



UNIVERSITY *of*
LOUISIANA
L A F A Y E T T E[®]

Administrative Professional Workshop

Agenda

Professional Service Contracts (PPCS)

- What is PPCS?
- Types of PPCS Contracts
- Required documents
- Miscellaneous Information
- Where to find information?



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What is PPCS?

What is PPCS?

**Professional, Personal, Consulting and
Social services contracts
("PPCS" or "Professional Services")**

Any requisition using a 75 Account Code. (Ex: 750180)

Types of Professional Service (PPCS) Contracts

Professional & Personal (Non-Competitive)

- Professional service is services provided by an independent contractor (individual or entity) that require specialized advanced knowledge.
- Personal service is services provided by individuals which require the use of creative or artistic skills, or highly technical or unique individual skills or talents.

Consulting Services

- Consulting service is defined as services not professional, personal or social services that specialized in counsel.
- Consulting Services cannot exceed \$74,999 within a 12-month period without being awarded competitively through Request for Proposals (RFP) process as per R.S. 39:1595.

Social Services

- Social service is any work rendered in furtherance of the general welfare of the citizens of Louisiana.
- Social Services is competitive over \$250,000
Examples: Incumbent Worker Training Program (IWTP) or Social Workers.
NOTE: Social Services are usually partially funded by a governmental third party

Examples of PPCS Contracts

Personal Service	Professional Service	Consulting Service	Social Services
Artist	Accountant	Consulting	General Welfare
Entertainer	Architect	Instruction	of LA Citizens
Expert Speaker	Doctor	Invited Guest	Health Support
Musician	Engineer	Management	& Rehabilitation
Photographer	Lawyer	Planning	Socialization
Sign Language Interpreter	Visiting Professors	Software Consultant	Protective Services

Professional Service Contracts (PPCS)


**What documents
are Required?**

And attached to the requisition!

Required Documents for PPCS

Contractor Information (PUR-CIR) Form

- To gather information about the Contractor such as their relationship to the University and its employees.

 **PUR-CIR Form**

Requisition # _____

CONTRACTOR NAME: _____ Contact Name: _____

Address: _____ Phone #: _____

_____ Email: _____

Tax ID/SSN #: _____

Attach correct IRS Form
Either W-9, W-8BEN, or W-8BEN-E

1. Are you a US Citizen or Resident Alien: ☐ Yes ☐ No* or ☐ N/A (If Entity and not an individual)

*If not a US citizen or Resident Alien, complete Form W-8BEN (for individuals) or Form W-8BEN-E (for Entities or non-individuals). Available on the Internet at: Form W-8BEN <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf> and Form W-8BEN-E <https://www.irs.gov/pub/irs-pdf/fw8bene.pdf> and attach to this form.

If YES is marked for any of the below questions STOP and contact the Department representative.

2. Are you a current UL Lafayette student? ☐ Yes ☐ No ☐ N/A (If Entity and not an individual)

3. Are you or any individual with ownership in the company, a current UL Lafayette employee? (Employee includes full and part-time faculty and staff, graduate assistants, and student workers.) ☐ Yes ☐ No

4. Have you or any individual with ownership in the company been an employee of UL Lafayette within the past two (2) years? ☐ Yes ☐ No

5. Are you a current employee of a Louisiana state agency or university other than UL Lafayette? ☐ Yes ☐ No or ☐ N/A (If company or LLC)

6. Are you a current or retired member of Teachers Retirement System of Louisiana (TRSL), Louisiana State Retirement System (LASERS) or Optional Retirement Plan (ORP)? ☐ Yes ☐ No or ☐ N/A (If company or LLC)

*** If YES is marked for either Question 5 or Question 6, contact Human Resources (337) 482-6248 for information regarding contributions to retirement systems, PRIOR to engaging in services with the University.

7. Are you or individuals with ownership in the company are a child, spouse, brother, spouse of brother, sister, spouse of sister, parent, spouse of parent, or parent of spouse of an UL Lafayette employee who will take part, or share responsibility for action of UL Lafayette through approval, disapproval, decision, recommendation, rendering advice, investigation or failure to act or perform a duty with respect to the proposed contract? ☐ Yes ☐ No

8. Do you or any of the individuals listed in # 7 have an ownership interest in the Company? ☐ Yes ☐ No

Contractor's Signature

Date

PUR-CIR (V4 Revised 2/2/22)

Required Documents for PPCS

Scope of Services (PUR-SS) Form

- To gather details on the services being provided by the Contractor as well as specific deliverable, goals & objectives

APPENDIX A: SCOPE OF SERVICES

CONTRACTOR NAME: _____ Requisition # _____

START DATE: _____ END DATE: _____

MAXIMUM CONTRACT AMOUNT (inclusive of travel), Not to exceed: \$ _____

Reimbursable Travel Amount (if applicable), Not to exceed: \$ _____

PAYMENT TERMS: Contractor payments are scheduled as follows (check as appropriate):
____ One lump sum payment upon completion of services
____ Fixed Rate \$ _____ Hourly \$ _____ Daily \$ _____ Weekly \$ _____ Monthly
____ Multiple installments based upon completion of tasks (must provide details/amounts/last dates attached)
____ Other (detailed payment terms are attached)

DEPARTMENT INVOICE APPROVER (Type)
Name: _____
Title: _____
Department: _____
Address: _____
Email: _____

DESCRIPTION OF SERVICES (Use complete sentences in present tense form, refrain from our, we, I and spell out any abbreviations) – Details can be attached separately.
(Describe the work/task) The Contractor will be responsible to perform/provide _____
_____ for UL Lafayette _____ (Department name).
The services will be performed _____ (where/location).
The Contractor will be responsible for _____ (provide end result of contract).
The University Department will be responsible for _____ (provide facilities, equipment, software, etc.)

DELIVERABLES (Contractor will deliver the items as described below (or per attached))
Describe and list the reports or deliverables to be received _____
Schedule of dates when reports/deliverables are to be received _____
Describe how the reports or deliverables are to be received and to Whom _____

PUR-SS (Revised 11/18/19)

APPENDIX A: SCOPE OF SERVICES

GOALS (Describe the end results of this project/service)
The goal(s) of this project/service is to _____

OBJECTIVES (SMART – Specific, Measurable, Aggressive, Result-oriented & Time-bound target(s) for accomplishment)
The objectives are: 1. _____
2. _____
3. _____

PERFORMANCE INDICATORS (Indicate how the Contractor's performance of each objective will be measured)
The performance of the Contractor will be measured by _____

MONITORING PLAN (Describe how you will evaluate and monitor the Contractor's performance)
The University's Representative for overseeing the Contractor's performance is (Who/Name) _____
(Title) _____; whose University email address is _____ and phone number is () _____. He/She will be responsible for monitoring the Contractor's performance throughout the contract period by _____
(Describe how will the Contractor's performance be monitored and How Often).

PUR-SS (Revised 11/18/19)



Required Documents for PPCS

Cost Benefit Analysis Documentation (PUR-CB)

- To certify that obtaining such services from the private sector is more cost effective than providing such services by the University or by another state agency.
- Use when Contract amounts exceed \$50,000.

COST BENEFIT ANALYSIS DOCUMENTATION
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.B.

CONTRACTOR NAME: _____

BRIEF DESCRIPTION OF THE SERVICES: _____

I hereby certify the following as evidence that a cost benefit analysis has been conducted for the above referenced proposed contract/services. This analysis indicates that obtaining such services from the private sector 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 Private 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: Formal 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)

Certified by: _____
(Signature of personnel responsible for monitoring the proposed contract)

PUR-CB (VI. 6/30/15)

Required Documents for PPCS

Website Resources

[Required Documents
with links to Forms](#)



Miscellaneous Information

Over the Competitive Limits

Single/Sole Source Justification form

- Consulting Service Contracts exceeds \$74,999
- Social Service Contracts exceeding \$250,000

UNIVERSITY OF LOUISIANA AT LAFAYETTE SINGLE/SOLE SOURCE JUSTIFICATION FORM

Requisition No. _____

Fund Code _____

Name _____ Department _____

Title _____ Telephone Extension _____

Statutory Provision: RS 39:1597 (Sole Source Procurement) of the Louisiana Procurement Code provides that a contract/purchase order may be awarded for a required supply, service or major repair without competition when, under regulations, it is determined in writing that there is only one source for the required supply, service or major repair item.

Single Source definition: Choosing to use only one supplier when multiple suppliers exist, whereas "sole sourcing" occurs when only one supplier for a product/commodity is available.

1. Identify items or services to be approved for single/sole source treatment:

2. State relevance of purchase to your mission, purpose, research or study:

3. Name of manufacturer of item(s): _____

4. Identify single/sole source supplier:

Name of Supplier _____

Mailing Address _____

Phone Number _____

Fax Number _____

Web Site Address (if available) _____

Miscellaneous Information

Over the Competitive Limits

PUR-131

Emergency Procurement Justification (PUR-131) form

- Consulting Service Contracts exceeds \$74,999
- Social Service Contracts exceeding \$250,000

UNIVERSITY OF LOUISIANA AT LAFAYETTE
EMERGENCY PROCUREMENT JUSTIFICATION FORM

Requisition No.	
Fund Code	
Name	Department
Title	Telephone Extension

Emergency Procurements – Statutory Provision RS 39:1598

Definition of Emergency Condition: *An emergency condition is a situation which creates a threat to public health, welfare, or safety such as may arise by reason of floods, epidemics, riots, equipment failures or such other reason as may be proclaimed by the Commissioner of Administration. The existence of such condition creates an immediate and serious need for supplies, services, or major repairs that cannot be met through normal procurement methods and the lack of which would seriously threaten:*

1. *the functioning of Louisiana government;*
2. *the preservation or protection of property; or*
3. *the health or safety of any person*

Emergency procurement shall be limited to only those supplies, services or major repair items necessary to meet the emergency.

The source selection method used shall be selected with a view to the end of assuring that the required supplies, services or major repair items are procured in time to meet the emergency. Given this constraint, such competition as is practicable should be obtained. Any offer accepted shall be confirmed in writing.

Please complete the following:

NOTE: Attach word document if additional space is needed for each section.

A. Identify items or services to be approved for Emergency Procurement.

Miscellaneous Information

Contract Alteration (PUR-117) form

When to complete form:

- Change in amount
- Change in dates
- Change in scope or project manager

Route form for approval by email.

Form PUR-117

UNIVERSITY OF LOUISIANA AT LAFAYETTE
OFFICE OF PURCHASING
CONTRACT ALTERATION

To: (Vendor Name/Address/City/State/Zip Code) Contract/Purchase Order No. _____

Date: _____ Telephone _____
Extension _____

Contact Person: _____

Department: _____

ALTER THE CONTRACT / PURCHASE ORDER IN THE FOLLOWING MANNER (Check ALL that Apply):
(*NOTE: Summary description of alteration must be included.)

☐ Please revise the Contract End Date below:
From: _____ To: _____

☐ The Scope of Services has been changed as follows: (See documentation attached)

☐ The Payment Terms to be changed as follows: (See documentation attached)
From: _____ To: _____

☐ Please revise the Contract/Purchase Order Amount by:
Increase Amount \$ _____ Decrease Amount \$ _____
NOTE: Provide Accounting if Amount is to be charged to multiple accounts:

Fund (F)	Org (O)	Account (A)	Program (P)	Total

☐ Please revise the FOAPAL (Funding/Accounting) by:
From: _____ To: _____

Fund (F)	Org (O)	Account (A)	Program (P)	Total Amount	Fund (F)	Org (O)	Account (A)	Program (P)	Total Amount

☐ Other: (Attach documentation, if applicable)

* Summary Description of Change/Alteration (Include description for all change requests):

Requested by: _____ Fund Approval: _____
Head of Department Fiscal Officer

Approved by: _____ Approved by: _____
Dean or Administrative Head Purchasing Officer

VI: 6-15-16

Miscellaneous Information

Contractor Evaluation (PUR-PE) form

- To evaluate the Contractor's performance when the services are completed.
- The University Representative or Project Manager completes the PUR-PE form and forwards to Purchasing via email for the contract file.

PERFORMANCE EVALUATION for Personal, Professional, Consulting or Social Service Contracts
Agency: UNIVERSITY OF LOUISIANA AT LAFAYETTE

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 Number & Reason(s):

1. Provide the Description of Services:

2. Deliverable Products:
What was the final product?
Was final product delivered on time? ☐ Yes ☐ No
Was the final product usable? ☐ Yes ☐ No How they were unable?

Why were they not usable?
(Attach Additional Sheets if Necessary.)

3. Were there any Problems Encountered: ☐ Yes ☐ No

4. Overall Performance (check one): ☐ Satisfactory ☐ Unsatisfactory

5. List Weak Points:

6. List Strong Points:

7. Would you hire this Contractor again? ☐ Yes ☐ No

Signature of Program Official responsible for monitoring and final acceptance Date:

Print Name: Phone #:

PE 7/16/2015



Professional Service Contracts (PPCS)

**Where can
you find
info
on PPCS?**

Professional Service Contracts (PPCS)

Purchasing Website **Professional Services** **Section**

