

ARTICLE II – FEES AND OTHER PAYMENTS:

A. For services rendered by the Interior Designer pursuant to this Agreement, the University will make payments to the Interior Designer on the basis of hourly rates plus reimbursements, in accordance with the following schedule of rates:

1. Payment for Personal Services:

Principal of Firm/Professional	<u>\$125.00 per hr</u>
Project Manager/CID Prof.	<u>\$75.00 per hr</u>
Interior Designer	<u>\$60.00 per hr</u>
CAD Technician/Draftsperson	<u>\$60.00 per hr</u>
Word Processing/Clerical	<u>\$40.00 per hr</u>

2. Reimbursements:

Actual Cost
(back up receipt required)

Printing

Testing

Other Expenses as Determined/approved
by Department A/E
(work not approved if under another Master Agreement)

B. CONDITIONS:

1. There shall be no additional charge for overhead, profit or overtime.
2. The Interior Designer 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.

ARTICLE III – RECORDS AND PAYMENTS:

- A. The Interior Designer 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 Interior Designer 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 Interior Designer 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 Interior Designer 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 Interior Designer, in writing, to perform services as hereinbefore outlined in this agreement.
- E. The Interior Designer 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 Interior Designer will observe the rules of 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 Interior Designer hereby agree to the performance of the covenants contained herein.

H. MINIMUM INSURANCE REQUIREMENTS

The Interior Designer 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 Interior Designer general liability policy.
 - 2. The Interior Designer 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 thirty (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 Interior Designer 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 Interior Designer to the Owner upon execution of this Contract.

Said coverage shall be written by insurers acceptable to the Owner and shall be in a form acceptable to the Owner. Additional insurance coverage and amounts required, if any, are stated below:

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- I. The Interior Designer shall carry insurance to protect himself from claims under Workman's Compensation Acts; for claims for damages because of bodily injury, including death to employees and for other liability normally covered by such insurance and shall furnish evidence of such insurance to the office of the Owner.
 - J. By signature, the Interior Designer certifies a legal entitlement to enter into the subject contract with Eastern Kentucky University, and by holding and performing this contract will not be violating either any conflict of interest statute KRS 45A.330-45A.340, 45A.990, 164.390), or KRS 11A.001 through KRS 11A.990 of the Executive Branch Code of Ethics, relating to the employment of former public servants.
 - K. Indemnity: The Interior Designer shall indemnify and hold harmless the Owner from and against all liability, claims, loss, costs and expense, including defense costs, arising out of, or resulting from, the negligent acts, errors, or omissions of the Interior Designer and its sub consultants under this Contract. In the event the Owner is alleged to be liable on account of negligent acts or omissions, or both, of the Interior Designer, the Interior Designer shall defend such allegations and the Interior Designer shall bear all costs, fees and expenses of such defense, including but not limited to, all attorneys' fees and expenses, court costs, and expert witness fees and expenses.
 - L. **CHOICE OF LAW**: This Agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Kentucky.

200 KAR 5:314. Disclosure of contractor's financial records and information to certain governmental entities.

RELATES TO: KRS Chapter 45A

STATUTORY AUTHORITY: KRS 45A.035(2)(h)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 45A.035(2)(h) authorizes the Secretary of the Finance and Administration Cabinet to promulgate this administrative regulation to govern confidentiality of technical data and trade secrets information submitted by actual or prospective bidders or offerors. This administrative regulation establishes requirements which allow governmental oversight agencies to obtain access to the financial data of state contractors.

Section 1. All state contracts, as defined in KRS 45A.030(7), shall contain the following language: "The contractor, as defined in KRS 45A.030(9) agrees that the contracting agency, the Finance and Administration Cabinet, the Auditor of Public Accounts, and the Legislative Research Commission, or their duly authorized representatives, shall have access to any books, documents, papers, records, or other evidence, which are directly pertinent to this contract for the purpose of financial audit or program review. Furthermore, any books, documents, papers, records, or other evidence provided to the contracting agency, the Finance and Administration Cabinet, the Auditor of Public Accounts, or the Legislative Research Commission which are directly pertinent to the contract shall be subject to public disclosure regardless of the proprietary nature of the information, unless specific information is identified and exempted and agreed to by the Secretary of the Finance and Administration Cabinet as meeting the provisions of KRS 61.878(1)(c) prior to the execution of the contract. The Secretary of the Finance and Administration Cabinet shall not restrict the public release of any information that would otherwise be subject to public release if a state government agency were providing the service". (22 Ky.R. 1510; eff. 5-16-96; 30 Ky.R. 682; 1468; eff. 1-5-2004.)

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 _____

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

Authorized Signature: _____ **Date:** _____