



BVARI

Boston VA Research Institute, Inc.
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Boston, MA 02130

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Fax (617) 738-8480
www.bvari.org

BVARI Independent Contractor/ Employee Status

Name of individual		Legal name of Individual's business/organization	
Address (include street address,, city, state, and ZIP code)			
TITLE (Ph.D., M.D.)		Tax ID # (If applicable)	Social Security Number (If applicable)
Tele. number (include area code)	Daytime telephone number		

Responsible BVARI faculty (Name:) _____ (Contact info.) _____

- This form is being completed by _____ (Name) _____ (date)
Title _____
- Is the individual a consultant on a grant? (If "yes" please provide the PI **name and the titles and type of grant. (ie federal, CRADA, foundation, etc.)**)
- If the preceding answer to question # 2 is yes, has the individual been budgeted and part of the awarded grant justification? If yes, please provide a copy of both the budget and justification.
- Is the individual a full time federal employee? (If "yes" please provide the name of the agency and/or department in which the individual works).

Yes Agency Name: _____

No

5. Does the individual file a schedule C on their tax return?

- Yes
 No

6. Please attach the individual's **business card, business certificate, and/or proof of incorporation.**

7. What type of advertising, if any, does the individual do? (Provide copies if applicable)

8. What other organizations has the individual worked as an Independent Contractor? Please provide names and dates and indicate if the individual currently provides services to them.

9. Please attach the scope work for the services which shall be performed?

10. What specific training and/or instructions will be given to perform the services?

11. How is the assignment and/or project(s) communicated?

12. What type of training and/or instruction is the individual given? Please indicate who will provide the aforementioned.

13. Who determines the methods by which the services are performed?

14. What types of reports are required?

15. Who is required if problems and/or complaints arise and who is responsible for the resolution?

16. Are the services to be performed by a specific individual?

Yes

No

17. Is the individual able to perform the services on their own time/schedule?

- Yes
 No

18. Does the individual provide their own supplies, equipment, and/or tools to perform services?
(If "NO" please list what will be provided to perform the services)

- Yes
 No

19. Does the individual carry their own insurance (workers' compensation, liability insurance, medical insurance, Error & Omission policy) If "Yes" **please specify the type of insurance and provide copies of certificate of insurance and/or proof of coverage.**

- Yes
 No

20. What expenses are expected to be incurred in performance of services?

21. Will an individual be reimbursed for expenses incurred for their services performed?

- Yes
 No

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22. What economic loss or financial risk, if any, can the individual incur beyond the normal loss of salary (e.g. loss of damage of equipment, material, etc.)

23. Will the individual have direct contact with patients and/or subjects?

Yes

No

24. Was the individual a BVARI Employee? If yes, please provide the dates and the names of the individual's supervisor.

Submitted By:

Principal Investigator

Name:
Date:

Name:
Date:

Director of Finance

Legal Department

Internal Use by BVARI Administrative Staff Only
Determination: _____ Independent Contractor or _____ Employee

Checklist of attached:

_____ **Business Card**

_____ **Statement of work**

_____ **Certificate of Insurances (Medical, etc.)**

_____ **W-9**