

HIRING OF A CONSULTANT FORM

NEW AMENDMENT



A. Project Information

Project Title:	
KFS Number:	Funding Agency:

B. Principal Investigator/Department Contact Information

PI Name:	Phone:	E-mail:
Dept. Contact Name:	Phone:	E-mail:

C. Consultant Information

Company Name:	Contact Name:	Phone:
Address:		E-mail:

Is the Consultant named in the budget for this project?: NO YES

Is the Consultant a(n): ENTITY US CITIZEN NON-US CITIZEN

** If NOT a U.S. Citizen and performing work on a project in the U.S., contact Accounts Payable to verify the additional forms required, 860-486-1644/APinquiries@uconn.com.*

Location of Services: IN U.S. OUTSIDE THE U.S

Consultant IS/ IS NOT considered to be an Investigator based on the definition below.¹

Will Consultant engage in non-exempt research involving human or animal subjects?: NO YES

D. Consulting Services

Scope of Work Attached: <input type="checkbox"/> <i>Attach a complete Scope of Work for this project period detailing the following: 1) detailed explanation of services to be performed; 2) any deliverables/milestones (progress reporting, data collection/feedback, etc.); 3) evaluation/acceptance criteria; 4) other reimbursable expenses; 5) billing frequency (ex: per session, monthly, quarterly, etc.); 6) place of performance; and 7) any other pertinent information.</i>
Dates of Service: _____ to _____ <i>(for Consulting work within the current project period)</i>
Type of Rate: <input type="checkbox"/> Daily Rate <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other <i>(include description of other in Scope of Work)</i>
Rate: \$ _____ x No. of Units (days/hours/etc.) _____ + Travel \$ _____ = Total (not to exceed amount) \$ _____
If a Multi-Year Award: Start Date: _____ End Date: _____ Total Amount: \$ _____ <i>(anticipated for this Consultant)</i> <i>Total expenditures of \$10,000 and above require competitive sourcing or sole source justification. Attach either 2 additional quotes, or Sole Source Justification form with the Consulting request when submitting the Purchase Requisition.</i>

¹ The Principal Investigator and any other person (regardless of title or position) who is responsible for the design, conduct or reporting of research or educational activities. This may include faculty and research staff (research associates and assistants, postdoctoral fellows, graduate students, visiting scientists engaged in research conducted at the University) as well as Consultants.

How was Consultant selected (complete for expenditures under \$10k only)? Specify how the Consultant was selected, qualifications, other candidates considered, etc.

How was compensation determined? Attach necessary backup such as fee schedules, price lists, quotes, past project detail, etc.)

E. Certification

This certification is required to ensure compliance with Federal and State law. Please review it carefully before signing. Inaccuracies could result in criminal and civil penalties and loss of Federal awards.

1. I certify that neither I, nor my cohabitating partner, nor any member of my immediate family, nor a business with which I or any of the individuals am/are associated (i) has a financial or other interest in this vendor; or (ii) will derive a monetary gain or other tangible personal benefit as a result of the proposed contract with this vendor.
2. I certify, to the best of my knowledge, no other person associated with this Consulting Agreement has a conflict of interest as stated above.

Principal Investigator Signature

Date