



# Personal Service Contract

OFFICE OF SUPPORT SERVICES, MOREHEAD, KENTUCKY 40351

Personal Service Contract Number PS \_\_\_\_\_

This Personal Services Contract for \_\_\_\_\_ is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Morehead State University (MSU) and:

Name of Individual and/or Firm (The Second Party) \_\_\_\_\_ Social Security or Federal I.D. Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Effective Dates** Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

*No personal service contract amendment shall be presented to the GCRC for review any sooner than ninety (90) days after a committee action on the contract.*

### Services to be Delivered

Explain the purpose of the contract / project, i.e., the specific work to be performed, reports or products to be delivered, reason for the contract duration. Do not use acronyms and fully explain technical language. Attach a second page if necessary.

### Objective to be Accomplished

Explicitly describe the results desired from the use of an external service provider. Attach a second page if necessary.

### Contract Cost Data

\$ \_\_\_\_\_ Personal Services      \$ \_\_\_\_\_ Per Diem/Travel      \$ \_\_\_\_\_ Other      =      \$ \_\_\_\_\_ Total

### Contract Cost Detail

Describe hourly or daily rate of pay related to personal services, per diem rates, mileage estimates, air travel, lodging, and other related expenses.

The Second Party shall not be reimbursed for any expenses except as described above.

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

If contract supported by federal funds, indicate Grant/project title, ID number, and CFDA number: \_\_\_\_\_

**No services may be performed or payments rendered until all MSU administrative approvals are obtained. Contracts greater than \$10,000 require the prior approval of the Government Contract Review Committee (GCRC) of the General Assembly.**

### Submitted by

Departmental signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Vice President for Administration & Fiscal Services \_\_\_\_\_ Date \_\_\_\_\_

Dean/Vice President's signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Office of Support Services \_\_\_\_\_ Date \_\_\_\_\_

- Distribution:**  
White-Gov. Ct. Review Committee  
Yellow-Support Services  
Pink-Department  
Gold-Contractor



**PERSONAL SERVICE CONTRACT**  
**between**  
**MOREHEAD STATE UNIVERSITY**

and \_\_\_\_\_  
Name of Individual and/or Firm (The Second Party)

NO WORK SHALL BE INITIATED OR PERFORMED BY THE SECOND PARTY UNTIL ALL MSU APPROVALS ARE OBTAINED. CONTRACTS GREATER THAN \$10,000 REQUIRE THE PRIOR APPROVAL OF THE GOVERNMENT CONTRACT REVIEW COMMITTEE OF THE GENERAL ASSEMBLY.

THE SECOND PARTY IS AN INDEPENDENT CONTRACTOR AND THEREFORE AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

**Cancellation** – By either party upon 30 days written notice.

**Liability Insurance Waiver**

I do hereby waive any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of my participation in any activity related to Morehead State University. It is of my own accord and I understand and agree that neither Morehead State University or Morehead State University employee(s) shall assume or have any responsibility or liability for expenses or injuries resulting from my participation.

The undersigned hereby certifies that neither he/she nor any member of his/her immediate family having an interest of 10% or more in any business entity involved in the performance of the contract, has contributed more than the amount specified in KRS 121.056(2), to the campaign of the gubernatorial candidate elected at the election last preceding the date of this contract. The undersigned further swears under the penalty of perjury, that neither he/she or the Company which he/she represents, has knowingly violated any provisions of the campaign finance laws of the Commonwealth, and that the award of a contract to him/her or the Company which he/she represents will not violate any provisions of the campaign finance laws of the Commonwealth.

MSU is not liable for Social Security contribution pursuant to Section 418, 42 U.S. Code. Furthermore, IRS Form 1099 will be forwarded at the end of the calendar year if total payment(s) exceed \$600.

Are you actively receiving Kentucky Teachers' Retirement System (KTRS) Benefits?  Yes  No

If yes, have you been employed at any other KTRS agency during the current (July 1 – June 30) fiscal year?  Yes  No

**Contractor (Second Party)**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Company or Corporation

- Distribution:**  
White-Gov. Ct. Review Committee  
Yellow-Support Services  
Pink-Department  
Gold-Contractor

