

Portland State University

Personal/Professional Services Amendment Contract Cover Sheet
(For Services Costing Over \$10,000)

Form prepared by:	Email:
Phone Number:	Mail Code:
For assistance completing this form, please view the PSC Instructions on our Forms & Documents page or contact Contracting and Procurement Services at contract@pdx.edu or at 503-725-3441	<ul style="list-style-type: none">• A PSC may not be used to pay a current PSU Employee or a former employee who has worked at PSU during the same calendar year these services shall be delivered.• Check the Employee vs. Independent Contractor Checklist to confirm that the contractor is providing services consistent with that of an independent contractor.• If the contractor does not meet the above requirements you must contact HR about using a wage agreement to pay for these services.

PORTLAND STATE UNIVERSITY CONFLICT OF INTEREST CERTIFICATION:

PSU Employees must avoid all conflicts of interests and shall also strive to avoid even the appearance of impropriety.

No PSU employee shall approve or recommend approval of a contract with an entity (person or company) in which they have a financial interest, or one in which a relative* has a financial interest. If such a situation arises, the PSU employee shall recuse themselves of any involvement in this contract or the selection of the Contractor.

*"Relative" includes spouse, children, parents, step-parents, stepchildren, brothers and sisters, half-brothers, half-sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, mothers-in-law, fathers-in-law, aunts, uncles, nieces and nephews.

The persons signing below certify that they have read, understood and complied with the above requirements.

Department Requester (PSU Employee Requesting Contractor's Services):

Signature: _____
Print Name: _____
Date: _____

University Department Head:

Signature: _____
Print Name: _____
Date: _____

WORKING ON PSU CAMPUS:

In performing services under this Amendment, will the Contractor be on the PSU campus for any reason?

Yes
No

TOTAL PAYMENTS MADE TO THE CONTRACTOR THIS FISCAL YEAR:

1. The total dollar amount of any other payments your department has made to the Contractor this fiscal year: \$_____.
2. The total dollar amount your department will pay to the Contractor this fiscal year: \$_____.

Grant/Research/Sponsored Project Funded: Yes / No (Check one) PSU Foundation Funded: Yes / No (Check one)
Does this contract generate revenue for PSU?: Yes / No (Check one) Federally Funded: Yes / No (Check one)

- Solicitation Thresholds:

- Up to and including \$50,000: **NO SOLICITATION REQUIRED**
 - \$50,001 - \$200,000: Informal Procurement Required - Request for Quote (RFQ) solicitation
 - \$200,001 or more: Formal Procurement Required - Request for Proposal (RFP) solicitation
- * [Uniform Guidance](#) Solicitation Thresholds apply for Federally Funded Contracts.

If the total dollar amount your department will pay to the contractor this fiscal year is \$50,000 or more you must submit a [Solicitation Request Form](#) to contract@pdx.edu.

Clear

Portland State University
Personal/Professional Services Contract (PSC)

PSC Number: _____

Amendment Number: _____

Date: _____

Contractor: _____

Address: _____

Contractor Phone: _____

Contractor Email: _____

Banner Document Number: _____

Department: _____

Department Contact: _____

Department Email: _____

Department Phone: _____

Index Code Charged: _____

Performance Dates (From) _____ (to) _____

(Original dates or as last amended)

The parties agree to amend this PSC as follows:

1. Select all that apply:

EXTEND THE TERM: The End Date of the services is changed to: _____

INCREASE CONTRACTOR FEE/HONORARIUM to a sum not to exceed \$ _____
(Increase in fee or honorarium must be tied to change in "Services to be Provided.")

ADDITIONAL EXPENSES ARE AUTHORIZED AS FOLLOWS (You Must Check at Least One):
(Payment of additional expenses must be tied to change in "Services to be Provided.")

- Additional fee includes all expenses.
- University will reimburse Contractor's additional travel expenses in an amount not to exceed \$_____.
- University will directly pay third parties for additional travel expenses incurred by Contractor in performing services under this Contract in an additional amount not to exceed \$_____.
- No additional expenses are authorized.

All expenses, whether reimbursed to Contractor or paid to a third party by the University, are subject to the University's published reimbursement rates, which may be found at:

<https://portlandstate.atlassian.net/wiki/spaces/UFS/pages/1992855295/Travel>

Amended Total Payments: The amended total payments made to Contractor, including all fees or honorariums and all expenses, whether reimbursed to Contractor or paid to third parties on behalf of Contractor, shall not exceed \$_____.*

2. **AMEND SCOPE OF WORK; SERVICES TO BE PROVIDED as follows:**

***IF AMENDMENT PUTS TOTAL VALUE OF PSC ABOVE \$50,000, CONTACT CAPS BEFORE SIGNING**
DO NOT WRITE A SOCIAL SECURITY NUMBER ON THIS FORM.

3. All other terms and conditions of the PSC remain the same.

GRANT APPROVAL (If required):

I certify that sponsored project funding is available and the proposed costs are accurate, allowable charges for the sponsored project indexes listed. It is within my budgetary authority to approve these charges.

Signature: _____
Print Name: _____
Date: _____

PSU FOUNDATION APPROVAL (If required):

I certify that PSU Foundation funding is available and the proposed costs are accurate, allowable charges for the Foundation indexes listed. It is within my budgetary authority to approve these charges.

Signature: _____
Print Name: _____
Date: _____

UNIVERSITY DEPARTMENT HEAD:

I understand that I may be personally liable for the cost of this Amendment if the required authorizations and approvals were not obtained prior to services being performed by Contractor.

University Department Head Signature Date
Print Name: _____

CONTRACTOR:

I certify that I am not currently a PSU employee and have not been a PSU employee in the current calendar year. I am an independent contractor and understand that the University will report this payment to the Internal Revenue Service on Form 1099-NEC at the end of the calendar year.

Contractor Signature Date
Print Name: _____

CONTRACTING AND PROCUREMENT SERVICES:

I execute this Amendment on behalf of the University.

Signature Date
Print Name: _____

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