

Service Provider Details

- 1) Service provider name:
- 2) Service provider email address:
- 3) Date of Services:
 - a) Start date of services
 - b) End date of services
- 4) Total anticipated fee (Fixed, Hourly Rate/# of Hours, Other):
- 5) Scope of work (detailed justification of services provided):

- 6) Grant/Program Account Number:

Questions about the Service Provider

Yes / No

1. Is the proposed scope of work grant-related?
2. Will the service provider be working with minors?
 - a) If yes, please review [EHS 706 Minors on Campus](#), some work that involves minors must be done by employees and independent contractor treatment will be **denied**.
3. Does ASU plan to hire this person as an employee soon after they serve as an independent contractor?
4. Will the individual serve in an advisory or consulting capacity with a university faculty member or director in a “collaboration between equals” arrangement?
5. Will the department provide the individual with specific instructions, supplies, or equipment to perform the required work, rather than rely on the individual’s supplies and equipment?