

Sr. Project Manager	\$75.00 per hr
Accredited Asbestos Manager Planner	\$75.00 per hr
Licensed Asbestos & Mold building inspector	\$75.00 per hr
Graduate Engineer (or Engineer-in-Training)	\$60.00 per hr
Graduate Geologist	\$60.00 per hr
CAD Technician/Draftsperson	\$60.00 per hr
Word Processing/Clerical	\$40.00 per hr

2. Reimbursements:

Actual Cost
(back up receipt required)

Printing

Testing

Other Expenses
(work not approved if under
Another Master Agreement)

B. CONDITIONS:

1. There shall be no additional charge for overhead or profit nor for overtime.
2. The Engineer/Geologist is expected to use personnel appropriate for the job. If personnel with higher qualifications than required are used, the rate of pay shall be that appropriate for the job rather than the rates the personnel might be entitled to for work requiring their additional qualifications.
3. Relative to portal to portal pay travel expenses, the following conditions shall prevail:
 - (a) Payment may be requested for actual time spent on behalf of the University at the contract per diem hourly rates.
 - (b) Mileage expenses shall not be claimed.

ARTICLE III – RECORDS AND PAYMENTS:

- A. The engineer/geologist shall keep an accurate record of time and expense on each project, and such records shall be accessible to the University for examination upon request.
- B. Within thirty (30) days after completion of a project, the engineer/geologist shall render an itemized invoice on the standard invoice and receiving report form of the University. After same has been audited and approved, it will be processed for payment in routine manner and form, as prescribed for payment of obligations

ARTICLE IV – TENURE OF CONTRACT AND TERMINATION RIGHTS:

- A. Contract shall begin upon award of contract and end June 30 of each year with annual renewals thereafter subject to cancellation by the University.
- B. No adjustment in the contract unit fees will be permitted.
- C. Pursuant to 200 KAR 5:312, the Owner may terminate this Agreement when, in the opinion of the Owner, the A/E is in breach of any of the terms and conditions of this Agreement.

The Owner shall also have the right to terminate this Agreement for its own convenience as authorized under KAR 5:312.

ARTICLE V – AGREEMENTS AND UNDERSTANDINGS:

- A. It shall be understood and agreed that not any contract or agreement will be effective and binding against the Owner until the unit Price Contract has been approved and issued by Eastern Kentucky University and one (1) copy of the Agreement filed with the Legislative Research Commission, with each such copy being accompanied by documentation of the need for such service.
- B. The Engineer/Geologist 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 this 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.
- C. The Engineer/Geologist acknowledges and understands that no payment may be made under this agreement before completion of the procedure provided for by KRS 45A.695 unless and until alternate actions occur as set out in KRS 45A.695(7).
- D. It shall not be construed that any legal or financial responsibility is constituted on behalf of the Owner by the contract unless the Owner directs the engineer/geologist, in writing, to perform services as hereinbefore outlined in this agreement.
- E. The Engineer/Geologist agrees to commence services, when directed by the Owner upon a prompt and reasonable date and complete same at the earliest possible time.
- F. All reports, drawings and specifications, as instruments of services shall be the property of the Owner whether or not the work for which they are made be executed.
- G. It is agreed by and between the parties hereto that the Engineer/Geologist will observe the Eastern Kentucky University and will not solicit or employ University employees in conjunction with his work under this contract without the approval of the Owner and the head of the department in which the employee is employed. The Owner and the Engineer hereby agree to the performance of the covenants contained herein.
- H. **MINIMUM INSURANCE REQUIREMENTS:** The Engineer shall maintain the following or equivalent insurance policies at no less than the limits shown below and cause its sub consultants to maintain similar insurance with limits acceptable to the University:

COVERAGE	LIMITS
Professional Liability	\$250,000 per claim, \$500,000 aggregate
General Liability	\$1 million per occurrence, \$2 million aggregate
Worker’s Compensation	Statutory
Employer’s liability	\$ 500,000

The policies above shall contain the following conditions:

- 1. The University shall be named as an additional insured in the Engineer’s general liability policy.
- 2. The Engineer’s general liability shall be primary to any insurance or self-insurance retained by the Commonwealth of Kentucky.
- 3. The University shall be provided at least 30 days notice in the event any of the required policies are canceled or non-renewed.
- 4. Professional Liability (Errors and Omission) policies shall be maintained for a minimum of three (3) years beyond the completion date of the project, to the extent commercially available. If not commercially available, the Engineer shall notify the Owner and obtain similar insurance that is commercially available and acceptable to the University.
- 5. A copy of the certificate of insurance shall be provided by the Engineer to the Owner upon

REQUIRED AFFIDAVIT FOR BIDDERS, OFFERORS AND CONTRACTORS CLAIMING RESIDENT BIDDER STATUS

FOR BIDS AND CONTRACTS IN GENERAL:

The bidder or offeror hereby swears and affirms under penalty of perjury that, in accordance with KRS 45A.494(2), the entity bidding is an individual, partnership, association, corporation, or other business entity that, on the date the contract is first advertised or announced as available for bidding:

- 1. Is authorized to transact business in the Commonwealth;
- 2. Has for one year prior to and through the date of advertisement
 - a. Filed Kentucky corporate income taxes;
 - b. Made payments to the Kentucky unemployment insurance fund established in KRS 341.49; and
 - c. Maintained a Kentucky workers' compensation policy in effect.

The BIDDING AGENCY reserves the right to request documentation supporting a bidder's claim of resident bidder status. Failure to provide such documentation upon request shall result in disqualification of the bidder or contract termination.

Signature	Printed Name
Title	Date
Company Name	
Address	

Subscribed and sworn to before me by _____
(Affiant) (Title)

of _____ this ____ day of _____, 20____.
(Company Name)

Notary Public
[seal of notary] My commission expires: _____

VENDOR STATEMENT OF NON-CONFLICT OF INTEREST

PROJECT: _____

Purchase Order No: _____

I HEREBY CERTIFY, IN RELATION TO THE ABOVE LISTED PROJECT:

1. That I am the bidder (if the bidder is an individual), a partner in the bid (if the bidder is a partnership), or an officer or employee of the bidding corporation having authority to sign on its behalf (if the bidder is a corporation). "Bidder" shall be used interchangeably with "person providing quote" based on whether a bid or phone quote, respectively, is being solicited.
2. That the bidder, or person providing an oral quote, is legally entitled to enter into the contract with the Commonwealth of Kentucky and its agency, Eastern Kentucky University, and is not in violation of any prohibited conflict of interest, including those prohibited by the provisions of KRS 45A.455 or KRS 164.390.
3. That the bidder acknowledges a certificate of insurance is on file with ECU Facilities Services office and that it is current and will remain current for the extent of this project.
4. Eastern Kentucky University is a tobacco-free campus. In an effort to create a healthy and beautiful campus environment for ECU faculty, staff, students, and visitors, ECU has implemented a tobacco-free policy as of June 1, 2014. The use of all tobacco is prohibited on all property that is owned, leased, occupied, or controlled by the University. The policy includes all forms of tobacco, including, but not limited to, cigarettes, cigars, pipes, water pipes (hookah), electronic cigarettes, bidis, clove cigarettes and smokeless tobacco products (snuff, chewing tobacco, and dipping tobacco).

For more on this information, please visit www.tobaccofree.eku.edu.

SIGNED BY: _____ TITLE: _____

FIRM: _____ TELEPHONE NO: _____

ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL I.D. NO. OR SOCIAL SECURITY NO.: _____

TAXPAYER IDENTIFICATION NUMBER REQUEST

Eastern Kentucky University requires a Federal Tax Identification number or Social Security number for all vendors or persons doing business with the University in order to comply with Federal Regulations and tax reporting requirements. Please take a few minutes to fill out this information and return to us to ensure prompt payment of your invoices. Thank you for the valuable service you have provided Eastern Kentucky University, and we look forward to a long and lasting relationship. IF SENDING A W-9, PLEASE RETURN THIS FORM ALSO.

For your convenience, you may return the information one of the following ways:

FAX: Attn: Ellen @ 859-622-2325
E-Mail: Ellen.Reeves@eku.edu
Facilities Management
Phone: 859-622-4642

Mail: Purchasing Division
Eastern Kentucky University
521 Lancaster Avenue
Commonwealth 1411
Richmond, Kentucky 40475
Phone # (859)622-1481

Please type or print legibly

VENDOR INFORMATION

Name of Firm * (Company or Individual)	Phone Number *	Make Checks Payable To *
Address *	Fax Number *	Payment Address *
Address	Web Site Address or E-mail	Payment Address
Address	Vendor Representative	Name on Invoice *
City * State * Zip*	Federal Tax ID Number **	Social Security Number **
Willing to accept ACH payments * Yes <input type="checkbox"/> No <input type="checkbox"/> Bank Routing # _____ Bank Account # _____	Willing to accept credit card payments* Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Terms *

* **required fields**

** **Federal Tax ID Number- This field *must* be completed if "Name of Firm" is a company name.**

Social Security Number- This field *must* be completed if "Name of Firm" is an individual's name.

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U. S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Taxpayer Identification Number.

Signature of U.S. Person _____ Date _____

Type of Ownership (Check Appropriate Box(es)) * <input type="checkbox"/> (01) Individual/Sole Proprietorship <input type="checkbox"/> (05) Non-Resident Alien <input type="checkbox"/> (02) Partnership <input type="checkbox"/> (06) Exempt from backup withholding <input type="checkbox"/> (03) Corporation-Incorporated in (State) _____ <input type="checkbox"/> (04) Non-profit/Education _____ <input type="checkbox"/> Other: _____	Business Classification (Check Appropriate Box(es)) * <input type="checkbox"/> (SM) Small Business <input type="checkbox"/> (GA) Government Agency <input type="checkbox"/> (LG) Large Business <input type="checkbox"/> (NP) Non-Profit <input type="checkbox"/> (CT) In County <input type="checkbox"/> (AL) Alumni Owned <input type="checkbox"/> (MN) Minority Owned <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> (WO) Women Owned _____
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Printed Name of Authorizing Official: _____

Authorized Signature: _____ **Date:** _____