMS ENCOUNTERED:  
OVERALL PERFORMANCE (CHECK ONE ):  SATISFACTORY  UNSATISFACTORY

Weak Points: \_\_\_\_\_  
\_\_\_\_\_

Strong Points: \_\_\_\_\_  
\_\_\_\_\_

Would you hire this contractor again? \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF PROGRAM OFFICIAL RESPONSIBLE FOR MONITORING AND FINAL ACCEPTANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(THIS FORM MUST BE SUBMITTED TO THE PURCHASING DEPARTMENT UPON COMPLETION OF SERVICES)**