Dartmouth College Consultant/Independent Contractor Statement & Disclosure Form

Independent Contractor Certification

Name: _____ SSN/EIN _____
(see note below re: sole proprietorship)

Business Name: _____

Check one: Individual ____ Sole Proprietorship ____ Partnership ____ Corporation ____ Other _____

Permanent or Business address for tax purposes: _____
_____

The College desires to obtain services from the Independent Contractor as described below. The Independent contractor is in the business of providing such services.

1. ***Scope of Work***. The Independent Contractor will consult with and advise the College on matters and/or perform services relating to: _____
_____

The consultation and/or services will produce the following results: _____
_____

2. ***Place of Work.*** The Independent Contractor will perform the work described above from a place of business located at:
_____
_____

If the work is to be performed on College premises, the location of the Independent Contractor's principal place of business is:
_____
_____

3. ***Control of Job.*** In performance of the services described above, the Independent Contractor is free from direction and control by the College both as to the final results and as to the details of when, where and how the work is to be done.

4. ***Payment.*** Dartmouth College will pay the Independent Contractor the sum of $_____. Such payment shall be a lump sum or in installments as follows: _____

5. ***Term.*** The Independent Contractor's services will commence on _____, 20_____ and will continue through _____, 20_____.

_____ _____
Signature of Independent Contractor Date

Principal Investigator Certification (Required if payment charged to sponsored project)

Principal Investigator Name:_____

Sponsor Grant or Contract #: _____

Dartmouth College Acct. #: _____

I certify that:
- the above services are needed and can not be provided by employees of Dartmouth College;
- a selection process has been employed in order to secure the most qualified individual available; and
- the fee is appropriate considering the qualifications of the consultant, his/her normal charges, and the nature of the services provided.

_____ _____
Signature of Principal Investigator Date

College Approval:

Approved and/or Reviewed by: _____ _____

Authorized Signature Date

* If you are a sole proprietorship provide your individual filing name and social security number. In addition to your individual filing name please provide your business name on the line indicated.

For the purposes of this Form, the term "Independent Contractor" will refer to both Independent Contractors and Consultants.