HIRING OF A CONSULTANT FORM

☐ **NEW** ☐**AMENDMENT**

UCONN PROCUREMENT

A. Project Information

Project Title:	
KFS Number:	**Funding Agency:**
Sponsor Award #	

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**

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

How was Consultant selected (*complete for expenditures under $25k only*)? *Specify how the Consultant was selected, qualifications, other candidates considered, etc.*

[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 compensation determined? How did you determine that the price was reasonable and comparable to fair market pricing? *Attach necessary backup such as fee schedules, price lists, quotes, past project detail, etc. If a bid was performed, mention that and explain how pricing compared to other potential suppliers.*

Scope of Work is attached ☐ All grant funded consulting requests require development of Scope of Work (SOW) which defines: *1) Summary of Services; 2) Tasks to be performed & Deliverables due from Consultant; 3) Total billable & Payment terms; 4) Other reimbursable expenses; 5) Billing frequency (ex: per session, monthly, quarterly, etc.); 6) place of performance.*

Is this a Multi Year Grant: ☐**Yes** ☐**No** *(if "No", only complete line 1 in the table below)*

Is the rate: ☐**Cost Reimbursable** (*consultant bills only actual time incurred up to maximum billable) OR*
☐**Fixed Rate**

Rate Unit Type: ☐**Daily Rate** ☐**Hourly Rate** ☐ **Flat or Lump Sum Rate** ☐ **Other** *(as defined in Scope of Work)*

Billing Frequency: ☐Monthly ☐ Quarterly ☐ Annually ☐At completion of services ☐ Other:_____

Detail spend budgeted for all years of the grant below:

Year	***Award Start & End Date***	***Services Start Date & End Date **** *(mark "N/A" for years no services occur)*	***BILLABLE RATE***	***RATE QTY*** *(i.e.# days, hours.)*	***Total Billable Rate***	***Other Expenses*** *(i.e. travel)*	***Maximum Billable*****
Example	*1/1/24 – 12/31/24*	*5/30/24 – 9/30/24*	*125.00*	*20 hrs*	*2500.00*	*500.00*	*$3000.00*
1							
2							
3							
4							
5							
						TOTAL	

**Grant Funded Consulting Services scheduled to commence in less than 30 days should be reviewed with Procurement prior to submission*

***Maximum Total Billable value of $25,000 or more, requires either 2 additional quotes or Sole Source Justification form submitted with the Purchase Requisition.*

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**