

### Professional, Personal, Consulting, and Social Services (PPCS) Contracts

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Tuesday, February 16, 2016

- LAWS REGARDING PPCS CONTRACTS
- WHAT IS PPCS?
- PLANNING & COLLECTING INFORMATION
- PPCS CONTRACT PROCESSING
- PPCS CONTRACT MANAGEMENT
- GUIDELINES FOR PROCESSING PPCS REQUISITIONS
- MISCELLANEOUS PPCS INFORMATION
- GENERAL INFORMATION
- REFERENCES

#### **AGENDA**

- LOUISIANA CONSTITUTION
- PPCS LAWS (Procurement Code), R.S.39:1551-1755
- LOUISIANA ADMINISTRATIVE CODE TITLE 34, PART V
- EXECUTIVE ORDERS OF THE GOVERNOR
- LAGRAD ACT LAWS, R.S. 17:3139
- DIVISION OF ADMINISTRATION (DOA) POLICIES
- ATTORNEY GENERAL'S LAWS AND OTHER LEGAL OPINIONS
- CODE OF ETHICS AND ETHICAL OPINIONS
- UNIVERSITY BOARD BYLAWS AND POLICIES
- UNIVERSITY POLICIES AND PROCEDURES

# LAWS, POLICIES, PROCEDURES AND RULES FOR PPCS

#### Professional, Personal, Consulting and Social Services

- Professional Services (Non-competitive)
  - Services provided by an Independent Contractor (individual or entity) that require specialized advanced knowledge.
    - Professions named in law: Lawyers, Doctors, Dentists, Psychologists, Certified Advanced Practice Nurses, Veterinarians, Architects, Engineers, Land Surveyors, Landscape Architects, Accountants, Actuaries, and Claims Adjusters
- Personal Services (Non-competitive)
  - Services provided by individuals which requires use of creative or artistic skills
    - Examples: Photographer, Entertainer, Writer, DJ, Musician, Artist.
- Consulting Services (Competitive over \$50,000)
  - Law defines as services not professional, personal or social services that specialized in counsel.
    - Examples: Consulting, Speaker, Instructor, Website Design, Transcriptionist, Training, Management, Appraisal, Analysis Services.
- Social Services (Competitive over \$250,000)
  - Any work rendered in furtherance of the general welfare of the citizens of Louisiana.
    - Examples: Incumbent Worker Training Program (IWTP) or Social Workers.
    - **NOTE:** Social Services are usually partially funded by a governmental third party.

#### WHAT IS PPCS?

- Identify a need
- Identify the classification of the PPCS Service
- Obtain a complete and signed W9 form from Contractor
- Complete and sign the PUR-CR form (contract requirements)
- Complete the Scope of Services form (typewritten)
- Identify the funding source and obtain a firm quote.
- Determine the payment terms. How will the Contractor be paid?
  - By Contractor's Quote/Proposal, Hourly/Daily/Monthly Rate or Rate Schedule
  - Best Practice: Include Travel Expenses in PPCS fee. If not included, must follow PPM-49.
  - No advanced payment or deposit allowed.
- Contractor's Agreement Forward to the Purchasing Dept. Only the UL Lafayette President, the VP of Administration & Finance and Purchasing Dept. have the authority to obligate the University. Do not sign on behalf of the University.

#### PLANNING & COLLECTING INFORMATION

- Department negotiates contract terms with proposed Contractor.
- Department submits a Purchase Requisition along with all the necessary paperwork to Purchasing.
- Purchasing prepares contract.
- Purchasing submits contract to Contractor for signature and copies Department (via Email).
- Signed contract returned from Contractor to Purchasing.
- University approves and signs contract.
- Purchasing processes and releases Purchase Order to Department for receiving and payment purposes.
- Purchasing submits contract to Contractor and copies Department (via Email).

#### PPCS CONTRACT PROCESSING

- Contractor performs Work/Services. Department monitors the Contractor's performance, verifies Contractor's invoice, approves invoice and forwards approved invoice with receiving report to Purchasing for review.
- Purchasing approves and forwards receiving report/invoice to Accounts Payable for payment.
- Department is responsible for notifying the Purchasing Office (prior to the end date of the contract) if an amendment to the contract will be required, or if any problems are encountered.
- When Contractor's service or project is complete, department completes and signs a performance evaluation form and forwards to the Purchasing Office for the contract file.

#### PPCS CONTRACT MANAGEMENT

# GUIDELINE'S FOR PROCESSING PPCS REQUISITIONS

#### ATTACH THE FOLLOWING FORMS TO THE PURCHASE REQUISITION:

- PUR-CR FORM
- W-9 FORM
- TRAVEL EXPENSES (REQUEST TO PAY EXPENSES FOR INVITED GUESTS, IF APPLICABLE)

TYPICAL PROCESSING TIME: WITHIN 7-10 DAYS

# WHAT TO SUBMIT FOR PPCS CONTRACTS \$2,000 OR LESS (INCLUDES TRAVEL EXPENSES)

| 1. COLLEGE/DEPARTMENT:   | Department Contact:   |
|--|---|
| Phone #:   | Email:  |
| 2. CONTRACTOR:   | Contact:  |
| Address:   | Phone #;  |
|  | Email:  |
|  | Tax ID/SSN #:   |
| 3. Is Contractor a US Citizen: Yes No* or No *If Contractor is not a citizen of the US, complete W-8i  | Attach form W-9  WA (If contract is with a company and not an individual)  BEN. (Available on the Internet at: http://www.irs.gov/pub/irs-pdf/fw8ben.pdf)   |
| Is the contractor a current UL Lafayette employee?      If Yes, STOP – Contact HR for additional compensation.   | Yes* No on - do not process through Purchasing  |
| <ol> <li>Has the contractor been an employee of UL Lafayette in<br/>*If Yes, STOP • contact Purchasing Office.</li> </ol>  | n the past two years? Yes* No   |
| <ol> <li>Is the contractor a current employee of a Louisiana state<br/>*If Yes, STOP - contact Purchasing Office.</li> </ol>   | e agency or university other than UL Lafayette? Yes* No   |
| Agency or University:<br>Job Title:  |   |
| <ol> <li>Is the contractor a current or retired member of Teacher<br/>*If Yes, Contact HR for verification of retirement benef</li> </ol>                                      | rs Retirement System of LA? Yes* No   |
| Lafayette employee who will take part, or share respons  | ther, sister, spouse of sister, parent, spouse of parent, or parent of spouse of an UL subdility for action of UL Lafayette through approval, disapproval, decision, ure to act or perform a duty with respect to the proposed contract? Yes* |
| <ol> <li>Do you or any of the individuals listed above have an or<br/>*If Yes, STOP - contact Purchasing Office.</li> </ol>  | winership interest in the Contractor? Yes* No   |
| <ol> <li>Contract Term - Begin Date:</li> <li>NOTE: If the contract term exceeds 12 months, justif</li> <li>NOTE: If this is being submitted after the beginning of</li> </ol> | End Date:<br>Scation is required. Attach a justification letter.<br>date of service, explanation is required. Attach a justification letter.  |
| <ol> <li>Will the contractor perform work within the State of I<br/>* If the contractor is an out of state corporation, then</li> </ol>  | Louisiana for more than 30 days of the contract term? Yes* No the contractor will be required to register with the La. Secretary of State's Office.   |
| 12. Maximum Contract Amount (Inclusive of travel): Not   | t to exceed \$ (Travel will NOT be reimbursed)  |
|  | exceed \$ rm attached (Required for reimbursable travel). Regulations PPM49. http://www.doa.la.gov/Pages/osp/Travel/Index.aspx  |
| 13. UL Lafayette Project Manager - (personnel responsit  | ole for the monitoring of proposed contract)  |
| <ol> <li>UL Lafayette Invoice Approver – (personnel responsi<br/>Address:</li> </ol>   | ible for the approving all payment of proposed contract) Email Address  |
| 15. Frequency of Payment: (check as appropriate) On O Specified Installment \$ Hourly provide details/list tasks), or O other (must pro ☐ detailed payment terms are attached. | (select one), O multiple installments based on completion of tasks (mm  |
| 16. Brief description of services:   |   |
| Certified by:  | Title:  |

#### **PUR-CR FORM**

|   | Ē  |           | OF LOUISIANA AT LAFAYE<br>EXPENSES FOR INVITED GUE                                  |                    |
|---|--|-----------|---|--------------------|
| Name of Invitee   |  |           |   |                    |
| Purpose of Visit  |  |           |   |                    |
| Title of Presents<br>(if applic<br>Location of Pres<br>(if applic | cable)<br>entation:                                      |           |   |                    |
|   | Airfare/Travel   |           | Date of Visit:  |                    |
| 3)  | Lodging Honorarium Meals Other Expenses                  | ad        | Time of Visit:  | -                  |
| Acct, Char  | TOTAL:   | Requested | Signature of Acct. Administrator  | Date               |
|   |  |           |   |                    |
| Requestor'  | 's Signature   |           | Print Name Here   |                    |
| APPROV  | ALS:   |           | Request Approval to Pay with Direct Ct<br>Include Speaker invoice with SS# and Mail | nrge<br>ng Address |
| 1)  |  |           | 2)  |                    |
| Departmen   | nt Head  | Date      | Supervising Dean  | Date               |
|   | e Graduate School<br>by if requesting Graduate School fu | Date      | 4)Vice President<br>Research  | Date               |
|   | Vice President<br>ative Services                         | Date      | 6)  | Date               |
| 7)  |  |           |   |                    |
| Provost   |  | Date      |   | ed: April 2011     |

# TRAVEL EXPENSES (REQUEST TO PAY EXPENSES FOR INVITED GUESTS)

#### ATTACH THE FOLLOWING FORMS TO THE PURCHASE REQUISITION:

• Submit the same forms as < \$2,000 limit

#### **PLUS:**

- SCOPE OF SERVICES FORM
- CONTRACTOR'S QUOTE / PROPOSAL / AGREEMENT, IF APPLICABLE

TYPICAL PROCESSING TIME: WITHIN 3-4 WEEKS

WHAT TO SUBMIT FOR PPCS CONTRACTS > \$2,000 to \$39,999 (INCLUDES TRAVEL EXPENSES)

# APPENDIX A: SCOPE OF SERVICES If additional space is needed, attach a word document to requisition when submitting to Purchasing. 1. Scope of Work/Services (Describe the work/task the Contractor will perform, where will the services to be performed and what is the University department's responsibility): 2. Goals (Describe the end results of this project/service): 3. Objectives (SMART – Specific, Measurable, Aggressive, Result-oriented & Time-bound target(s) for accomplishment): 4. Performance Indicators (Indicate how the performance of each objective is to be measured): 5. Monitoring Plan (Describe how you will evaluate and monitor the Contractor's performance): 6. Name and title of the individual responsible for monitoring the contract and approving all payments in connection with the contract: Name: Title: Department: Address: E-mail address: Phone #:

#### **SCOPE OF SERVICES FORM**

#### ATTACH THE FOLLOWING FORMS TO THE PURCHASE REQUISITION:

- Submit the same forms as > \$2,000 to \$39,999 limit **PLUS:**
- **PUR-CB FORM** Required for contracts with the total dollar amount exceeding \$50,000 and has a term of more than 6-months as required by La. R.S. 39:1623.

TYPICAL PROCESSING TIME: WITHIN 3-4 WEEKS ADDITIONAL 4-6 WEEKS FOR DOA OSP REVIEW & APPROVAL

WHAT TO SUBMIT FOR PROFESSIONAL AND PERSONAL SERVICE CONTRACTS \$40,000 OR GREATER (INCLUDES TRAVEL EXPENSES)

| CONTRACTOR NAME: |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|
| BR               | IEF DESCRIPTION OF THE SERVICES:   |  |  |  |  |  |
|                  | I hereby certify the following as evidence that a cost benefit analysis has been conducted for the aboreneced proposed contract/services. This analysis indicates that obtaining such services from the privator is more cost effective than providing such services by the University or by another state agency. |  |  |  |  |  |
| 1.               | Can University staff perform the proposed services? Yes No   |  |  |  |  |  |
|                  | If answer is yes, why are the services being contracted out?   |  |  |  |  |  |
| 2.               | Describe the analysis that justifies why obtaining services from the private sector is more cost effective than by the University or by another governmental agency (Attach Pravale vs. Public Analysis)   |  |  |  |  |  |
|                  | a. Short-term analysis:  |  |  |  |  |  |
|                  | b.Long-term analysis:  |  |  |  |  |  |
| 3.               | Can these services be provided by another state agency? Yes No   |  |  |  |  |  |
|                  | If answer is yes, list potential agencies that have been contacted and costs proposed to provide services, when applicable.  |  |  |  |  |  |
| 4.               | Provide the basis that was used to determine that costs are legal, fair and reasonable. (Examples: For competition (RFP), phone quotes, industry standards, historical data, grant award, negotiation):  |  |  |  |  |  |
| 5,               | Is travel required of the Contractor? (Circle answer): Yes No  |  |  |  |  |  |
| 6.               | If Yes to #5, will it be paid by the University: Yes No  |  |  |  |  |  |
|                  | (If yes, travel must be reimbursed in accordance to the Louisiana State Travel Regulations)  |  |  |  |  |  |
|                  |  |  |  |  |  |  |
| Cer              | tified by: (Signature of personnel responsible for monitoring the proposed contract)   |  |  |  |  |  |

#### **PUR-CB FORM**

#### ATTACH THE FOLLOWING FORMS TO THE PURCHASE REQUISITION:

- Submit the same forms as > \$2,000 to \$39,999 limit **PLUS:**
- **PUR-CB FORM** Required for contracts with the total dollar amount exceeding \$50,000 and has a term of more than 6-months as required by La. R.S. 39:1623.

TYPICAL PROCESSING TIME: WITHIN 3-4 WEEKS ADDITIONAL 4-6 WEEKS FOR DOA OSP REVIEW & APPROVAL

WHAT TO SUBMIT FOR CONSULTING SERVICES CONTRACTS \$40,000 TO \$49,999 (INCLUDES TRAVEL EXPENSES)

- CONSULTING SERVICE CONTRACTS GREATER THAN \$50,000 PER 12 MONTH WILL NEED TO BE COMPETITIVELY AWARDED THROUGH REQUEST FOR PROPOSALS (RFP) PROCESS AS PER R.S. 39:1595. RFP PROCESS TAKES APPROXIMATELY 16-18 WEEKS. CONTACT THE PURCHASING OFFICE IF YOU ANTICIPATE A NEED FOR SUCH SERVICES.
- GOODS AND SERVICES ARE GOVERNED BY DIFFERENT LAWS AND COMPETITIVE LIMITS.

#### **Competition Required**

• SOLE SOURCE AND EMERGENCY CONTRACTS DETERMINED BY CHIEF PROCUREMENT OFFICER.

#### CONTRACT AMENDMENT

• When there is a change in the amount, dates, scope or project manager, the department should complete the Contract / Purchase Order Alteration form (PUR-114) and forward to the Purchasing Office for further processing. Purchasing will prepare an amendment and send it to the Contractor for signature. Purchasing will adjust Purchase Order.

#### CONTRACT EVALUATION

• When services or projects are complete, Louisiana law requires the University to complete the Contract Evaluation Form (PE) and forward to the Purchasing Office for the contract file. See R.S. 39:1569.1.

#### MISCELLANEOUS PPCS INFO

|                               | UNI                                   |  |             | ANA AT LAFAY      | ETTE                   |                        |           |
|-------------------------------|---------------------------------------|--|-------------|-------------------|------------------------|------------------------|-----------|
|                               | CON                                   | TRACT / PU                                   | RCHASE 0    | ORDER ALTER       | RATION                 |                        |           |
| To: (Vendor Name/Add          | ress/City/State/                      | Zip Code)                                    |             |                   |                        |                        |           |
|                               |                                       | •  |             | Contract/Purchase | Order No               |                        |           |
|                               |                                       |  |             | Date:             |                        | Telephone<br>Extension |           |
|                               |                                       |  |             | Contact Person:   |                        | Decimental V           |           |
|                               |                                       |  |             | Department:       |                        |                        |           |
| ALTER THE CONTE               | RACT/PURC                             | HASE ORDE                                    | RINTHE      | FOLLOWING         | MANNER                 | (Check ALL tha         | it Apply) |
| Please revise th              |                                       |  |             |                   |                        |                        |           |
| From:                         |                                       |  |             | To:               |                        |                        |           |
| riom.                         |                                       |  |             | 10.               |                        |                        |           |
| The Scope of S                | ervices has bee                       | n changed as f                               | ollows: (Se | e documentation   | attached)              |                        |           |
|                               |                                       |  |             |                   |                        |                        |           |
|                               | - 100 Dec                             |  |             | Va VI             | 1101000                |                        |           |
| The Payment T                 | erms has been                         | changed as fol                               | lows: (See  | documentation at  | tached)                |                        |           |
| From:                         |                                       |  |             | To:               |                        |                        |           |
| 12.500000                     |                                       | chase Order A                                | mount by:   |                   |                        |                        |           |
| Please revise th              | e Contract/Pur                        |  |             |                   |                        |                        |           |
|                               | Increase Amou                         | nt   |             |                   | Decrease Am            |                        |           |
| Please revise th              | Increase Amou                         |  | Total       | Agency Code       | Decrease Am<br>Account | Expense Code           | Total     |
|                               | Increase Amou                         | nt   | Total       | Agency Code       |                        |                        | Total     |
|                               | Increase Amou                         | nt   | Total       | Agency Code       |                        |                        | Total     |
| Agency Code                   | Account                               | Expense Code                                 | 111         | Agency Code       |                        |                        | Total     |
|                               | Account                               | Expense Code                                 | 111         | Agency Code       |                        |                        | Total     |
| Agency Code                   | Account                               | Expense Code                                 | 111         | Agency Code       |                        |                        | Total     |
| Agency Code                   | Account                               | Expense Code                                 | 111         | Agency Code       |                        |                        | Total     |
| Agency Code  Other: (Attach   | Account                               | Expense Code                                 | )           |                   | Account                |                        | Total     |
| Agency Code                   | Account                               | Expense Code  Expense Code  1, if applicable | )           | Agency Code       | Account                |                        | Total     |
| Agency Code  Other: (Attach   | Account Account documentation         | Expense Code  Expense Code  1, if applicable | ) Fu        |                   | Account                | Expense Code           | Total     |
| Agency Code    Other: (Attach | Account Account documentation         | Expense Code  Expense Code  1, if applicable | ) Fu        | nd Approval:      | Account                | Expense Code           | Total     |
| Agency Code    Other: (Attach | Account  documentation  Head of Depar | Expense Code  Expense Code  1, if applicable | ) Fu        | nd Approval:      | Account                | Expense Code           | Total     |

# Contract / Purchase Order Alteration form (PUR-114)

| Department/Office Name:                             |   |
|---|---|
| Contractor Name:                                    |   |
| PO/Contract #:                                      | DOA LaGOV#:   |
| Contract Amount:                                    | Actual Amount Paid:   |
| Contract Begin Date:                                | Contract End Date:  |
| Date Actual Work Initiated:                         | Actual Date Work Completed:   |
| List Contract Amendments by N                       | umber & Reason(s):  |
|   |   |
| 1. Provide the Description                          | a of Services:  |
| 2. Deliverable Products:<br>What was the final pro- | duct?   |
| Was final product deliv<br>Was the final product u  | rered on time?  |
|   | No Why were they not usable? (Attach Additional Sheets if Necessary.) |
| 3. Were there any Problem                           | ms Encountered:   |
| 4. Overall Performance (c                           | check one): O Satisfactory O Unsatisfactory                           |
| 5. List Weak Points:                                |   |
| 6. List Strong Points:                              |   |
| 7. Would you hire this Co                           | ntractor again?   |
| Spanture of Program Official response               | Date:   |
|   |   |
| Print Name:   | Phone #:  |

#### **Contract Evaluation Form (PE)**

- BANNER STATUS March 1
  - COMMODITY CODES
  - DIRECT CHARGES
- VENDOR APPLICATION
  - Mary Borel, Phone: 337-482-6244 Email: purchasing@louisiana.edu
- PROMOTIONAL, LOGO IMPRINTED, AWARD ITEMS APPROVAL FORM
- LaCARTE AND TRAVEL
  - MOVE TO PURCHASING
  - SPECIAL MEALS FORM
  - PAYPAL APPROVAL FORM
  - Josie Mariano, Phone: 337-482-6243 Email: josiem@louisiana.edu

#### **GENERAL INFORMATION**



#### PROMOTIONAL ITEMS APPROVAL

|                             | FATI               | AL AP           | PROVAL F        | UK     | IVI        |             |
|-----------------------------|--------------------|-----------------|-----------------|--------|------------|-------------|
|                             |                    |                 |                 |        |            | Form PU     |
| AYPAL/THIRD PAR             | TY PROCESSOR       | TRANSACTIO      | N DOCUMENTAT    | ON & A | APPROVAL   |             |
| Request Date                |                    | _               |                 |        |            |             |
| Department                  |                    |                 |                 |        |            |             |
| Contact                     |                    |                 |                 |        |            |             |
| Phone                       | Fax                |                 | E-mail          |        |            |             |
|                             |                    |                 |                 |        |            |             |
| 4                           |                    | Purcha          | ser Information |        |            |             |
| Name                        |                    |                 |                 |        |            |             |
| Address                     |                    |                 |                 |        |            |             |
|                             |                    |                 |                 |        |            |             |
| City                        |                    | State           |                 | Zip    | ,          |             |
|                             |                    | Vend            | or Information  |        |            |             |
| Vendor Name                 |                    |                 |                 |        |            |             |
| Address                     |                    |                 |                 |        |            |             |
|                             |                    |                 |                 |        |            |             |
| City                        |                    | State           |                 | Zip    |            |             |
|                             | -                  |                 |                 |        |            |             |
|                             | Description        |                 | Quantity        | Unit   | Unit Price | Total Price |
| Y                           |                    |                 | _               |        |            |             |
| 8                           |                    |                 |                 |        | -          |             |
|                             |                    |                 | _               |        | -          |             |
|                             |                    |                 | -               |        |            |             |
|                             |                    |                 | _               |        |            |             |
|                             |                    |                 |                 |        | Total *    |             |
| A copy of the PayPal        | Transaction Detail | must be attache | nd.             |        | 1000       |             |
| certify that the item(s) li |                    |                 |                 |        |            |             |
| Approval                    | Signat             |                 | T               | Title  | ):         | Date        |
| Imployee                    |                    |                 |                 |        |            |             |
| Supervisor                  |                    |                 | _               |        |            | +           |
| ouper rists                 |                    |                 |                 |        |            | 6.1         |
|                             |                    |                 |                 |        |            |             |

#### **PAYPAL APPROVAL FORM**

- Purchasing website: <a href="http://purchasing.louisiana.edu/">http://purchasing.louisiana.edu/</a>
- Purchasing forms <a href="http://purchasing.louisiana.edu/forms">http://purchasing.louisiana.edu/forms</a>.
- Office of State Procurement website: <u>http://www.doa.la.gov/Pages/osp/Index.aspx</u>
- Louisiana Law Search: <a href="http://www.legis.la.gov/legis/LawSearch.aspx">http://www.legis.la.gov/legis/LawSearch.aspx</a>
- Small Purchase Executive Order: <a href="http://www.doa.la.gov/osp/legalinfo/bj2010-16.pdf">http://www.doa.la.gov/osp/legalinfo/bj2010-16.pdf</a>

#### REFERENCES

Celena D. Tilbury, Assistant Director for Contracts &

Strategic Sourcing

Phone: 337-482-9051

Email: celena@louisiana.edu

Kristi Montet, CPPB, Strategic Sourcing Manager

Phone: 337-482-5201

Email: kristim@louisiana.edu

#### **PPCS STAFF**

#### QUESTIONS????