CONTRACT FOR SERVICES REQUEST FORM

Please Complete All Items and Submit 30 Days Prior to Start of Work
Any Missing Information Will Cause Delays in Processing This Request

CONTRACTOR INFORMATION

Title: ___________________________ Today's Date: ___________________________
Organization: ___________________________ Address 1: ___________________________
Name: ___________________________ Address 2: ___________________________
First Name*: ___________________________ City: ___________________________ State: __________ Zip: __________
Middle Name: ___________________________ Phone: ___________________________ Fax: __________
Last Name: ___________________________ Email: ___________________________
Soc Sec #: ___________________________ Has contractor been on SD Payroll? Yes [ ] No [ ]
EIN #: ___________________________

Check if Contract is with an Organization or a “dba”: [ ]

*Either the Individual with whom we are contracting or the person authorized to sign contracts for the Organization. This may not be the person with whom you are dealing at the Organization - make sure to double check if they are authorized to sign contracts. Nicknames are not acceptable. Names must be the same as reported on the W-9 form.

FOAP AND OTHER INFORMATION

Subcontract Start Date: ___________________________ Dept Contact for this Contract:
Subcontract End Date: ___________________________ PI Requesting Contract:
Name of Service: ___________________________ Fund Code:
State Equipment Used: ___________________________ Org. Code:
Account Code: ___________________________ Program Code:

SCOPE OF WORK Contractor to perform the following services:

EXPECTED OUTCOMES As a result of the above services, the following products or goals will be achieved:

REPORTING REQUIREMENTS As a result of the above services, the following reports will be required from the Contractor:

BUDGET

Terms of Payment: Installments [ ] Specify: ______ One time payment [ ]

<table>
<thead>
<tr>
<th>Contractor Fees</th>
<th>Travel Expenses</th>
<th>Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate:</td>
<td>Mileage (at $.23/mile):</td>
<td>Postage:</td>
</tr>
<tr>
<td>Per HR/WK/DAY/Trng</td>
<td>Lodging ($55.00 per day):</td>
<td>Copying:</td>
</tr>
<tr>
<td># of HRS/WKS/etc.:</td>
<td>Airfare:</td>
<td>Printing:</td>
</tr>
<tr>
<td>Meals (max $32 per day):</td>
<td>Phone:</td>
<td>Other (car rental, etc.):</td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Total:</td>
<td>Total:</td>
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</tbody>
</table>

Total Subcontract Amount: ___________________________

NOTES:

Revised: 11/16