

BFM-1/20 Addendum, Certification Statement for Independent Contractor

This form is required for all non-employees receiving compensation unless [exempted](#) by the Executive Deputy Commissioner.

Instructions for processing the BFM-1/20 Addendum:

1. Enter BFM-1 or BFM-20 Tracking Number.
2. **Section A is reviewed, signed and dated by the non-employee.**
3. Section B is signed and dated by the requesting manager.
4. A scanned copy (pdf) is submitted with the BFM-1 or BFM-20.
5. The original is attached to the first voucher submitted for payment.
6. A copy should be retained by the requesting program office.
7. A copy should be provided to the contractor.

Note: No payments will be made if a BFM-1/20 Addendum is not filed with Fiscal Management.

BFM-1/20 ADDENDUM

BFM-1 or BFM-20 TRACKING # _____

CERTIFICATION STATEMENT FOR INDEPENDENT CONTRACTOR

A. CONTRACTOR IS INDEPENDENT (To be completed by the contractor.)

The relationship of the Contractor to the State is that of an independent contractor, and said Contractor, in accordance with its status as such Contractor, covenants and agrees that it will conduct itself consistent with such status, that it will neither hold itself out as nor claim to be an officer or employee of the State by reason hereof, and that it will not, by reason hereof, make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the State, including, but not limited to worker's compensation coverage, unemployment insurance benefits, social security coverage, or retirement membership credit, except as provided in Education Law Section 6510(7).

The Contractor agrees to perform the services listed on the BFM-1 or BFM-20 for the agreed upon price.

The contract created by the BFM-1 or BFM-20 is governed by [Appendix A](#), Standard Clauses for all New York State Contracts.

Contractor certifies he/she agrees with the preceding statements.

Contractor's Signature _____ **Date** _____

Contractor's Name (Please Print) _____

B. DEPARTMENT REQUESTING OFFICE (To be completed by office manager requesting services).

I certify the contracted work meets the following conditions:

1. The Contractor is free from direction and control over the means and manner of providing the services, subject only to the specifications of the desired results.
2. The Contractor is responsible for obtaining all assumed business registrations or professional occupation licenses required by state law or local ordinances.
3. The Contractor furnishes the tools or equipment necessary for the contracted services.
4. The Contractor has the authority to hire and dismiss employees who perform the services, except such persons who are hired to assist as consultants or expert witnesses as referenced in Education Law Section 6510(7).
5. Payment to the Contractor is made upon completion and acceptance of the performance.

Office Manager's Signature: _____ Date: _____

Title _____

Office _____ Office of Assessment, Standards and Curriculum

C. Additional Terms and Conditions

It is the Department's interpretation that the contractor is an independent contractor, rather than an employee, because he or she (i) contracts to perform a specific piece of work in return for an agreed upon payment (either lump sum or progress payments); (ii) exercises control over the manner and method of performing the work, including when, within a reasonable time, he or she shall begin and complete the work; (iii) employs, pay, and supervises his or her own workers; (iv) provides his or her own tools and supplies; and (v) is not subject to discharge because he or she chooses to work, as to method and detail, in one way rather than another.

The contract established by this BFM-1 or BFM-20 is governed by Appendix A, Standard Clauses For All New York State Contracts, which is incorporated herein and made a part hereof, a copy of which is available upon request. Vendor signifies its acceptance of the terms and conditions of Appendix A by delivery of the goods or services and/or by the acceptance of payment.