CURATORS OF LINCOLN UNIVERSITY OF MISSOURI LETTER OF CERTIFICATION

Date:	/	
Depai	tment:	
Accou	ınt Number:	Grant Project Number:
Requi	sition Number:	
This i	s to certify that the attached co	entract between
Name	of Contractor:	
Mailin	g Address of Contractor:	
Phone	e Number:	E-mail Address:
Unive Jeffer in acc	rsity (hereinafter referred to as U son City, Missouri 65102-0029, i	IIVERISTY OF MISSOURI on behalf of Lincoln INIVERSITY), with its principal office located in the amount of \$ has been prepared ons of the University, and applicable State and appropriate.
This c	ontract covers the period from	/to/
1.	Give purpose or state need of performed).	contractual service (State Specific service to be
2.	List the names of all contractors 1. 2. 3.	considered:
3.	Give method or reason for select	tion of the above named contractor:
4.	To obtain exclusion records (EP https://www.sam.gov/portal/puble	LS), click on this link, ic/SAM and then click on the "Search Records" tab.
5.	When using grant funds, you muincluded with contract) from spo	ust obtain a copy of the Prime Award (to be nsoredresearch@lincolnu.edu

We the following certify that:

- 1. Either no employee of the University is qualified and available to perform the services requested by the proposed contract, or the services requested are not readily performed by persons who are employed by the University on a continuing basis.
- 2. A selection process has been used to secure the qualified applicant available.
- 3. The fee charged is appropriate considering the qualifications of the Contractor, the normal charges, and the nature of the service to be rendered.
- 4. The services are not available as a product of a prior or existing professional, personal, social, or consulting service contract.
- 5. _____has been designated to monitor the work done by the Contractor and to provide for:
 - The assignment of specific University personnel to serve as a liaison, when applicable;
 - The periodic review of interim reports or other performance indicators to date, if applicable;
 - The ultimate use of the final product or services, when applicable.
- 6. Funding source has been indicated by the account number above.

Requestor	Date
Department Head/ Director	Date
Dean	Date
Area Vice President	Date
Contract Administrator	Date
Budget Review Officer	Date

CURATORS OF LINCOLN UNIVERSITY OF MISSOURI CONTRACT

Be it known, that on this day	
hereinafter referred to as Contractor, so here terms and conditions:	Idress is, by enter into contract under the following
1. This contract shall begin:	
Beginning Date/	Ending Date/
2. Contractor hereby agrees to furnish the f description of the services to be provided by th Scope of Work:	·
3. In consideration of the services described Contractor a maximum fee of \$ BUDGET	d above, the University agrees to pay the
E	A
Expenditures Personnel Cost	Amount \$
Fringe Benefits	\$
Equipment	\$
Contractual Services	\$
Travel	\$
Material/Supplies	\$
Other Direct Cost	\$
Overhead	\$
TOTAL	\$

- 4. Payment will be made only on approval by the University President. If progress and/or completion to reasonable satisfaction of the University is obtained, payments are scheduled as follows: ______.
- 5. This contract may be terminated by the University at any time by written notice.
- 6. Upon completion of this contract, or if terminated earlier, all records, worksheets, or any other materials related to this contract shall become the property of the University.
- 7. Contractor hereby agrees that the responsibility for payment of taxes from the funds received under this agreement shall be said Contractor's obligation identified under Federal Tax Identification Number or Social Security Number _____.
- 8. Travel expenses, when applicable, shall be reimbursed according to the Lincoln University Travel and Travel Reimbursement Policy as published in Lincoln University Rules and Regulations 12.30 and 12.31.
- 9. Contractor shall not assign any interest in this contract and shall not transfer any interest in the same (whether by assignment or novation), without prior written consent of the University, provided, however, that claims for money due or to become due to the Contractor from the University may be assigned to a bank, trust company, or other financial institution without such prior written consent. Written notice of any such assignment or transfer shall be furnished promptly to the University.
- 10. It is hereby agreed that any accounts of Contractor which relate to this contract may be audited as deemed appropriate by the University.
- 11. Contractor is subject to the terms and conditions of the Prime Award and other special terms and conditions, as shown in Attachment 1.
- 12. Contractor assures University that it complies with A-133 and that it will notify University of completion of required audits and if any adverse findings which impact this contract.
- 13. Contractor agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1974, Title IX of the Education Agreement of 1972, the Age Act of 1972, and Contractor agrees to abide by the requirement of the Americans with Disabilities Act of 1990.
- 14. The contractor understands and agrees that by signing the (IFB/RFP/RFQ or contract), they certify the following:

The contractor shall only utilize personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A.

If the contractor is found to be in violation of this requirement or the applicable state, federal and local laws and regulations, and if the State of Missouri has reasonable cause to believe that the contractor has knowingly employed individuals who are not

eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar the contractor from doing business with the state. The state may also withhold up to twenty-five percent of the total amount due to the contractor.

The contractor agrees to fully cooperate with any with any audit or investigation from federal, state or local law enforcement agencies.

- 15. In addition, the contractor shall maintain enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services included herein.
- 16. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable, shall be grounds for termination of this contract.
- 17. Contracts prepared for a dollar amount which exceeds \$150,000 shall require the approval of the Lincoln University Board of Curators. **NO CONTRACT SHALL BE VALID UNTIL ALL APPROPRIATE APPROVAL HAS BEEN OBTAINED.**

President	Date
Contractor	Date

BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION: The contractor must certify their current business status by completing either Box A or Box B on this Exhibit.

BOX A: To be completed by a non-business entity as defined below.

BOX B: To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/how-do-i/verify-employment-eligibility-e-verify

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business includes Missouri schools, Missouri universities, out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that		(Company/Individual Name) DOES NOT
CURRENTLY MEET	the definition of a business e	entity, as defined in section 285.525, RSMo pertaining to
section 285.530, RSM	lo as stated above, because	: (check the applicable business status that applies
below)		
	I am a self-employed individ	dual with no employees: OR
	. , .	ent utilizes the services of direct sellers as defined in tion 12 of section 288.034, RSMo.
I certify that I am not a	n alien unlawfully present in t	the United States and if
•	Name) is awarded a	contract for the services requested herein under mber) and if the business status changes during the life of
	e a business entity as defined the performance of any service	d in section 285.525, RSMo, pertaining to section 285.530, ces as a business entity.
(Company/Individual	Name) agrees to complete E	Box B, comply with the requirements stated in Box B and required in Box B of this exhibit.
Authorized Represen	tative's Name	Authorized Representative's Signature
Company Name (if ap	oplicable)	Date

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that				
		ess Entity Name)		
	Sthe definition of a business entity as defoo, RSMo as stated above.	fined in section 285.525, RSMo pertaining to section		
	Authorized Representative's Name	Authorized Representative's Signature		
	Business Entity Name	Date		
	E-Mail Address			
	usiness entity, the bidder/contractor must check each to verify completion/submissi	perform/provide the following. The bidder/contractor on:		
	Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/how-do-i/verify-employment-eligibility-e-verify ; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND			
	Verify federal work authorization program Memorandum of Understanding (MOU) li signature page completed and signed, at of Homeland Security – Verification Divis	mpany's/individual's enrollment and participation in the E-n. Documentation shall include a page from the E-Verify sting the bidder's/contractor's name and the MOU minimum, by the bidder/contractor and the Department ion; (if the signature page of the MOU lists the lonal pages of the MOU must be submitted); AND		
	Submit a completed, notarized Affidavit of Exhibit.	of Work Authorization provided on the next page of this		

AFFIDAVIT OF WORK AUTHORIZATION

The contractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now				
(Name of Business E	intity Author	ized Represe	ntative)	
as_				
(F	Position/Title	:)		
first being duly sworn on my oath, affirm	າ			
		(Business E	Entity Name)	
is enrolled and will continue to participrogram with respect to employees hired to work in connection with the services rathe duration of the contract(s), if award 285.530, RSMo. I also affirm that	d after enre elated to ded in ac	ollment in the contract(s)	e program with the Sta	who are proposed ate of Missouri for
does not and will not knowingly emp connection with the contracted services the contract(s), if awarded.				
In Affirmation thereof, the facts stated understands that false statements made under section 575.040, RSMo.) Authorized Representative's Signature			ect to the p	
Title		Date		
E-Mail Address		E-Verify C	company ID	Number
Subscribed and sworn to before me this	(DAY)	of (MC	ONTH, YEAR)	I am
commissioned as a notary public within the	County of	NAME OF CO	UNTY, Sta	ate of
and i	my commis	sion expires		
(NAME OF STATE)			(DATE	≣)
Signature of Notary			Date	