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**CONTRACT INFORMATION SHEET**

DCI is required to use a MnSCU Approved contract for the performance. If agent/artist have technical or hospitality riders, have them faxed or sent unsigned, and you can include that information in the contract. In rare circumstances (large national acts) we

can get permission to attach an artist’s contract. Please consult with your adviser/supervisor if the agent/artist is not willing to use our contract.

**PERSON COMPLETING THIS FORM:** **DATE:**

\*Please complete this form in its entirety.

**1)**  **CONSULT DCI MASTER PLANNING CALANDER 2) x** **RESERVE EVENT VENUE(S)  
PRIOR TO COMMITTING TO AN EVENT DATE and SUBMITTING THIS FORM!**

**The information in the box below MUST BE ACCURATE, so please make sure to**

**go through all of the information with the agent and/or artist and check for accuracy.**

Ask artist/agent to email/fax the following items (fax #: 320.308.1669):

1. Completed W-9 form for the person/company the check is made out to (new vendors that do not have a vendor number)
2. If the event is high risk or falls into the required insurance category, liability insurance meeting the requirements, including listing SCSU as additionally insured (insurance requirements info is in the projects folder under general resources)

**If the steps above are not completed, the rest of the form cannot be processed.**

|  |  |
| --- | --- |
| Check Payable to:  (Must be the person who will actually sign the contract on behalf of the contactor/service provider)    Street:  City:  State: Zip:  \**If check is paid to individual out-of-state entertainer, 2% tax will be withheld.*  Cell Phone #:()..  Office/work Phone #:  Fax #:(     ).     .      Email:  Social Security #:  OR  Federal ID #:      (9 digit number)  \*State Tax ID #:       (Only applies to Minnesota based companies) | Check here if Contract is to be  sent to an address other than the  one listed at the left.  If so, where should the contract be sent?  Name:  Address:  City:  State:       Zip: |

DCI Area/Committee: DCI Account #: Direct Adviser/Supervisor:

Date of Event: Time of Event:All-Inclusive Payment:

Location (include rain site if applicable):

Co-Sponsor: **Yes** \_\_\_ **No** \_\_\_If yes, list**:** \_\_\_ \_\_

Shared Contract Payment: **Yes** \_\_\_ **No** \_\_\_

If yes- Other area/dept.**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check if Applicable:**

Absolutely need check following performance (will use 003 contract no matter what the amount).

**Other provisions:**

Check here for Visual Arts “other provisions” (for visual arts displays)

**CONTRACTOR/SERVICE PROVIDER DUTIES**

Duties should be very detailed & written in a professional manner.

**For ISA Contracts ($600 or below) use the term *“Service Provider”***

**For 003 Contracts (above $600 or need check immediately after performance) use the term *“Contractor”***

Please include the following information:

* Who is providing the performance/service? – list agency name and specific agent name, artist name
* Define the terms by making sure that the person/company that the check is made out to is defined as the Contractor/service provider
* Determine whether 2% entertainer tax for out-of-state non-resident individual needs to be withheld.
* Date, time, location of performance/service
* What service or performance is being provided, and is it part of a larger event, etc.
* What is the length of time for the performance or service?
* When do you expect the person/group to arrive to set up?
* Do you expect them to provide staffing for the service or performance?
* What things are we as the purchaser providing? (i.e. sound and lights, hospitality, ground transportation, supplies or other equipment, etc.)
* What things is the other party providing?

**(Please be clear, concise and detailed when writing Contractor/Service Provider duties!)**

***\*\*YOU MUST WRITE THE INFORMATION EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON THE CONTRACT\*\****

**\*Please have adviser/supervisor proof; then email to the appropriate office manager and adviser**

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| --- | --- |
| **Office Use Only** | |
| Vendor Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If New, date vendor # requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ W-9 Received  \_\_\_\_\_ Insurance Received (if applicable)  \_\_\_\_\_ P. O. Entered  \_\_\_\_\_ 003 Contract  \_\_\_\_\_ ISA Contract  \_\_\_\_\_ Entered in File Maker Pro Contract/Event  \_\_\_\_\_ Entered in file Maker pro Budget | Acct #/Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Acct #/Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  P.O. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_  **Items to include on an IRPO**  Type in Description, Name, ID#, Date  Header 2: Instructions Type - Need check by (date) hold for pick up.  Film (Name of film & showing date(s)  Memo - Using an ISA form or Using a 003 contract (Hold check for pick up when applicable) |