Note: Contracts for Services are public records which are generally subject to statutory public disclosure and public website posting requirements. Social security numbers and federal tax identification numbers will be redacted prior to any required disclosure.

CONTRACT FOR SERVICES
(Short Form)
Board of Trustees of the Nebraska State Colleges
Chadron State, Peru State, and Wayne State Colleges

The parties agree that the Contractor will perform the following work for the Board of Trustees of the Nebraska State Colleges, doing business as _____ State College (the "College") as described below in exchange for the financial consideration described below.

Note: The Contractor shall be an independent contractor and not a College employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act, minimum wage and overtime payments, the Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, any Nebraska revenue and taxation law, Nebraska workers' compensation law and Nebraska unemployment insurance law.

Contract Terms.

Name of Contractor

_____

Social Security Number (SSN) or Federal Employer Identification No. (EIN)

_____

Description of Services

_____
_____
_____

Payment Amount

_____
_____

Payment Terms

_____
_____

Time for Service Commencement and Completion

_____
_____

New Employee Work Eligibility Status. O***ne box below must be selected and marked.***

☐ Employee Work Eligibility Status. The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

☐ The Contractor is an individual or sole proprietorship. The Contractor must complete the "United States

Citizenship Attestation Form," available on the Department of Administrative Services website at http://das.nebraska.gov/lb403/attestation_form.pdf. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide US Citizenship and Immigration Services (USCIS) documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program. *The attestation form and USCIS documents (if applicable) must be attached to the contract.*

The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

Non-Discrimination. The Contractor agrees to comply fully with Title VI of the Civil Rights Act of 1964, as amended, and the Nebraska Fair Employment Practice Act, Neb. Rev. Stat. §§48-1101 to 48-1125, as amended, in that there shall be no discrimination against any employee who is employed in the performance of this contract, or against any applicant for such employment, because of age, color, national origin, race, religion, disability or sex. This provision shall include, but not be limited to employment, promotion, demotion, transfer, recruitment, layoff, termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. The Contractor further agrees to insert a similar provision in all subcontracts for services allowed under this contract.

ADA & Drug-Free Workplace Requirements. All provisions of this contract are subject to the Americans with Disabilities Act (ADA). Further, the Contractor certifies that the Contractor operates a drug-free workplace and, during the term of this contract, will be in compliance with the provisions of the Drug-Free Workplace Act of 1988.

Technology Access. All contracts, that include provisions of technology products, systems, and services, including data, voice, and video technologies, as well as information dissemination methods, shall comply with the Nebraska Technology Access Standards adopted pursuant to Neb. Rev. Stat. §73-205. These Standards are available for viewing on the Web at http://nitc.ne.gov/standards/2-201.html, and are incorporated into this contract as if fully set forth therein.

Designated College Representative. The designated College representative for purposes of monitoring and oversight of this contract is:

_____	_____	_____
Typed or Printed Name	Telephone	Email Address

Signatures.

CONTRACTOR

_____	_____
Signature	Date
_____	_____
Title	Printed Name

COLLEGE

_____	_____
Signature	Date
_____	_____
Title	Printed Name

SYSTEM OFFICE

_____	_____
Signature	Date
_____	_____
Title	Printed Name

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

Form **W-9** page 1 of 2

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Please complete and return to: (requester's return address)

Chadron State College
Attn: Cindi Walgren
1000 Main St.
Chadron, NE 69337
Fax: (308) 432-6464

This form may be used only by a U.S. person, including a resident alien. If you are a foreign person or business, do not use Form W-9. Instead, use the appropriate Form W-8.

STEP 1. *(Check ONE box only and provide your complete name and Taxpayer Identification Number.)*

☐ **U.S. Resident - Individual / Sole Proprietor** (Form 1099 reportable)

Name (as shown on your tax return) _____

If you are a sole proprietor, name of the business: _____

Social Security Number ___-__-____ *or* Employer Identification Number __-_____

☐ **U.S. Partnership, Limited Liability Company ("LLC"), or Trust** (Form 1099 reportable)

Name (as shown on your tax return) _____ Employer Identification Number __-_____

DBA (Doing business as) Name _____

☐ **U.S. Corporation** (exempt from Form 1099 reporting) Do you provide Medical services?_____ Do you provide Legal services?_____

(If an LLC electing corporate status for U.S. tax purposes, please attach a copy of your U.S. tax election on IRS Form 8832, *Entity Classification Election*)

Name (as shown on your tax forms) _____ Employer Identification Number __-_____

DBA (Doing business as) Name _____

☐ **U.S. Tax-Exempt Organization or Federal, State, or Local Government Agency** (exempt from Form 1099 reporting)

Name (as shown on your tax forms) _____ Employer Identification Number __-_____

DBA (Doing business as) Name _____

STEP 2. Certification/Signature *(Complete the following)* Under penalties of perjury my signature certifies 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).
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.
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 IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, number 2 above 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 TIN.

Signature: _____ Phone: ( ) _____

Print Name: _____ Date: _____ Fax: ( ) _____

Address: _____ City: _____ State: _____ ZIP: _____

Instructions for U.S. Tax Persons

As a business, federal income tax law requires us to report certain payments we make to you if you are not exempted from this reporting responsibility. In order for us to properly meet the federal tax law requirements, we need certain information from you. Please complete the information requested above and return this form to the address shown above. If you do not provide us with your correct taxpayer identification number, you may be subject to a $50 penalty imposed by the Internal Revenue Service. In addition, you may be subject to 28% backup withholding on reportable payments we make to you.

If you have any questions, please call us at (308) 432-6312

Are you a U.S. person? The IRS defines a U.S. person as:

- a U.S. citizen;
- an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; a state; or the District of Columbia
- a U.S. resident (someone who has a "green card" or has passed the IRS "substantial-presence test." For an explanation of the substantial-presence test, please see IRS Pub. 515 or 519, available at *www.irs.gov.*)

If your answer is NO, please do not complete this form and contact us at *(308) 432-6312*

If your answer is YES, please complete the form. See page 2 for additional information.

STATE OF NEBRASKA ACH/EFT ENROLLMENT FORM

Mail to: Chadron State College
Attn: Accounts Payable
1000 Main St
Chadron NE 69337
Phone: 308-432-6312
Fax: 308-432-6464

Initial Setup ☐ Change ☐

Email *questions only* to: mhughes@csc.edu
(Please do not email this form.)

If you have any questions when completing this form, please contact the State Treasurer's Office:

State Treasurer
Attn: Treasury Management
State Capitol - Room 2003
Lincoln NE 68509
Phone: 402-471-2455
Fax: 402-471-0816

The information below should be completed by the vendor. Contact Accounts Payable with questions: 308-432-6312.

It is the financial institution's responsibility to assure the accuracy of the following banking information. Contact State Treasurer's office with any questions: 402-471-2455.

VENDOR INFORMATION

Name: _____

Remittance Address: _____

City/State/Zip: _____

Federal Tax ID #: _____

Contact Person: _____

Email Address: _____

Phone: _____ Fax: _____

Vendor Signature: _____

Printed Name: _____

Title: _____

Date: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution: _____

Address: _____

City/State/Zip: _____

Nine Digit Routing Number: _____

Depositor Account Number: _____

Type of Account: ☐ Checking ☐ Savings

☐ Check here if the bank is outside the United States.

☐ Check here if the following must be discussed with your entity: There are new processing requirements for electronic vendor payments that are being sent to a financial institution outside the United States. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise (identify who within your company).

ATTACHMENT REQUIRED Select and attach **one** of the following items for verification:

☐ Blank check (voided)

☐ Photocopy of a check

☐ Letter or statement from your financial institution

☐ Vendor Invoice

☐ Vendor Letter with ACH instructions