

PERSONAL SERVICE AGREEMENT

CO-802A REV. 2/2000 (Electronic Version)

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
ACCOUNTS PAYABLE DIVISION

1. PREPARE 5 COPIES.
2. THE STATE AGENCY AND THE CONTRACTOR AS LISTED BELOW HEREBY ENTER INTO AN AGREEMENT SUBJECT TO THE TERMS AND CONDITIONS STATED HEREIN AND/OR ATTACHED HERETO AND SUBJECT TO THE PROVISIONS OF SECTION 4-98 OF THE CONNECTICUT GENERAL STATUTES AS APPLICABLE.
3. ACCEPTANCE OF THIS CONTRACT IMPLIES CONFORMANCE WITH TERMS AND CONDITIONS SET FORTH AT SHEET 2 OF THIS FILE, AS ATTACHED HERETO AND INCORPORATED BY REFERENCE.

		(1) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	(2) IDENTIFICATION NO.
CONTRACTOR	(3) CONTRACTOR NAME Marjorie N. Harris	(4) ARE YOU PRESENTLY A STATE EMPLOYEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	CONTRACTOR ADDRESS 435 Bradley Avenue #62, Meriden, CT 06451	CONTRACTOR FEIN / SSN - SUFFIX 048-40-4267	
STATE AGENCY	(5) AGENCY NAME AND ADDRESS Department of Mental Retardation, 460 Capitol Avenue, Hartford, CT 06016		(6) AGENCY NO. 51500

CONTRACT PERIOD	(7) DATE (FROM) 1/1/08	THROUGH (TO) 12/31/08	(8) INDICATE <input type="checkbox"/> MASTER AGREEMENT <input checked="" type="checkbox"/> CONTRACT AWARD NO. _____ <input type="checkbox"/> NEITHER
	CANCELLATION CLAUSE		
THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE TERM OF THE CONTRACT PERIOD STATED ABOVE UNLESS CANCELLED BY THE STATE AGENCY, BY GIVING THE CONTRACTOR WRITTEN NOTICE OF SUCH INTENTION (REQUIRED DAYS NOTICE SPECIFIED AT RIGHT).			(9) REQUIRED NO. OF DAYS WRITTEN NOTICE : 30

COMPLETE DESCRIPTION OF SERVICE	(10) CONTRACTOR AGREES TO: (Include special provisions - Attach additional blank sheets if necessary.)		
	Marjorie Harris agrees to provide Meeting Assistance to members of the Connecticut Council on Developmental Disabilities who have developmental disabilities during officially sanctioned Council meetings and/or events. These will take place during dates, times and locations specified by the Council and Council Director. Ms. Harris will provide meeting assistance as requested by Council members with developmental disabilities and/or the Council staff.		

COST AND SCHEDULE OF PAYMENTS	(11) PAYMENT TO BE MADE UNDER THE FOLLOWING SCHEDULE UPON RECEIPT OF PROPERLY EXECUTED AND APPROVED INVOICES.		
	Pay schedule is as follows: \$50 flat fee for a weekday, daytime event, \$60 flat fee for a weekday, evening event, \$75 flat fee for a weekend event and \$100 for an overnight, out-of-state or whole day conference. Payment is inclusive of all expenses. Payments to be made within 30 days of a properly executed and approved invoice for service. Total payment shall not exceed \$1,000. All costs will be paid with federal funds.		

(12) ACT. CD.	(13) DOC. TYPE	(14) COMM. TYPE	(15) LSE. TYPE	(16) ORIG. AGCY.	(17) DOCUMENT NO.	(18) COMM. AGCY.	(19) COMM. NO.	(20) VENDOR FEIN / SSN - SUFFIX 048-40-4267			
(21) COMMITTED AMOUNT \$1,000.00				(22) OBLIGATED AMOUNT \$1,000.00			(23) CONTRACT PERIOD (FROM/TO) 1-1-08 to 12-31-08				
(24) ACT. CD.	(25) COMM. LINE NO.	(26) COMMITTED AMOUNT	(27) COMM. AGENCY	(28) COST CENTER FUND SID	(29) OBJECT	AGENCY TAIL (30) FUNCTION (31) ACTIVITY (32) EXTENSION		(33) F.Y.			
		\$1,000.00	DMRMC	12060 20734	51970	DMR51501	14000	DMR00201	2008		

An individual entering into a Personal Service Agreement with the State of Connecticut is contracting under a "work-for-hire" arrangement. As such, the individual is an independent contractor, and does not satisfy the characteristics of an employee under the common law rules for determining the employer/employee relationship of Internal Revenue Code Section 3121 (d) (2). Individuals performing services as independent contractors are not employees of the State of Connecticut and are responsible themselves for payment of all State and local income taxes, federal income taxes and Federal Insurance Contribution Act (FICA) taxes.

ACCEPTANCES AND APPROVALS		(34) STATUTORY AUTHORITY C.G.S. 4-8 and 17a-210	
(35) CONTRACTOR (OWNER OR AUTHORIZED SIGNATURE)		TITLE Contractor	DATE
(36) AGENCY (AUTHORIZED OFFICIAL) Vincent O'Connell		TITLE Chief Fiscal Officer	DATE
(37) OFFICE OF POLICY & MGMT./DEPT. OF ADMIN. SERV.		TITLE	DATE
(38) ATTORNEY GENERAL (APPROVED AS TO FORM)			DATE

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