

RECREATION, LIBRARIES AND AUTHORITIES COMMITTEE

14-0224R

RESOLUTION AUTHORIZING ACCEPTANCE OF A GRANT FROM THE UNIVERSITY OF MINNESOTA IN THE AMOUNT OF \$5,750 TO SUPPORT THE DULUTH SEED LIBRARY.

CITY PROPOSAL:

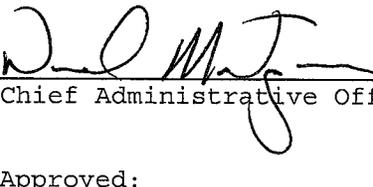
RESOLVED, that the proper city officials are hereby authorized to accept a grant from the University of Minnesota and execute said grant agreement, substantially the same as that on file in the office of the city clerk as Public Document No. _____, in the amount of \$5,750, said funds to be deposited in Fund 240-300-SG80-4270 (Library, Special Gifts, Library, Miscellaneous), for the purpose of supporting the Duluth Public Library's Seed Library.

Approved:



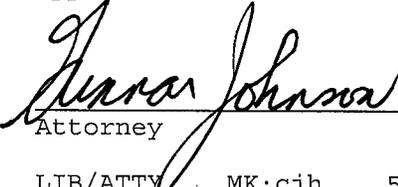
Department Director

Approved for presentation to council:



Chief Administrative Officer

Approved as to form:



Attorney

Approved:



Auditor

LIB/ATTY MK:cjh 5/1/2014

STATEMENT OF PURPOSE: This resolution authorizes the acceptance of a grant from the University of Minnesota in the amount of \$5,750 in support of the Duluth Seed Library. There is no match to grant and the grant term is one year.

The Duluth Seed Library will offer packets of "easy" to save seed. Library patrons may participate in seed saving classes and will have access to books and handouts about best practices for growing their seeds. Participants will be asked to grow the seeds in their gardens, and at the end of the growing season save a portion of the seeds for themselves and return a portion back to the Seed Library.

UNIVERSITY OF MINNESOTA

QUICK - Contract for Professional Services - Q C P S

This agreement is entered into by and between the Regents of the University of Minnesota, a Minnesota constitutional corporation, through its unit identified in the "Contract Administrator" box below (the "University"), and contractor listed below.

Page 1

QCPS # 0000831182

(Include all digits on submitted invoice.)

Contractor #: 0000011708 CITY OF DULUTH DULUTH PUBLIC LIBRARY 520 W SUPERIOR ST DULUTH, MN 55802-1514 (P) 218/730-4223 (F) 218/730-5926	Date 04/02/2014	Tax Exempt # 8029894
	Payment Terms Net 30	Vendor Type Other (Govt, NonProfit, etc)
	Requestor Tammy Bergan (E) berga002@umn.edu	Phone 612/625-9716

Dispatch: Print

ALSO SEE ATTACHMENTS

Bill To: AP VOUCHER ENTRY BAE AG EXPERIMENT STATION RM 120 1390 ECKLES AVE ST PAUL, MN 55108	Contract Administrator: Hudson, Jeanne Ellen AES Administration Operations 1390 Eckles Ave 120 BioAgEng St Paul, MN 55108 (F) 612.624.7724 (E) hudso023@umn.edu
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Federal Contract Funding? NO

Exclusive Terms and Conditions: These terms and conditions are the sole and exclusive terms and conditions applicable to this Contract. The University objects to, and rejects, all other terms and conditions contained in any document provided by Vendor at any time. All terms and conditions in the University of Minnesota Contract for Professional Services ("QCPS"), available from the University of Minnesota Purchasing department (purchase@umn.edu), 1300 S. 2nd St. Minneapolis, MN 55454 and available online at <http://policy.umn.edu/contracts/ogc/OGC-501P.doc> are incorporated herein. Any performance under this Contract will be deemed acceptance of these terms and conditions and provisions and specifications on the face and Exhibit A of this Contract and attachments, if any.

Any terms and conditions not standard to the University (ie: not listed in the URL above), must be reviewed by University of Minnesota Office of General Counsel to be incorporated to authorize for this award.

Supplier agrees that any additional or different terms and conditions on its documents (acknowledgements, invoices, website, etc.) shall not be binding on the University, notwithstanding any legend on such document.

If "Yes" appears after "Federal Contract Funding?" at upper right, then Acquisition Regulations ("FAR") clauses apply. See <http://purchasing.umn.edu/docs/FederalFlowdown.pdf>

If attachments are enclosed, they are incorporated into the Contract by this reference.

UNIVERSITY OF MINNESOTA

QUICK - Contract for Professional Services - Q C P S

EXHIBIT A

SCOPE OF WORK

Payment in two installments:\$3000 when approved and \$2750 with progress report after November 2014

Terms of Agreement: Start Date: 03/01/2014 and shall remain in effect until End Date: 05/31/2015

Line	Item/Description	Quantity	UOM	Unit Price	Extended Amt
1	Seed library	1.00	LOT	\$5,750.00	\$5,750.00

<< **Start Date:2014-03-01 The Seed Library will offer packets of *easy* to save seed. Library patrons may participate in seed saving classes and will have access to books and handouts about best practices for growing their seeds. Participants will be asked to grow the seeds in their gardens, and at the end of the growing season save a portion of seeds for themselves and return a portion back to the Seed Library. >>

TOTAL OBLIGATION:

The University's total obligation to Contractor under this agreement including compensation for goods, services and reimbursable expenses shall not exceed \$ 5,750.00 without the prior written approval of the University.

ABOVE CONTRACT ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA
DELEGATED AUTHORITY.

Professional Services Information Sheet

Required for all Professional Services \$3,000 and up.

Section 1 must be filled out and attached to every CPS Requisition \$3,000 and up – Other sections conditionally required.

STATEMENT OF WORK: All Contracts for Professional Services require a statement of work that completely describes the work or service to be provided. For short descriptions, enter the information in the requisition comments. Otherwise use the Statement of Work Template and attach it to the CPS Requisition as an attachment to be sent to the vendor.

Section 1:	Basis for Vendor Selection and Price Reasonableness
<i>Answer for all</i>	
Basis for Vendor Selection or Vendor Qualifications: Describe how and why this particular vendor was selected.	
The proposal for this project was reviewed and approved by the Northeast Minnesota Sustainable Development Partnership Board of Directors. Vendor was selected based on vendor's significant experience in the subject/target area.	
Basis for Price: Describe the vendor's basis for the total price: Breakdown of tasks with hourly rates, percentage of the first year's salary (for search firms), number of people surveyed (for a survey project) etc.	
The price is based on actual cost or market price and judged by the above reviewers as appropriate and cost-effective.	
Assurance of Reasonable Price: If you did not use a competitive process that would have allowed a price comparison among various vendors, you must describe how you know the price to be reasonable.	
Not Applicable	

Section 2:	Current Employer/Employee Relationship		
<i>Answer Only for Individuals and Sole Proprietors</i>			
Is this individual currently employed by the University or its coordinate campuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the individual on the University payroll (regular or temporary appointment) prior to the date these services are to begin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the University plan to hire this individual as an employee soon after the period of his or her services as an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual currently working as an independent contractor for the University, and/or has he or she worked as an independent contractor for the University within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Types of Services provided – Complete ONLY one part (A, B, or C) as applicable		
<i>Answer Only for Individuals and Sole Proprietors</i>		
A: Lecturer/Instructor <input checked="" type="checkbox"/> Not Applicable		
Is the individual a "guest lecturer", e.g. an individual who lectures at only one or two class sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the individual the primary instructor in a department course being offered for academic credit towards a university degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the individual responsible for the content of the lecture/presentation (vs. presenting materials that have been prepared/dictated by the University)? <input type="checkbox"/> Yes <input type="checkbox"/> No
B: Researcher <input checked="" type="checkbox"/> Not Applicable		
Will the individual serve in an advisory or consulting capacity with a University faculty member or director in a "collaboration between equals" type arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the individual perform research in an arrangement whereby a University faculty member or employee serves in a supervisory capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the individual being paid as a grant participant as defined by the account stream? <input type="checkbox"/> Yes <input type="checkbox"/> No

C: Individuals who are NOT Instructors/Lecturers or Researchers: (complete if A & B were Not Applicable)

Does the individual perform any of the following services (regardless of job title): Actor, research project interviewer, medical residency program preceptor, assistant coach, medical care instructor, athletic band director, FDA reporting coordinator, or coordinator of 4-H livestock ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will the department provide the individual with specific instructions, supplies, and equipment to perform the required work, rather than rely on the individual's expertise, supplies & equipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will the University set the number of hours and/or days that the individual is required to work, as opposed to allowing the individual to set own work schedule? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the University pay the individual an hourly rate similar to what other employees are paid on campus for similar work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the individual engage in entrepreneurial activities in an established business at risk for loss? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the individual routinely provide the same or similar services to other clients outside of the University as part of a continuing trade or business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual have his/her own insurance for work-related injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Section 4: Data Collection Sheet

Required for Sponsored Funds. Optional for Non-Sponsored.

A.

Vendor Name:	City of Duluth - Duluth Public Libaray	Vendor Number:	11708 #14
Vendor Address:	C/O Stacy LaVres, Duluth Public Library, 520 W Superior Street, Duluth, MN 55802		

B.

Chart of Account Information												
Ln	Fund:	Dept ID:	Acct:	Prog:	Proj:	Proj Cost:	Actvy:	Bud Ref:	CF1	CF2	CF3	Dollar Amount
1.	1802	10777		20106				01	AES00 82083			\$750
2.								01	CF1	CF2	CF3	\$
3.								01	CF1	CF2	CF3	\$

- 1) VCPS - If the total is under \$3,000 contract is not required, payment is processed.
- 2) QCPS - If the total is \$3,000 - \$24,999.99, complete contract to vendor and begin work.
- 3) CPS / PCPS - If the total is \$25,000 to \$49,999.99, complete contract including contractor's signature on contract and Univ. approval prior to work beginning.
- 4) If this total is \$50,000 or more a competitive RFP process must be conducted. Enter an CPS requisition and include a draft RFP and a list of vendors including e-mail addresses.

CONTRACT TOTAL \$ 5,750

C.

- This is a firm price contract for a specific, well-defined project(s). The Contractor agrees to provide the University with specific deliverables or outcomes for a mutually agreed-upon price.
- OR-
- This contract is for non-employment project-related services as requested for the period indicated and at the stated rates. Only services actually provided will be invoiced.

D.

Service Dates: Start Date: **March 2014** End Date: **May 2015**

E.

Payment Schedule:
Payment will be in two installments as follows. Vendor to submit invoice for the first installment of \$3,000 once this contract is approved. Vendor to submit a second invoice for \$2,750 with progress report in by or after November 2013. Vendor to submit the final report at completion of the project.

F.

Contract Administrator Name and E-mail Address:

Name:	Dr. Okey Ukaga
Email:	ukaga001@umn.edu

G.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) DATA COLLECTION:

Business Associates of health care components must be identified. All identified business associates should be reported to the Privacy Coordinator of the appropriate health care component for tracking. Please respond to the questions below to facilitate the compliance.

YES NO Does contractor create, receive, transmit, or store Patient Health Information (PHI) on behalf of the University for services provided under this contract?

If yes, respond to all questions on the HIPPA Data Collection Sheet and include the HIPAA Data Collection Sheet as an attachment to your CPS requisition.

**H. Subcontract Questions
Sub Award**

YES	NO	NOT APPLICABLE	
		X	If sponsored funds will be used to pay for this service, is the work in the sponsored project's approved budget as consulting services?
		X	If sponsored funds will be used to pay for this service, is the work in the sponsored project's budget as subcontracting?
		X	If sponsored funds will be used to pay for this service, is the work to be performed as independent consulting services (if so, check no), or are these programmatic activities that require a subaward/subcontract to be issued (if so, check yes)?

I.

Principal Investigator Signature*
(or authorized designee):

*I have reviewed & authorized this purchase.

Name:		Title:	
Signature:		Date:	

Resources

Policy on Purchasing a Professional Service

Purchasing a Professional Service – 3.7.1.1 (Procedure)

Establishing a Basis for Contractor Selection and Price, and Assuring a Reasonable Price – 3.7.1.2 (Procedure)

Administering Contracts for the Purchase of Goods and Services – 3.7.1.3

Protection of Individual Health Information by University Health Care Components (HIPAA)

Use & Disclosure of Individual Health Information for Research Purposes (HIPAA)

Travel Reimbursement for Contractors

Paying Fees and/or Expenses to Professional Service Providers on Financial Forms Nirvana (Non-Employee Individuals and Firms)

Statement of Work Attachment for Professional Services

Route this form to: Attach to Requisition	U Wide Form: UM 1697 Rev: 09/21/09
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STATEMENT OF WORK

Contractor's Name: Duluth Public Library

Scope of Work:

(Include a full description and purpose of the service. Identify deliverables, milestones and dates.)

The Seed Library will offer packets of "easy" to save seed. Library patrons may participate in seed saving classes and will have access to books and handouts about best practices for growing their seeds. Participants will be asked to grow the seeds in their gardens, and at the end of the growing season save a portion of seeds for themselves and return a portion back to the Seed Library.

Payment Schedule:

(If more than one invoice will be presented by the contractor, provide a description of the payment schedule here.)

Vendor to submit the invoice of \$3,000 upon approval of contract and a second invoice for \$2,750 with progress report by or after November 2014. Vendor to submit final report upon successful completion of the project.