

Independent Contractor Questionnaire

In accordance with BVARI’s [Independent Contractor \(IC\) Policy](#), this questionnaire must be completed by the Principal Investigator seeking to engage an individual or contractor to perform services. Please submit a completed form to BVARI SPA at spa@bvari.org. (Note: Please see separate [Vendor Justification Form](#) for non-individual purchases of goods and services ≥\$25,000.)

BVARI Account #(s)

Principal Investigator

Independent Contractor

Has the potential IC at any point ever been employed with BVARI? YES NO

The potential IC has the following (check all that apply):

- Professional liability insurance
- DBA certificate or articles of incorporation
- EIN number
- Business card, business email or a website with consulting firm information
- Schedule C

Overview of project

Proposed start & end date *[within 1-year duration]*: _____ to _____ Estimated cost: _____

Brief description of work to be performed:

IC background and qualifications to accomplish work:

Verification of IC classification criteria (Note: PI must certify that all criteria below has been met in order to be reviewed and approved by BVARI SPA.)

- IC has U.S. Citizenship, Permanent Resident, or eligibility to do work in the U.S.
- IC duties will be carried out with minimal instruction/training by PI.
- IC will be free to determine the means and methods to accomplish the results.
- IC is free to determine the location where some or all of the services will be performed.
- IC will provide their own workspace, supplies, and equipment.
- The services to be performed are NOT a regular and continuing part of BVARI operations or performed by BVARI employees.
- IC routinely provides this type of work for other clients or customers.
- IC will be capable of performing services for others while engaged on this project.
- IC maintains their own professional liability insurance.

Principal Investigator

Proposed Independent Contractor

FOR BVARI SPA ONLY - Verified IC is not on the following:

- [Sam.gov Exclusions List \(for federal procurement\)](#)
- [Office of Inspector General of the Department of Health and Human Services List of Excluded Individuals/Entities](#)

[FDA Office of Regulatory Affairs Debarment List](#)

BVARI Authorization