

INDEPENDENT CONTRACTOR/CONSULTANT CERTIFICATION

(REQUIRED FOR ALL SOLE PROPRIETORS)

1. ARC Vendor ID Number (VIN): _____

FULL NAME OF BUSINESS FOR THE VIN GIVEN ABOVE:

2. Are you, or have you been in the last twelve (12) months an employee of Columbia University, Columbia Medical Center, or any of their affiliated institutions? ☐ Yes ☐ No

If yes, select all that apply ☐ Part-Time ☐ Full time ☐ Faculty

☐ Other (please specify): _____

3. Have you received wages or any payments from Columbia University, Columbia Medical Center, or any of their affiliated institution with in the last twelve (12) months? ☐ Yes ☐ No

If yes, please check type of payment: ☐ Consulting ☐ Wages

☐ Other (please specify): _____

4. Please **select each box that pertains to the service** that will be provided to Columbia University, or its affiliates:

☐ I will receive a flat fee for my services (fixed, negotiated, T&M, etc.) in accordance with a written contract, or PO form

☐ My services are made available to other organizations on a regular basis

☐ I will provide all the required equipment to complete my services

☐ I have the right to employ others to assist me in carrying out the contract services as assigned

☐ The retention of any such people is solely within my discretion, and any compensation will be paid by me

☐ I perform my duties on the University's campus, such as in a classroom or office space

☐ All expenses incurred in connection with the performance of my services for the University, including travel expenses, are to be borne by me, unless reimbursement is permitted in the terms of the contract and invoiced with appropriate documentation

☐ I retain the right to set my own daily schedule to perform and/or complete the contracted services

☐ If required, I will submit periodic written and/or oral progress reports to the responsible department chairman or business administrator as to the Project or work being performed

☐ The right to control the progress of the project or work being performed is at my discretion

☐ I contract to provide these services on a project-by-project basis. Nothing in this shall imply that either party has the right or obligations to receive or provide services for any period other than that covered by the contract

☐ I will not earn benefits (e.g. vacation, health insurance, retirement) from the University for my services to be performed

- ☐ I will not receive training, supervision, or instruction from the University on how to perform and/or complete the contracted services
- ☐ I understand that the University is not responsible for the financial results of the contracted services
- ☐ I am providing additional information which may be relevant to the determination of my status as an independent contractor (e.g. copies of invoices to other customers, newspaper and/or yellow pages advertisements, business cards, etc.)

5. CERTIFICATION OF INDEPENDENT CONTRACTOR:

I hereby certify that I am an Independent Contractor and that I have complied with all business licensing requirements. I certify that I pay my own/entity's federal, state and city income/social security and other taxes in accordance with estimated tax payment requirements. I acknowledge, that as an Independent Contractor, I am not eligible for worker, unemployment compensation, or any other university employee benefits. I understand that the university will issue a Form 1099 – MISC to independent contractors who receive over six hundred dollars (\$600) in remuneration during a calendar year. I acknowledge that providing false information will result in my not being eligible to contract with the university in the future and may result in further penalties.

Signature: _____ **Date:** _____

6. CERTIFICATION BY THE RESPONSIBLE COLUMBIA UNIVERSITY OFFICER:

I certify that the foregoing statements represents the truth to the best of my knowledge and that all appropriate university Purchasing Approvals have been fulfilled. I understand that if it is subsequently determined that additional fees, costs, and/or, penalties arise with respect to this contract, they may be charged to my school, or department, this certification applies: (please check box below)

☐ One time Only ☐ For one (1) year from the date of certification

Signature: _____ **Date:** _____

Title: _____

Note: If not approved, any payment for services must be processed through the Columbia University Office of Human Resources Payroll System.