

SERVICE PROVIDER QUESTIONNAIRE (SPQ)

Name of Business: _____

Nature of Business: _____

Vendor Banner ID: _____

Banner Requisition Number: _____

Please answer the following questions about the proposed independent contractor and discuss your answers as appropriate. Attach additional sheets if necessary.

1. Is the proposed contractor a corporation? _____ If so, please provide tax identification number: _____ If the proposed contractor is an individual, please provide the individual's United States social security number or individual tax identification number: _____ Is the person a foreign national? _____
2. Conflict of Interest: (See **Section 3.** of **Policy [4325](#)**)
Does a UNM employee, an individual employed at UNM in the past twelve (12) months, a public or student member of an advisory board or committee, a UNM volunteer serving in an official capacity or any member of their immediate families have a direct or indirect financial interest in the independent contractor specified above? _____ If yes, attach proof of compliance with "Conflicts of Interest" Policy 3720.
3. Please describe the nature of the service to be performed by the proposed contractor and how that service relates to the responsibilities of your department. A detailed scope of services must appear on the Purchase Requisition or be included as an attachment.

4. Is the proposed contractor going to be involved in completion of daily operations in your department? _____ Why or why not? _____
5. How long will the contractor be working on the project? _____
6. Will the contractor perform the services personally? _____ With other individuals? _____ Of those other individuals, whose employees are they? _____
7. Will this project require full-time effort by the contractor personally? _____
8. Does the proposed contractor perform work for other clients and solicit work from other clients? _____ Please attach the proposed contractor's brochure or resume (if available). Your central accounting office may require a brochure or resume to complete processing.
9. Is the proposed contractor listed in the business pages of the telephone directory? _____ Yellow pages? _____ Please attach photocopies of the listings.
If applicable, enter the contractor's NM gross receipts number _____
10. Will your department specify: (if yes, please explain)
 - a. Where the work is performed? _____
 - b. What hours will be worked? _____
 - c. How the work is performed? _____

11. Does your department substantially control or have the right to substantially control the detailed method of work? _____ Result of work? _____ If yes, please explain. _____
12. Does your department provide the following things needed to perform the work? (if so, explain why):
 - a. Work space for the contractor? _____
 - b. Tools and equipment (including office equipment)? _____
 - c. Materials and supplies needed to perform the work? _____
13. Does the University provide:
 - a) Training for the contractor? _____ If so, what type of training? _____
 - b) Other persons to assist in performing the work? _____ If so, whom? _____
14. Will the University be paying expenses of the contractor? _____ If so, what type of expenses and what is the method of payment? _____
15. How is the proposed contractor to be paid -- a flat fee for the job, an hourly or daily rate for time spent on the project, or an amount per week or month? _____
16. Has your department (or the University to your knowledge) used this contractor before? _____ Do you foresee using this contractor again? _____ Please explain. _____

Signature of Person Completing this Form

Phone #

Date

Printed Name of Person Completing this Form

Signature of Department Head

Date

Printed Name of Department Head

Department Name and Org Code

Central Accounting Office Use Only

Approved as Universal Service Provider _____

Approved one time only for Requisition _____