

Authorization for Consultant/Independent Contractor (Vendor) Services



Paid with Operating Budget Funds (MCPS)

MCPS Form 280-49
March 2017
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MONTGOMERY COUNTY PUBLIC SCHOOLS

Office of the Chief Financial Officer/Division of Controller
45 West Gude Drive, Suite 3200
Rockville, Maryland 20850

Department of Materials Management/Procurement Unit
45 West Gude Drive, Suite 3100
Rockville, Maryland 20850

This form is used to authorize the use of funds from the MCPS Operating Budget to pay for consultant/independent contractor (vendor) services. (See MCPS Regulation DJA-RA, *Procurement of Equipment, Supplies, and Services*, MCPS Regulation GCA-RA, *Employee Conflict of Interest* and Chapter 15 of the MCPS Financial Manual, *Consultants and Independent Contractors* found in *myMCPS*.)

NOTE:

- **Do not use this form for payment to MCPS employees.**
- If payment due to for this vendor's services is \$1,500 or more, a purchase order is required.
- The authorization process should be initiated at least 15 business days prior to the anticipated start of work to allow sufficient time for processing.
- Refer to Page 4 for detailed instructions.

PART I: GENERAL INFORMATION (Project Manager/Sponsor)

Project Manager/Sponsor should **COMPLETE** all information in Part I and Part II.

Office/School _____ Location/School No. _____ Date ____/____/____

Director/Principal _____ Project Manager/Sponsor _____ Phone Number ____-____-____

Financial Agent: _____ Phone Number ____-____-____

PART II: PROJECT SUMMARY (Project Manager/Sponsor)

Upon completion of Part I and Part II, Project Manager/Sponsor should **ATTACH** required documents, and **FORWARD** to the Financial Agent for Funding Verification.

Project Name/Statement of Work _____

Yes No Will the vendor have direct, unsupervised, or uncontrolled access to children while performing this work?

Total Project Cost \$ _____ Dates of Service ____/____/____ - ____/____/____

Consultant/Independent Contractor (Vendor/Payee) _____

Vendor's Mailing Address _____

Vendor's E-mail Address _____ Vendor's Phone Number ____-____-____

ATTACH DOCUMENTATION:

- Vendor's proposal/quote for services, contract, or agreement documents
 - MCPS Form 235-40, *Response Form for Required Criminal Background Checks* completed and signed by the vendor
- NOTE: MCPS Form 235-40, *Response Form for Required Criminal Background Checks*, is **REQUIRED** of all vendors. The form should be completed and signed by the vendor. (More information about a consultant/independent contractor's obligation regarding criminal records of individuals assigned to work in MCPS facilities is available at www.montgomeryschoolsmd.org/departments/procurement/contractors.aspx)**

Completed By: (Project Manager/Sponsor's signature) _____ Date ____/____/____

PART III: FUNDING VERIFICATION (Financial Agent)

Tip: To determine whether Division of Controller has a vendor's IRS Form W-9 on file, use MCPS AP Inquiry in the Financial Management System (FMS) and verify that the vendor information is correct. Directions are available at: http://www.montgomeryschoolsmd.org/uploadedfiles/departments/fms/docs/findout_if_w9.pdf

→ Financial Agent should **COMPLETE** all information, **ATTACH** required documentation, and **FORWARD** to the Director/Principal for approval.

Vendor's Social Security Number _____ - _____ - _____ **OR** Federal Tax I.D. Number _____ - _____

Yes No Does Division of Controller have the vendor's W-9 on file in FMS?
(If "No" **ATTACH** a copy of the vendor's IRS Form W-9)

Yes No Is the total amount due for this work more than \$ 1,500?
(If "Yes" a Purchase Order is required—provide FMS Requisition #: _____)

Funding Source: Account Name _____ Current Funds Available: \$ _____

FMS Account Number												
Fund	Department	School	Category	Account	Grant	Program	Activity					

Completed By _____ (Financial Agent's signature) Date ____/____/____

PART IV: ACCOUNT MANAGER'S REVIEW AND APPROVAL (Director/Principal)

→ Account Manager should **RETURN** signed form and all documentation to Financial Agent for distribution.

The consultant/independent contractor's services and the reimbursement for expenses are in accordance with all applicable regulations, Chapter 15 of the MCPS Financial Manual *Consultants and Independent Contractors* and in compliance with the Contractor's Obligation regarding Criminal Records of Individuals Assigned to Work In MCPS Facilities.

I confirm that the amount to be paid is accurate and funding is authorized.

Account Manager's Signature/Approval _____ Approval Date ____/____/____

→ Financial Agent should make a copy for files and **FORWARD** original signed form and required documentation to PROCUREMENT UNIT for Vendor Verification, Part V.

NOTE: Work may not begin until Vendor Verification is completed and returned to the Financial Agent.

PART V: VENDOR VERIFICATION CHECKLIST (Procurement Unit)

→ Procurement Unit should **COMPLETE** Part V and then **RETURN** the packet to the Financial Agent.

Date Received ____/____/____

Current W-9 is on file; FMS vendor set-up is complete and up-to-date

MCPS Form 235-40, *Response Form for Required Criminal Background Checks*, received

Yes No Criminal background check required?

Fingerprinting completed

MCPS Contractor badge notice sent

Yes No Is the Consultant/Independent Contractor cleared to begin work?

Procurement Unit Signature/Approval _____ Date ____/____/____

→ Upon receipt of Vendor Verification, Financial Agent should make a copy for files and **FORWARD** the original signed form to the Project Manager/Sponsor.

→ Project Manager/Sponsor **NOTIFIES** consultant/independent contractor that **WORK MAY PROCEED**.

PART VI: UPON COMPLETION OF WORK (Project Manager/Sponsor)

→ Project Manager/Sponsor should **COMPLETE** Part VI, **ATTACH** documentation required for payment, and **FORWARD** to the Principal/Director for review and signature:

Dates of Service: From ____/____/____ To ____/____/____

Payable to: _____ Amount to be Paid: \$ _____
Consultant/Independent Contractor (Vendor/Payee)

This amount represents (check one):

- Partial payment for contracted services: # _____ of _____ total payments, or
- Full/Final payment for contracted services

ATTACH DOCUMENTATION:

- Vendor's invoice, marked "Received" and signed/dated by the Project Manager/Sponsor. Write purchase order # on invoice, if applicable; write FMS account # on invoice if using a non-purchase order process.
- Receipts, if applicable

As Project Manager/Sponsor, I confirm that the consultant/independent contractor's services were performed and the reimbursement for expenses, if applicable, are in accordance with all applicable regulations, Chapter 15 of the MCPS Financial Manual *Consultants and Independent Contractors*, and in compliance with the Contractor's Obligation regarding Criminal Records of Individuals Assigned to Work In MCPS Facilities.

Signature, Project Manager/Sponsor _____ Date ____/____/____

PART VII: REVIEW AND AUTHORIZATION (Principal/Director)

I affirm that the consultant/independent contractor's services were performed and the reimbursement for expenses are in accordance with Regulation DJA-RA: *Procurement of Equipment, Supplies, and Services* and Regulation GCA-RA: *Conflict of Interest*, and in compliance with the Contractor's Obligation regarding Criminal Records of Individuals Assigned to Work In MCPS Facilities. Authorization for any exceptions to these regulations is attached.

I confirm that the amount to be paid is accurate and funding is authorized.

Signature, Principal/Director _____ Date ____/____/____

PART VIII: COMPLETE PROCURE TO PAY CYCLE (Financial Agent)

→ **Purchase Order (PO) Process:** **Requisition #** _____ **Purchase Order #** _____

- Review/confirm that all documentation is complete and accurate
- Ensure that vendor's invoice is signed/received and dated by the Project Manager/Sponsor; add purchase order number to invoice
- Pull up the PO number in the FMS iProcurement Receiving module, and then receive the invoiced amount from the PO
- FORWARD** the vendor PO number (signed/received) to Division of Controller, Accounts Payable, 45 West Gude Drive, Suite 3200, to process payment

→ **MCPS Non-Purchase Order Payment Process (Use only when total payment due is less than \$1,500)**

- Review/confirm that all documentation is complete and accurate
- Ensure that vendor' invoice is signed/received and dated by the Project Manager/Sponsor
- ATTACH** the vendor's invoice and/or receipts to the original Form 280-49 (with Parts I –VI completed) and **FORWARD** to Division of Controller, Accounts Payable, 45 West Gude Drive, Suite 3200, for processing

MCPS FORM 280-49 INSTRUCTIONS/PROCESS

1. At least 15 business days prior to the start of work, the Project Manager/Sponsor initiates the authorization process by completing Part I and Part II and then forwards the form with copy of vendor's proposal/quote to the financial agent.
2. Financial Agent completes Part III and then forwards the form with documentation to the Director/Principal for review and authorization.
3. Director/Principal reviews and approves the expense, Part IV, and then returns the form and documentation to the Financial Agent for distribution.
4. Financial Agent makes copy for files and forwards original form and documentation to Procurement Unit for vendor verification.
5. Procurement Unit completes Vendor Verification process, Part V, and returns original form and documentation to Financial Agent for distribution.
6. Financial Agent makes copy for files and forwards original to Project Manager/Sponsor.
7. Project Manager/Sponsor notifies consultant/independent contractor that work may begin.
8. Project Manager/Sponsor confirms completion of work and obtains an invoice or other documentation from the vendor. The documentation must include the vendor name, date(s) of service and amount to be paid. If the vendor is requesting partial payment(s), make copies of the Form 280-49 with Vendor Verification completed. The Project Manager/Sponsor completes Part VI on one of the copies, indicating the amount due for the partial payment.
9. The project manager/sponsor signs Part VI and forwards the form and all attachments to the principal/director for signature.
10. The principal/director reviews the packet and signs Part VII, then forwards the packet to the Financial Agent to process payment.
11. Financial Agent completes procure to pay cycle, Part VIII.
12. MCPS Division of Controller processes the payment request