

Consultant Worksheet

PART A: TO BE COMPLETED AND SIGNED BY PROPOSED CONSULTANT

Name of Individual,
Sole Proprietorship, Partnership, or Corporation: _____

Address: _____

Telephone: _____ Fax: _____

In what capacity will you be working? (Check and complete any that apply):

Individual .
If yes, provide Social Security Number If yes, provide EIN/SSN

Partnership

Foreign Individual .
If yes, *do not use this form*. Foreign
Nationals cannot be paid as consultants.

Corporation/Company
If yes, provide Employer Identification Number

If yes, do you provide services to clients other
than the University? Yes _____ No _____

Sole Proprietor
If yes, provide Social Security Number

All proposed consultants must answer all questions. Consultant might be required to submit further information on any question answered "Yes."

1. Yes No Are you currently employed by the University in any capacity, or have you been employed by the University in any capacity during the past 12 months?
2. Yes No Have you provided consultant services to the University anytime in the past?
3. Yes No Have you provided consultant services to the University in the past (12) months?
4. Yes No Are you providing the same services to the University (either this department or other departments) on a continuing basis or at frequently recurring intervals (e.g. each semester, monthly, biweekly, seasonally, etc.)
5. Yes No Do you, your spouse or partner, or any unemancipated minor children own ten (10) percent or more of the assets of this business?
6. Yes No Do you make your services regularly available only to the University, rather than to the general public or other outside businesses?
7. Yes No Is the University responsible for your liability insurance?
8. Yes No Are you a nonresident alien (i.e. do you *not* have an Alien Registration Receipt Card or "Green Card")? If yes, what is your visa type? _____
9. If you answered "Yes" to Questions #4, please state below the total amount paid to you by the University?

10. Attach a list of other clients for whom you have worked, including dates of engagement.
11. Attach your resume, or corporate brochure.

I CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE OF PROPOSED CONSULTANT: _____

PART B: All QUESTIONS IN THIS SECTION MUST BE COMPLETED BY PRINCIPAL INVESTIGATOR/REQUESTER

1. ____Yes ____No Are the services provided by the individual an integral part of the University's operations, like those already performed by others within established job classifications (e.g. clerical work, teaching, or research)?
2. ____Yes ____No Does the University provide tools, equipment, materials, and/or support services to the individual for the work to be performed?
3. ____Yes ____No Can the individual perform the work without making or having made any investment in equipment or facilities?
4. ____Yes ____No Is the work required to be performed at the University, or in specific places designated by the University?
5. ____Yes ____No Is the work schedule and/or sequence of work set by someone at the University?
6. ____Yes ____No Is the individual required to devote his/her full time effort to the department for which the work is being performed?
7. ____Yes ____No Is the University providing detailed instructions or training to enable the individual to perform the work in a particular way or manner?
8. ____Yes ____No Does the individual report to or supervise a University employee, or other individuals hired or supervised by the University?
9. ____Yes ____No Is the individual being paid \$25 per hour or less on an hourly basis?
10. ____Yes ____No Is the method of payment based on hourly, weekly, or monthly fees (as opposed to by the project)?
11. ____Yes ____No Can the individual end his/her working relationship with the University at any time without incurring liability for failure to complete the job (e.g. forfeit of payment previously made by the University or due under contract, or breach of contract liability)?
12. ____Yes ____No Is the individual subject to dismissal for reasons *other than* nonperformance of contract specifications?
13. ____Yes ____No Must the work be performed specifically by the individual (rather than by someone else employed by the individual)?
14. ____Yes ____No Are regular oral or written reports required to be submitted to the University by the individual?
15. ____Yes ____No Can the individual perform the work for the University without any risk of direct economic loss to himself/herself?

Please Note: The submitting School/Department might be asked to provide further information on any question answered "Yes."

Please also complete Part C

PART C: TO BE COMPLETED AND SIGNED BY PRINCIPAL INVESTIGATOR/REQUESTER

Please answer all of the following questions for all proposed Consultants:

1. Describe in full (using Attachment 1- Scope of Work) the nature of services/scope of duties to be performed. Include in your response a description of how the services will be performed.

2. (Check one) This individual or entity was selected on the basis of:

____ Competitive Bid

____ Competitive Proposal

____ Sole Source Procurement

a. If the selection was done as a competitive bid, attach all quotes received.

b. If the selection was done as a single source justification please submit the appropriate single source justification form, and provide justification for selection under this category addressing price, quality, personal qualifications, prior experience, training, education, past performance, scheduling concerns, recommendations, or any other relevant factors.

c. If the selection was done as a sole source justification please submit the appropriate sole source justification form providing justification for selection under this category.

3. Account number to be charged: ____ - ____ - ____ - ____ - ____ - ____

Expiration date: _____

4. Specify sponsored project award number (if applicable): _____

5. Attach the budget for the individual's or entity's work, or indicate the basis for the determination of the fee (hours/days/other time required, other costs).

I CERTIFY THAT THIS WORK IS NECESSARY, REASONABLE, AND ALLOWABLE UNDER THE TERMS OF THIS SPONSORED PROJECT (IF ANY), AND THAT FUNDS ARE AVAILABLE FOR THE SPECIFIED SERVICES. FURTHER, I CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PRINCIPLE INVESTIGATOR/REQUESTER:

NAME: _____ TELEPHONE: _____

DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

DEPARTMENT BUSINESS MANAGER:

SIGNATURE: _____ DATE: _____

NOTE THAT PARTS A, B, AND C OF THIS FORM (AND REQUIRED ATTACHMENTS), ALONG WITH THE REQUISITION FORM AND THE APPROPRIATE CONSULTANT AGREEMENT, WITH SCOPE OF WORK, CONSTITUTE A FULL PACKAGE OF PAPERWORK. PLEASE SUBMIT THE FULL PACKAGE. INCOMPLETE PACKAGES WILL BE RETURNED TO THE REQUESTING DEPARTMENT.