

**Dartmouth College**  
**Independent Consultant/Independent Contractor Service Agreement**  
**Effective: September 2018/Updated: March 2021**

This Independent Consultant/Independent Contractor Service Agreement (the "Agreement") must be filled out completely, signed by both parties, and approved by the Office of Procurement Services prior to the Independent Consultant/Contractor performing any work or providing services under the Agreement. The Dartmouth College Standard Terms and Conditions of Purchase (available at [https://www.dartmouth.edu/finance/forms-policies-systems/policy\\_library/termsandconditions.php](https://www.dartmouth.edu/finance/forms-policies-systems/policy_library/termsandconditions.php)) will be applied for any services rendered under this Agreement, and are incorporated herein by reference. The Office of Procurement Services must be contacted to review and approve any proposed amendments or additions to the Standard Terms. ANY PURPORTED APPLICATION OF TERMS AND CONDITIONS INCONSISTENT WITH OR IN ADDITION TO THE DARTMOUTH COLLEGE STANDARD TERMS AND CONDITIONS OF PURCHASE SHALL BE NULL AND VOID UNLESS EXPRESSLY ACCEPTED IN WRITING BY AN AUTHORIZED REPRESENTATIVE OF DARTMOUTH.

*Review Independent Consultant/Contractor Status Checklist on page 3 first for classification requirements*

**Note to New Vendors:** y \_\_\_\_\_ h †  
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**Part I: Independent Consultant/Contractor Information (to be completed by Independent Consultant/Contractor)**

1. Name of Independent Consultant/Contractor:
2. Name of company (if different):
3. Permanent address:
4. Address for payments (if different):
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Are you currently or have you ever been a Dartmouth College employee?  
Yes    No    If Yes, please indicate dates of employment: \_\_\_\_\_

**Part II: Services Information (to be completed by Department representative)**

1. Department requesting services:
2. Department contact person:
3. Department contact phone number:
4. Has the Consultant/Contractor previously been engaged by your Department to provide services?  
Yes    No    If Yes, please indicate month(s) and year(s) of previous engagement(s): \_\_\_\_\_
5. Describe the ***nature of services*** to be performed and how services will be provided (***please provide a scope of work attachment if available***):

6. Describe the **fees** payable to Independent Consultant/Contractor in connection with this Agreement. **Please note whether these fees are inclusive of expenses, or if expenses will be reimbursed in addition to the quoted fees):**
  
7. Indicate the **term** for which the Independent Consultant/Contractor is being engaged (e.g., one year, or from/to a certain date). **Note: the term period may not exceed 12 months, if work extends beyond one year, a new agreement must be completed at that time. Note: whether this agreement will be for a single task/project or whether it is expected that the Independent Consultant/Contractor will do multiple pieces of work over the indicated time period:**
  
8. Briefly describe the **selection criteria** used for this Independent Consultant/Contractor (e.g., education, training, experience). **If the total value of the engagement and this Agreement will exceed \$9,999, please attach (i) a sole source justification for selection and reasonableness of cost OR (ii) three quotes for the services to be provided:**
  
9. **Does any individual who participated in the selection of the Independent Consultant/Contractor on behalf of the College have a familial or other personal or business relationship with this Independent Consultant/Contractor?**  
 Yes      No (If Yes, please describe):

**Part III: Signatures (to be signed by an authorized representative of Dartmouth and by Independent Consultant/Contractor; if the fees for this Agreement will be paid from sponsored award, a representative of the Dartmouth Office of Sponsored Projects must also sign below in acknowledgement of the services to be provided.)**

**TRUSTEES OF DARTMOUTH COLLEGE**

By:  
 Print name:  
 Title:  
 Date:

**Approved by Procurement Services:**

By:  
 Print Name:  
 Title:  
 Date:

**INDEPENDENT CONSULTANT/INDEPENDENT CONTRACTOR**

By:  
 Print name:  
 Title:  
 Date:

**Acknowledged by the Office of Sponsored Projects (if required):**

By:  
 Print name:  
 Title:  
 Date:

**Addendum to Standard Independent Contractor Service Agreement**

**Independent Contractor Status Worksheet to be completed by the Department in consultation with the Consultant/Contractor.**

**Consultant /Contractor name:**

This checklist will provide support for classifying an individual as an independent contractor and should be completed by the Department requesting payment. If all questions are answered “yes”, the individual will likely be approved as an independent contractor. If there are any “no” answers, please provide explanation in the space provided at the bottom of this checklist. When an individual is approved as an independent contractor, payments will be processed through Accounts Payable. *Note: A misclassification of an individual as an independent contractor may result in taxes, interest, and penalties being assessed by the IRS. If this happens, the Department will be billed for their proportional share of these assessments.*

|   | Yes | No |
|---|-----|----|
| <b>Behavioral Control Factors:</b>  |     |    |
| 1.Does the individual make decisions as to when, where, and how the work is to be performed?                              |     |    |
| 2.Does the individual have the necessary training or skills to perform the task?  |     |    |
| 3.Does the individual hire, supervise, and pay their own employees or assistants?   |     |    |
| 4.Does the individual set their own work hours?   |     |    |
| 5.Does the individual determine the sequence of tasks required to complete the work?                                      |     |    |
| 6.Are regular written or oral reports required to be submitted to Dartmouth College?                                      |     |    |
| <b>Financial Factors:</b>   |     |    |
| 7.Is the individual performing their services as a separate company with a Federal Tax ID?                                |     |    |
| 8.Does the individual receive payments on the basis of set deliverables?  |     |    |
| 9.Does the individual furnish their own space, tools, and materials?  |     |    |
| 10.Is the individual able to make a profit or potentially suffer a loss for this work?                                    |     |    |
| <b>Relationship Factors:</b>  |     |    |
| 11.Does the individual provide similar services to other non-Dartmouth clients or advertise their services to the public? |     |    |
| 12.Would the department expect to hold payment or receive money back if goods or services are not delivered?              |     |    |
| 13.There is not an employee providing similar services in our department (True = Yes; False = No)                         |     |    |

Explanation(s) for any “No” answers:

**Completed By:**

I confirm that the answers provided above are true and complete to the best of my knowledge in consultation with the Consultant/Contractor.

Signature:

Date:

Print Name:

Title:

Department Name:

Division Finance Center: