

708.4.1f - Community Collaborator Checklist

Instructions. This Community Collaborator Checklist ("Form") is used for individuals who are paid to review and evaluate a University activity by sharing feedback, suggestions, insights, and concerns based on their perspectives as lay members of communities that may be affected by that University activity (i.e., community advisory board or focus group members) ("Community Collaborators"). This Form should not be used for professional trainers or training firms, research consultants, professional consultants, or persons who receive confidential or proprietary information in the course of their work with the University. To use this Form, each of the following items must be satisfied:

- Each engagement must last no more than 1 year.
- Each collaboration must not exceed \$5,000.
- The Form must be accompanied with <u>IRS form W-9</u> is therefore currently limited to persons eligible to sign form W-9 as a U.S. person.

Prior to the initiation of any services from the Community Collaborator, the following steps must occur:

- This Form must be completed and signed by the individual performing the service;
- This Form must be reviewed and signed by the responsible department;
- Accounts Payable must review and approve the Form and communicate this approval to the responsible department.

This Form helps Accounts Payable determine if using this Form is appropriate or whether a standard Independent Contractor checklist must be completed. Longer engagements or those engagements exceeding \$5,000 require the completion of an Independent Contractor checklist and associated forms. Additional information may be requested from the Community Collaborator to make the appropriate determination. Background checks may be required if there is unsupervised contact with sensitive populations or the engagement requires access to sensitive data or facilities. Generally, background checks for Community Collaborators are not required per **University Procedure 708.1** – **Procedure for Independent Contractor Predetermination Process**.

This Form must be completed, including all required signatures, prior to submission to Accounts Payable. Incomplete forms will be returned to the responsible department. See <u>708.4</u> – **Procedure for Requesting and Paying a Community Collaborator** for submission details via ConnectCarolina.

Name of Community Collaborator:		
SECTION 1 – Questions About the Community Collaborator	YES	NO
Is this person engaging in faculty activities which require a UNC-Chapel Hill faculty appointment? (If yes, neither this Form nor the Independent Contractor Checklist can be used).		
Is the Community Collaborator a U.S. Person and eligible to sign IRS form W-9? (If no, please do not use this form; contact your department representative for further instructions.)		
Is the Community Collaborator employed by UNC-Chapel Hill? (If yes, any compensation for engagements must be submitted through a Payroll electronic Personnel Action, [ePar]).		
Is the Community Collaborator employed by any other State of North Carolina agency?		
If yes to the previous question, what State of North Carolina agency/department	?	
or regularly retained agent of UNC-Chapel Hill? (If yes, provide the following information for each individual identified: Name, relationship to Community Collaborator, job position and department in t	the box belov	v):
Will the Community Collaborator have unsupervised contact with sensitive populations (If yes, a background check may be required)		
Will the Community Collaborator have access to sensitive data, confidential information, proprietary information, sensitive University facilities, or University intellectual property? (If so, the Community Collaborator must follow the standard Independent Contractor engagement process).		
How will the Community Collaborator meet with University employees?	YES	NO
Remotely (Via Zoom, telephone call, email, etc. Off Campus		
On Campus		

SECTION 2 - General Information and Description of Community Collaborator Engagement

(Please type or print clearly) Community Collaborator's Mailing Address For Payment: Address: City: ______ State: _____ Zip: _____ Title and Description of Community Collaborator Engagement: Location/venues of collaboration: Dates of engagement (cannot exceed 12 months): Fee (\$): ______ Estimated Expenses: (\$): _____ By signing this Form in Section 3 below, the Community Collaborator understands, acknowledges and accepts that the fee and estimated expenses noted above constitutes any and all fees and expenses associated with the engagement described in Section 2.

SECTION 3 – Certification of Service Provider (Community Collaborator)

- 1. I certify that the above information is complete and accurate. Further, if the University engages me as a Community Collaborator, I understand and agree that:
- 2. I am responsible for taxes and business and travel expenses associated with this engagement;
- 3. I am not eligible for any employer-provided benefits from the University;
- 4. I am responsible for my own actions, omissions, and negligence, and I will comply with all laws and regulations while participating in this engagement;
- 5. I am not debarred or currently on any U.S. or government sanctions lists, and I do not regularly conduct business with any party on such a list.

Name of Community Collaborator	Signature of Community Collaborator	Date
SECTION 4 – Certification of UNC-Chapel H	ill Department	
I certify that I have firsthand knowledge of complete and thoughtful accuracy.	the engagement in order to review the above che	ecklist with
Name of Department Representative	Signature of Department Representative	 Date
Phone Number	Email Address	
Department Name	Department Number	

Section 5 – Submission and Return of Assessment

Please upload this form via ConnectCarolina with form W-9 to the Independent Contractor system, Community Collaborator request pages, Finance Menu>UNC Campus>Independent Contractor.

To sign the document with Adobe Pro, Click on "Fill and Sign" from the right tools menu. A signature option will appear at the top center of the document. Drag and drop the signature into the signature field.