

**Legislative Research Commission**  
**Personal Services Contract Proof of Necessity (PON)**

Contract Number \_\_\_\_\_

Agency: University of Louisville

Division, Branch, Etc. \_\_\_\_\_

**TYPE OF CONTRACT:**                      **New**                      **Renewal (Renegotiation)**                      **Extension (Time Only)**

**NOTE:** All questions must be answered fully. If space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Officer.

**1. Name & Address of Contractor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Effective Period of Contract:** Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**3. Explain work to be performed.** (Be specific. Include: Description of project, type(s) of service to be delivered, reports or products to be prepared, reason for duration of contract, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**4. Budget and Cancellation**

a. Does an identified or anticipated reason now exist which would indicate a need to renew the contract for the succeeding fiscal year?                      YES                      NO

If YES, explain: \_\_\_\_\_

b. Will the contract provide for cancellation by the Department upon a maximum of thirty (30) days or less written notice to the contractor?                      YES                      NO

**5. Financial and Contract Cost Data**

a. Total Project Cost of Contract \$ \_\_\_\_\_

Source of Funds: Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_ Local/Other \$ \_\_\_\_\_

b. If contract is supported by federal funds, indicate: grant/project title, grant I.D.#, and CFDA #

\_\_\_\_\_

c. If contract is supported by state funds, indicate: source(s) and amount(s) (i.e., General Fund, Trust and Agency, Other)

\_\_\_\_\_

d. Was the contract cost included in the original Budget Request? YES NO

If no, explain: \_\_\_\_\_

e. Describe in detail how the projected cost of the contract was derived (attach proposed budge when applicable):

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f. Basis for Payment: Hourly \$ \_\_\_\_\_ per hour  
Per Diem \$ \_\_\_\_\_ per day  
Fee for Service \$ \_\_\_\_\_ per service  
Other (explain) \_\_\_\_\_

g. Method of Payment: Straight Disbursement Inter-Account

h. Frequency of Payment: Monthly Quarterly Upon completion

Other: Explain \_\_\_\_\_

i. Social Security Number (if individual) or IRS Federal I.D. number (if firm/corporate entity): \_\_\_\_\_

**NOTE:** If professional employment contract with firm or corporate entity, attach a complete list of names and social security numbers of all officers, as well as all employees, performing work directly related to contract. If individual, attach name and social security number.

j. If an individual, will terms of contract require that the contractor be considered an "employee" of this Department for FICA purposes? YES NO

## 6. Justification for Contracting with an Outside Provider to Perform Service

The following questions should be addressed, **at a minimum**:

- (1) What in-house method(s) were considered and why were potential in-house method(s) rejected?
- (2) Is the part of such nature that: it should be done independently of the agency to avoid conflict of interest; it requires unique or special expertise/qualifications; and/or legal or other special circumstances require the use of an outside provider?
- (3) If services are needed on a continuing basis, describe efforts made to secure services through regular state employment channels.
- (4) Will agency personnel provide staff support services to the contractor?

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**7. Name and address of other provider(s) considered to perform the service (add more pages if needed):**

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**8. Basis for selection of the proposed contractor** (explain process used in making decision. i.e., solicitation of proposals/bids, references, and evaluation criteria applied): \_\_\_\_\_

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**9. Planned Supervision and Monitoring of the Contractor's Performance**

a. Name and Title of Responsible Individual: \_\_\_\_\_

Office and Location: \_\_\_\_\_

Email Address and Telephone Number: \_\_\_\_\_

b. Describe monitoring activities, both programmatic and fiscal, which will be performed, including the manner in which monitoring needs will be addressed in the contract to facilitate this activity.

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**SIGNATURES**

Recommended By: \_\_\_\_\_

Department Chair / Head Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_

Chief Financial Officer or Designee

\_\_\_\_\_  
Date