

**EDUCATION RELATED PROFESSIONAL SERVICE ON A FEE BASIS**

**When to Use This Form**

This form is used to contract education related services directly from an individual (independent contractor, **not a business**) that is rendered from a platform of unusual experience or expertise in a particular field. Such expertise has usually been gained by education, training, hands-on experience, certification, licensing, publication, public acclaim, election or appointment. Often times the professional is uniquely qualified to provide the requested service in the context of background, style and/or time which we require.

The following services have been identified to fall under this type of service: Education related consultant, evaluator, speaker, lecturer, and guest conductor or "honorariums" and have normally been contracted on a FEE basis with travel, lodging and sustenance expenses, where applicable reimbursed under a *Travel Authorization*.

This form **is not used** to contract professionals for Business/Operational or Management evaluation/services; Architect/Engineer services; Land Surveying services; services to be obtained on an employer-employee relationship as defined in IRS regulations; **or services of an individual who is a member of the South Carolina Retirement System. Requests for employer-employee relationships or SC Retirement System members are to be processed through Human Resources.** (953.5512).

**Completing the Contract**

Departments/Activities requiring the services of a professional under a contractual relationship will specify the scope of the professional service needed, identify the individual required, explore the financial arrangements necessary to acquire the service, prepare the "CONTRACT" and process it for required approvals.

The Department Contract Representative should complete the top portion of the form, including steps 1-5. Completion of section A-F is based on the fee. Refer to the chart below.

Fee	Section	Approvals
Under \$5,000.00	A, B, C	Fund Manager
\$5,000.01 - \$10,000.00	A, B, C, D	Fund Manager, Division EVP
Over \$10,000.00	A, B, C, D, E, F	Fund Manager, Division EVP, Director of Procurement, EVP for Business Affairs

The Department Contract Representative will be responsible to see that the contract is complied with and that the fee is paid in a timely manner. Forward the complete package to Accounts Payable [accountspayable@cofc.edu](mailto:accountspayable@cofc.edu) for payment. A complete package includes:

- (1) *Expenditure Authorization Form*, complete with all approvals secured
- (2) *Education Related Professional Service on a Fee Basis Contract*, complete with all required approvals secured, and
- (3) *Travel Authorization Form* if applicable, completed with all approvals secured

**This information MUST BE submitted at least thirty days in advance of actual performance.**

Professionals with fees **over \$10,000.00** who are unique in their applicability to College goals/programs may qualify for "sole source" procurement action. Such determination can only be made by the Executive Vice President for Business Affairs. The proposed "CONTRACT" in its approval process must be accompanied by full details, in memorandum form, of the unique qualities of the proposed individual which qualify him/her to best perform the services required. Proposed "CONTRACTS" which do not qualify as "sole source" will require competitive bidding as required by Regulation 19-445.2025.

**Route all** requests **over \$10,000.00 through** the **Office of Procurement** for purchase method determination.

Settlement of the *Travel Authorization* may be accomplished between the Contractor and Accounts Payable or the Department Contract Representative may assist the Contractor in settlement with Accounts Payable, i.e. forms, receipts, etc.

**EDUCATION RELATED PROFESSIONAL SERVICE ON A FEE BASIS CONTRACT**

This contract between the College of Charleston, 66 George Street, Charleston, South Carolina 29424 (Agency)

and \_\_\_\_\_ (Independent Contractor), address:

SSN: \_\_\_\_\_ for and in consideration of the mutual promises herein made, witnesseth:

1. Provide a brief description of the Education Related Professional Service that the Contractor will **personally** provide to the Agency. If more space is needed, provide detailed description as Attachment 1.
  
2. A fee of \$ \_\_\_\_\_ is total compensation for the professional service rendered and is to be paid as follows:  
 Lump Sum: One payment at completion of service; or  
 Progressive Payment: Half of fee at 50% completion and the balance at 100% completion.
  
3. Travel, lodging and subsistence expenses, not to exceed State Employee reimbursement rates, will be reimbursed direct to the Contractor upon receipted claim referencing an approved Travel Authorization (Attachment 2).
  
4. Agency has NO RIGHT to DIRECT or CONTROL contractor in the way in which the professional service is performed, either as to the final results or as to the details of how the service is accomplished.
  
5. It is verified the Contractor is not a permanent State employee subject to Dual Employment restrictions or member of the SC Retirement System. The Contractor is independent and free to perform the required professional service(s) outlined in paragraph 1 above in accordance with the dictates of their profession/training/experience. Contractor's performance/non-performance, for payment purposes, will be judged solely on the specifications set forth in paragraph 1 above, plus Attachment 1 (if attached) hereto.

<b>A. ACCOUNTING DATA:</b> 6-Digit Departmental Index Number _____	Account Code 710810	Amount \$ _____
<b>B. PROPOSED BY:</b> Department Representative _____		Date _____
<b>C. NEEDS CERTIFICATION:</b> Fund Manager _____		Date _____

**D. DIVISION EVP / PROVOST APPROVAL (if over \$5,000.00):**

EVP / Provost Signature \_\_\_\_\_ Date \_\_\_\_\_

**E. PROCUREMENT APPROVAL (if over \$10,000.00):** Contract and purchase method determination of  
 Sole Source      Exempt      Reject and Send to Bid – recommended by:

Director of Procurement Signature \_\_\_\_\_ Date \_\_\_\_\_

**F. RATIFICATION (if over \$10,000.00)**

**OFFERED** on behalf of the College

BY: \_\_\_\_\_ Date \_\_\_\_\_  
 Executive Vice President for Business Affairs

**ACCEPTED** on behalf of the Contractor

BY: \_\_\_\_\_ Date \_\_\_\_\_  
 Contractor Signature

Please acknowledge acceptance on the original and return to the Department Contract Representative.

Attachment 1: (if applicable)

Attachment 2: Travel Authorization # (If applicable)

Note to Contract Representative: Accounts Payable will honor an Expenditure Authorization signed by the Fund Administrator for FEE PAYMENT if accompanied by a copy of this contract.