

Determine Consultant Status

Vendor Name: _____

Tax ID - SSN \ ITIN \ EIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

1. Is the proposed consultant a former Brandeis employee or student? Yes No

2. Do they provide similar services to other clients and or business outside the university? Please attach a copy of their business card, copy of their advertisement, or letterhead to this form. Yes No

3. Do they engage in entrepreneurial activities in an established business, at risk for profit or loss? Yes No

4. Will they receive any training, supervision, or instruction from Brandeis University other than conveying the scope of services desired? Yes No

5. Will they be responsible for determining means and methods to use to perform services? Yes No

6. Will they provide their own supplies, equipment, forms, etc. necessary to perform services? Yes No

7. Do they maintain sufficient insurance to protect against work related injuries and damage to University property? Yes No

8. Will they set their own priorities on time, amount of effort, and hours of work to accomplish services within stated time frame? Yes No

9. How will they be paid? Hourly Rate Set Fee

10. Will they have control over hiring or supervising Brandeis University employees? Yes No

11. Is this the first time they will perform services for Brandeis University? Yes No

12. If "no" to #11, what other department(s) at Brandeis have used this consultant?

I certify that the above information is accurate and complete to the best of my knowledge.

Signature of requestor: _____ Date: _____

AP use only

[C] Agreement Number _____

Encumbered amount _____ Date: _____ Name: _____

New Vendor: _____ Vendor Short Name: _____ W-9 ___ W-8BEN ___

Approved by: _____ Date: _____