



Consultant Agreement

*For Individual (Non-Ohio State Employee)
Consulting Services*

Office of Sponsored Programs
Mount Hall, 1050 Carmack Road, Columbus, Ohio 43210

Instructions

Principal Investigator (PI) completes Sections A – F, attaches a detailed Scope of Work which is incorporated into the Agreement, and sends to the consultant. The consultant completes Section G and returns the signed agreement to the PI. Once all necessary documentation and forms have been obtained, a Workday requisition should be created.

A. Project Information

Grant Number		Cost Center	
Second Grant Number <i>If split funded</i>	Percent	Worktags <i>If applicable</i>	Percent

B. Department Contact

Name	Phone	Email
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C. Principal Investigator Information

Name	Phone
Campus Address	Email

D. Consultant Information

Name	Email
Home Address	
Federal Tax Classification: <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Resident Alien/Permanent Resident <input type="checkbox"/> Non-Resident Alien <i>If services performed in the U.S., attach a copy of consultant's visa.</i>	Location of Services: <input type="checkbox"/> Outside the U.S. <input type="checkbox"/> Inside the U.S.

E. Consulting Services

Scope of Work: *Attach a copy*
Descriptive Title of Work Performed: _____

Multi-Year Award: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes and consultant will be providing services in future budget periods, attach comprehensive Scope of Work covering total award period.</i>	Date(s) of Service: <i>to be performed within the current project period.</i> From: _____ To: _____
Human Subjects: The consultant will engage in non-exempt research involving human subjects. <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, must attach the IRB-approved Individual Investigator Authorization.</i>	

Fee Schedule: *Select one (1) of the following fee schedules*

- Daily Rate: \$ _____ X No. of Estimated Days: _____ = Total Estimated Cost Not to Exceed: \$ _____
- Hourly Rate: \$ _____ X No. of Estimated Hours: _____ = Total Estimated Cost Not to Exceed: \$ _____
- Other: *If Other, PI must include separate documentation identifying the unit of measure and explaining how the rate was determined.*
Fixed Rate: \$ _____ X No. of Estimated Units: _____ = Total Estimated Cost Not to Exceed: \$ _____

If the Total Estimated Cost is anticipated to be \$75,000 or more, the Request for Sole Source (Individual Consultants) Form PR-101 must be completed and included.

F. Certification by Principal Investigator for the Basis of Consultant Selection:

I have determined that, to the best of my knowledge:

- *The services to be provided by CONSULTANT are essential to the referenced project and cannot be performed by persons otherwise compensated from this project or elsewhere employed by the University.*
- *CONSULTANT is judged by me to be the most qualified person available to provide the services.*
- *CONSULTANT's services do not represent nor constitute a transfer of substantive programmatic contract/grant activities by the University to CONSULTANT.*
- *The fee specified is commensurate with the qualifications of CONSULTANT and the services to be performed.*
- *Neither CONSULTANT nor any family member of CONSULTANT is an employee of The Ohio State University.*
- *CONSULTANT is performing services required by this agreement as an independent contractor in accordance with Internal Revenue Service guidelines, and there is no employee-employer relationship.*

Principal Investigator Signature _____
Date

If using electronic signature, PI must use DocuSign. Verification page must be attached.

G: CONSULTANT Certifications:

By signing below, CONSULTANT agrees to perform and complete all services included in the attached scope of work at the agreed-upon amount as indicated in Section E. Fee. CONSULTANT also certifies to read and agrees to comply with the terms of [The Ohio State University Office of Office of Research Purchase Order General Terms and Conditions](#) and the [Consultant Agreement Terms and Conditions](#), which are hereby incorporated by reference. (Terms also located at research.osu.edu)

Further, by signing below, the CONSULTANT certifies the following regarding Conflict of Interest:

- *The individual is not a CONSULTANT of The Ohio State University, other than by terms of this Agreement.*
- *The consultant is not a retiree from The Ohio State University.*
- *The consultant is not a STRS retiree. STRS members cannot return as a CONSULTANT at any time in a STRS qualified position.*
- *If the consultant is an OPERS retiree, the consultant certifies OPERS has been contacted and enters into this Agreement at the individual's own risk of ramifications associated with collection of OPERS benefits while under this Agreement. Review The Ohio State University Human Resource Policy 4.25.*
- *The consultant is not an employee or family member of an employee of The Ohio State University, or any agency of the State of Ohio.*
- *No employee or family member of an employee of The Ohio State University will be a recipient of any compensation, payment or other direct benefit under this Agreement.*
- *The consultant is not suspended, debarred or ineligible to enter into contracts with any department or other agency of the Federal Government, nor in receipt of proposed debarment or suspension.*

If unable to certify one or more of the statements above, attach a letter of explanation to the Consultant Agreement. This Agreement is only valid and work authorized once both parties have signed below and an OSP Purchase Order has been issued.

CONSULTANT Signature _____
GSSC Authorized Signature

Date _____
Date

Type/Print Name _____
Type/Print Name

If using electronic signature, parties must use DocuSign. Verification page must be attached.