



Foundation for Atlanta *Veterans* Education and Research

1670 CLAIRMONT ROAD (151F)
DECATUR, GEORGIA 30033
VOICE: 404.728.4856
FAX: 470.300.8490
www.faver.foundation

AGREEMENT FOR CONTRACTUAL SERVICES

THIS AGREEMENT is made by and between _____ (Contractor) and the Foundation for Atlanta Veterans Education and Research, Inc. (FAVER), 1670 Clairmont Road (151F), Decatur, Georgia 30033, a non-profit corporation (tax ID #58-1857346) which is authorized by legislation (P.L. 100-322) to enter into this agreement for research related activities conducted at or through the Atlanta VA Health Care System.

FAVER agrees to retain Contractor and the Contractor agrees to accept engagement by FAVÉR to perform the Services described below. In such capacity, Contractor will be responsible for planning and affecting the Services in a timely and efficient manner. Anything herein to the contrary notwithstanding, the parties acknowledge and agree that Contractor is an independent contractor, and this Agreement does not constitute or appoint Contractor as an employee or agent of FAVÉR.

FAVER will have no right to control the manner, means or method by which Contractor performs the Services, but rather, will be authorized hereunder only to (i) direct Contractor as to the elements of the particular Services to be performed, the result desired by FAVÉR to be achieved, and when the Services are to be completed; (ii) inform Contractor as to where and when such Services are desired by FAVÉR to be performed; and (iii) supervise and assess the performance of the Services by Contractor for the limited purposes of assuring that the Services have been performed and determining the results of Contractor's efforts.

* Information regarding our terms and conditions can be found [here](#).

Scope of Services:
(attach additional pages if necessary)

Period of Performance: _____ from: _____ to: _____

Reporting Requirements and/or Deliverables:
(attach additional pages if necessary)

Price of Services: _____ \$

Contractor:

By: _____ **Date:** _____

Print Name: _____ **TIN / SS:** _____

Address: _____

Principal Investigator:

FAVER Grant ID: _____

Print Name _____

Foundation for Atlanta Veterans Education and Research:

By: _____ **Date:** _____

FAVER Executive Director



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**AGREEMENT FOR CONTRACTUAL SERVICES – EXHIBIT A
 INDEPENDENT CONTRACTOR CHECKLIST**

The IRS has a 20 Factor Test that can assist in the appropriate classification of a worker as an Independent contractor (including Consultants) or employee. All factors must be considered and all are not equally weighted.

To help us determine whether the worker may be an Independent Contractor he/she must answer the following questions as they relate to the proposed services.

	Yes	No
1. The worker will determine the sequence of the tasks to be performed.	<input type="checkbox"/>	<input type="checkbox"/>
2. The worker will not be held to detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>
3. The worker will not be subject to discharge as long as the contract requirements are met.	<input type="checkbox"/>	<input type="checkbox"/>
4. The relationship with the worker will end when the job is done.	<input type="checkbox"/>	<input type="checkbox"/>
5. The relationship of the business will not directly depend upon the worker's performance.	<input type="checkbox"/>	<input type="checkbox"/>
6. The worker will not be liable for employer losses caused by their failure to perform.	<input type="checkbox"/>	<input type="checkbox"/>
7. The worker will make his or her services available to the public on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>
8. The worker may substitute another qualified individual without the employer's consent.	<input type="checkbox"/>	<input type="checkbox"/>
9. The worker will not be required to submit detailed reports.	<input type="checkbox"/>	<input type="checkbox"/>
10. The worker may hire, fire, and compensate assistants directly.	<input type="checkbox"/>	<input type="checkbox"/>
11. The worker may establish his or her own working hours.	<input type="checkbox"/>	<input type="checkbox"/>
12. The worker will not be required to work full-time for one employer.	<input type="checkbox"/>	<input type="checkbox"/>
13. The worker will perform services for more than one employer.	<input type="checkbox"/>	<input type="checkbox"/>
14. The worker will have a risk of profit or loss.	<input type="checkbox"/>	<input type="checkbox"/>
15. The worker will generally work off-premises.	<input type="checkbox"/>	<input type="checkbox"/>
16. The worker will pay his or her own business and travel expenses.	<input type="checkbox"/>	<input type="checkbox"/>
17. The worker will reimburse the employer for office space.	<input type="checkbox"/>	<input type="checkbox"/>
18. The worker will furnish his or her own tools and materials.	<input type="checkbox"/>	<input type="checkbox"/>
19. The worker will not require training by the employer.	<input type="checkbox"/>	<input type="checkbox"/>
20. The worker will be paid in a lump sum, based upon an invoice.	<input type="checkbox"/>	<input type="checkbox"/>

The information provided above is true and correct to the best of my knowledge.

 Signature of Independent Contractor

 Signature of Principal Investigator

 Date

 Date