

PROJECT DIRECTOR/MANAGER CERTIFICATION

- 1) I understand that the prospective contractor/consultant must complete the Independent Contractor Packet and submit to me and from there I will submit the packet and this form to Foundation Human Resources.
- 2) I certify that I have reviewed the Foundation's guidelines for classifying Independent Contractors and the guidelines have been met.
- 3) I understand that the contractor may not begin the project until the Independent Contractor Packet is approved by Foundation Human Resources and that I (or my designee) should follow up with Foundation Human Resources (ext. 2373).
- 4) I approve of the terms and conditions that are outlined in the Independent Contractor Packet (pay, scope of work, dates, etc.).
- 5) I understand that in order to pay the contractor/consultant, a Vender Data Record must be completed and submitted to the Foundation Accounting Department with P.O./Check Request.
- 6) I understand that if the Independent Contractor Packet is fully completed with no discrepancies, the approval process will take 3 to 5 business days.
- 7)
 - a. Will contractor be working directly with minors and/or elderly or access a facility with minors and/or elderly (e.g. a school, day camp, childcare facility)? YES NO
 - b. Will the contractor have access to detailed personally identifiable information about students, faculty, staff, or alumni that is protected, personal, or sensitive? YES NO
 - c. Will the contractor have access to controlled or hazardous substances? YES NO
 - d. Will the contractor have responsibility for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury or health issues? YES NO

Project Director/Manager Name (Print)

Signature

Date

E-mail

Ext.

FOR QUESTIONS REGARDING THIS CHECK REQUEST, FOUNDATION SHOULD CONTACT:

Name

Email

Extension

Department