



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 [IRS form W-9](#) 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 [708.4](#) – **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? <i>(If yes, neither this Form nor the Independent Contractor Checklist can be used).</i>		
Is the Community Collaborator a U.S. Person and eligible to sign IRS form W-9? <i>(If no, please do not use this form; contact your department representative for further instructions.)</i>		
Is the Community Collaborator employed by UNC-Chapel Hill? <i>(If yes, any compensation for engagements must be submitted through a Payroll electronic Personnel Action, [ePar]).</i>		
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?		
Is the Community Collaborator, his/her spouse, domestic partner, sibling, parent or child an employee or regularly retained agent of UNC-Chapel Hill? <i>(If yes, provide the following information for each individual identified: Name, relationship to Community Collaborator, job position and department in the box below):</i>		
Will the Community Collaborator have unsupervised contact with sensitive populations <i>(If yes, a background check may be required)</i>		
Will the Community Collaborator have access to sensitive data, confidential information, proprietary information, sensitive University facilities, or University intellectual property? <i>(If so, the Community Collaborator must follow the standard Independent Contractor engagement process).</i>		
How will the Community Collaborator meet with University employees? Remotely (Via Zoom, telephone call, email, etc.) Off Campus On Campus	YES	NO

SECTION 2 – General Information and Description of Community Collaborator Engagement

(Please type or print clearly)

Community Collaborator’s Mailing Address For Payment:

Name: _____

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: (\$): _____

