**APPLICATION FOR AN ADDENDUM TO A PREVIOUSLY ISSUED INDEPENDENT CONTRACTOR AGREEMENT WITH**

**PRESBYTERIAN CHURCH (U.S.A.), A CORPORATION ("PCUSA")**

**100 Witherspoon Street, Louisville, Kentucky 40202-1396**

***THIS FORM IS TO BE USED FOR AMENDED SERVICES TO BE PERFORMED BY AN INDIVIDUAL. IT IS NOT TO BE USED TO CONTRACT SERVICES BY A CORPORATION OR OTHER BUSINESS ASSOCIATION. NO ADDITIONAL WORK SHALL BE PERFORMED UNTIL THIS APPLICATION IS COMPLETED AND AN ADDENDUM IS APPROVED BY ALL PARTIES INCLUDING THE OFFICE OF LEGAL SERVICES. ANY WORK PERFORMED PRIOR TO SUCH DATE IS AT CONTRACTOR'S SOLE RISK THAT PAYMENT WILL NOT BE APPROVED.***

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Social Security # \_­­­­\_\_\_\_\_­­­­\_\_-\_\_\_\_\_\_­­­\_\_-\_\_\_\_\_\_\_\_\_\_\_

3. Full Address/Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Trade, Business or Profession and employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Other major clients (including employer, if applicable): PCUSA 1st client /if not please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is the Contractor in any way related to any employee of PCUSA or any PMA board member (i.e., related by blood or marriage, business associate, partner, or employment relationship)? \_\_\_\_\_\_\_\_\_

 If so, to whom and what relationship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is the contractor currently serving as a PMA board member? \_\_\_\_\_\_\_\_\_\_

7. Has Contractor ever been an employee of PCUSA? \_\_\_\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please describe the current Agreement with the Contractor, including assigned contract number, duration, services, and maximum fees (including reimbursement). Please attach a copy of the current Agreement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What additional services are needed from the Contractor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. What is the proposed duration of the additional services (include dates)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What is the proposed additional fee for the services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Will PCUSA be reimbursing any additional expenses? If so, what expenses will be reimbursed? What is the maximum to be reimbursed, including the prior agreed upon amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_