**PERSONAL SERVICES CONTRACT CHECKLIST**

Amount of activity including renewals, amendments, travel and reimbursements does not exceed $25,000.

Contract is not being inappropriately split in order to avoid competitive limits or signature authority thresholds.

Confirmed contractor is not a UO employee in Banner.

This agreement does not give rise to issues involving the UO Ethics Policy or conflicts of interest.

Verified contractor’s full legal name and entity status with applicable Secretary of State Business Registry (not applicable for contracts with individuals).

All required form-fill fields are completed.

All required contract exhibits are attached.

Independent Contractor Certification Statement has been fully completed and signed by Contractor, and has been signed by Department.

The statement of work identifies the scope of the project, including any tasks, milestones, deliverables and timelines with enough clarity for an independent third party to ascertain all parties’ obligations without the need to go outside of the contract for clarification.

If SPS approval is required it was obtained.

For grant funded Contracts, the following was confirmed:

Contractor is not on the Excluded Parties or Debarred Contractors listing.

Grant dates cover Contract services period as verified in Banner.

Grant funds are available as verified in Banner.

Department verified expenditure is allowable, allocable and reasonable.

If grant required special terms, those terms are included in the Contract.

All other required approvals were obtained. See Approvals List: <https://pcs.uoregon.edu/content/forms>

Neither contractor nor department has made any changes to contract or terms and conditions.

If Insurance is required, a Certificate of Insurance and Endorsement was obtained as required.

The employee approving and signing the contract has currently approved Level 2 Contracting Authority.

Contract file for this matter contains all required documentation including, but not limited to the signed contract, this checklist, notes and related communications.

**Please contact PCS if you have any questions regarding the PSC process.**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_