**STATEMENT OF WORK**

Not Valid in Excess of $10,000

UM CONTRACT

CONTRACTOR:

ADDRESS OF CONTRACTOR:

PERIOD OF PERFORMANCE: Start Date: End Date:

COST OR NOT TO EXCEED AMOUNT (contractor fee only):

PURPOSE:

SCOPE OF WORK:

LOCATION OF WORK:

DELIVERABLES AND DELIVERY SCHEDULE:

OTHER COMMENTS:

TRAVEL REIMURSEMENT IS ALLOWED [ ]  OR NOT ALLOWED [ ]

IF ALLOWED, TRAVEL REIMBURSEMENT SHALL NOT EXCEED: $

Travel and reasonable related expenses will be reimbursed at state rates with original receipts after University’s approval.

LIAISON AND SERVICE OF NOTICES: All project management and coordination on behalf of the University shall be through a single point of contact designated as the University's liaison. Contractor shall designate a liaison that will provide the single point of contact for management and coordination of Contractor's work. All work performed pursuant to this Statement of Work shall be coordinated between the University's liaison and the Contractor's liaison.

 will be the liaison for the University.

Title:

Department:

Telephone:

E-mail:

 will be the liaison for the Contractor.

Telephone:

E-mail:

The University's liaison and Contractor's liaison may be changed by written notice to the other party. Written notices, requests, or complaints will first be directed to the liaison. This contract is validated after a purchase order number is assigned. With a purchase order number, an invoice can be submitted to be processed for payment after the work is completed.

STANDARD TERMS AND CONDITIONS: Delivery of services, described herein, constitute acceptance of The University of Montana’s standard terms and conditions which can be viewed at: <https://www.umt.edu/search/?q=standard+terms+and+conditions&cx=008446828893835516748%3A5zxralfycu4&cof=FORID%3A10>

PROCUREMENT SECTION ONLY:

Requisition # (Filled in by procurement):

Worker’s Compensation .

Contractors shall comply with the provisions of the Montana Workers' Compensation Act while performing work for the University in accordance with the sections 39-71-401, 39-71-405, and 39-71-417, MCA. Proof of compliance must be in the form of workers' compensation insurance, an independent contractor exemption, or documentation of corporate officer status. Neither the Contractor nor its employees are University employees. This insurance/exemption must be valid for the entire contract term and any renewal. Upon expiration, a renewal document must be sent to the University of Montana, Procurement Services, Lommasson Center 236, 32 Campus Drive, Missoula, MT 59812-2304. Coverage may be provided through a private carrier or through the State Compensation Insurance Fund (800) 332-6102. An exemption can be requested through the Department of Labor and Industry, Independent Contractor Central Unit (406) 444-9029. Corporate officers must provide documentation of their exempt status.

Required Insurance

General Requirements.

Contractor shall maintain for the duration of this contract, at its cost and expense, insurance against claims for injuries to persons or damages to property, including contractual liability, which may arise from or in connection with the performance of the work by Contractor, agents, employees, representatives, assigns, or subcontractors. This insurance shall cover such claims as may be caused by any negligent act or omission.

Primary Insurance.

Contractor's insurance coverage shall be primary insurance with respect to The University, its officers, officials, employees, and volunteers and shall apply separately to each project or location. Any insurance or self-insurance maintained by The University, its officers, officials, employees, or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Certificate of Insurance/Endorsements.

A certificate of insurance from an insurer with a Best's rating of no less than A- indicating compliance with the required coverages must be received by the University of Montana, Procurement Services, Lommasson Center 236, 32 Campus Drive, Missoula, Montana 59812-2304. Endorsement No. or documentation must be provided for Additional Insured Status. This insurance must be maintained for the duration of the contract. The Contractor must notify the University immediately, of any material change in insurance coverage, such as changes in limits, coverage, change in status of policy, etc. The University reserves the right to require complete copies of insurance policies at all times.

NOTE: After the Contractor (you) receive a purchase order number, either the Contractor or the department must submit an invoice to process a payment putting the purchase order number on the invoice when the Contractor’s job is complete. Contractor may contact the liaison on this “Statement of Work” (your contract) to see if the department is submitting an invoice for you or the department wants you to submit an invoice. Instructions to where to send the invoice is on your purchase order.