



Consultant Agreement Amendment

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

Office of Sponsored Programs

Mount Hall, 1050 Carmack Road, Columbus, Ohio 43210

Instructions:

To modify a Consultant Agreement, check the appropriate boxes under Amendment Action.

Project Information

Grant Number	Amendment Number	PO Number
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Principal Investigator Information

Name	Phone
Campus Address	Email

Consultant Information

Name	Phone
Home Address	Email

Department Contact

Name	Phone	Email
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Amendment Action:

A. Period of Services Extension: ☐ No ☐ Yes New Date: _____B. Location of Services: ☐ Outside the U.S. ☐ Inside the U.S.

C. Scope of Work:

Continuation of work under initial award period: ☐ No ☐ YesAdditional Work: ☐ No ☐ Yes *If yes, attach revised Scope of Work.*

D. Human Subjects:

The consultant will engage in non-exempt research involving human subjects. ☐ No ☐ Yes *If yes, attach the Individual Investigator Authorization Agreement.*E. Fee: Change in amount *Select one (1) of the following fee schedules.*☐ Daily Rate: \$ _____ X No. of (+/-) Days: _____ = Amount of Change: \$ _____ ☐ Increase ☐ DecreaseCumulative agreement amount with this amendment: _____ Is this a change in rate: ☐ No ☐ Yes☐ Hourly Rate: \$ _____ X No. of (+/-) Hours: _____ = Amount of Change: \$ _____ ☐ Increase ☐ DecreaseCumulative agreement amount with this amendment: _____ Is this a change in rate: ☐ No ☐ Yes☐ 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: \$ _____

Cumulative agreement amount with this amendment: _____ Is this a change in rate: ☐ No ☐ Yes

If the aggregate total amount added to the consultant agreement will cause the agreement total amount to be \$75,000 or more, the PI must complete and submit the Office of Sponsored Programs Request for Sole Source (Individual Consultants) Form PR-101.

Signatures

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

Principal Investigator Signature Date

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the year and date last specified. This Amendment is only valid and work authorized once both parties have signed below and a change order to the OSP Purchase Order has been issued.

CONSULTANT Signature Date

GSSC Authorized Signature Date

Type/Print Name

Type/Print Name