

## Directions for Completing the Proof of Necessity

**CONTRACT NUMBER:** Type in UKRF number (i.e. 4-25043)

**AGENCY:** University of Kentucky Research Foundation

**DIVISION/BRANCH:** Your Department (i.e. Department of Psychology)

**TYPE OF CONTRACT:** Check new

1. **NAME AND ADDRESS OF CONTRACTOR:** Subcontractor name and address
2. **EFFECTIVE PERIOD OF CONTRACT:** Start and end dates of subcontract
3. **EXPLAIN WORK TO BE PERFORMED:** This is in reference to the work the subcontractor will perform. You may attach the Scope of Work you prepared for Addendum to Proof of Necessity.
4. **A. DOES AN IDENTIFIED OR ANTICIPATED REASON NOW EXIST WHICH WOULD INDICATE NEED TO RENEW THE CONTRACT FOR THE SUCCEEDING YEAR?** Type in yes if the subcontract is multi-year and no if the subcontract is for one year only.
- B. WILL THE CONTRACT PROVIDE FOR CANCELLATION BY THE DEPARTMENT UPON A MAXIMUM OF 30 DAYS OR LESS WRITTEN NOTICE TO THE CONTRACTOR:** Type in yes
5. **FINANCIAL AND CONTRACT COSTS DATA:**
  - A. TOTAL PROJECT COST OF CONTRACT:** Type in the dollar amount that the subcontractor is to receive
  - SOURCE OF FUNDS:** Check the appropriate box
  - B. IF CONTRACT IS SUPPORTED BY FEDERAL FUNDS; INDICATE GRANT/PROJECT TITLE and** Type in Grant Number and Name of Agency (i.e. 5 R01 CA475894-02 - National Institute of Cancer
  - C. IF CONTRACT IS SUPPORTED BY STATE FUNDS and etc.** Type in N/A
  - D. WAS THE CONTRACT INCLUDED IN THE ORIGINAL BUDGET REQUEST?** Check yes if the subcontractor was included in the proposal. If not, explain why you have a need to subcontract the work.
  - E. DESCRIBE IN DETAIL HOW THE PROJECTED COST OF THE CONTRACT WAS DERIVED and** Explain who determined the cost of the project. (i.e. the subcontractor, you, or etc.)
  - F. BASIS FOR PAYMENT:** Check hourly if the subcontractor is paid an hourly rate or check other and UKRF will complete.
  - G. METHOD OF PAYMENT:** Check Straight Disbursement
  - H. FREQUENCY OF PAYMENT:** How often do you want the Subcontractor paid. Check appropriate box.
  - I. SOCIAL SECURITY NUMBER and etc.:** If the subcontract is written to an individual, please complete.
  - J. IF AN INDIVIDUAL WILL THE TERMS OF THE CONTRACT and etc.:** Type in N/A
6. **JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PERFORM SERVICE** Please read this section carefully and complete as accurately as possible. **THIS IS VERY IMPORTANT!!!**
7. **NAME AND ADDRESS OF OTHER PROVIDERS and Etc.:** Who else did you consider to do the work?
8. **BASIS FOR SELECTION OF PROPOSED CONTRACTOR and Etc.:** Read carefully and explain.
9. **PLANNED SUPERVISION AND MONITORING OF THE CONTRACTOR'S PERFORMANCE:** Type PI Name and Address and explain how you plan to monitor the work of the subcontractor.

**SIGNATURES:** Person who prepared the proof of necessity should sign by PREPARED BY and the Principal Investigator should sign by RECOMMENDED BY.