

# Consultant Agreement

For Individual (Non-OSU Employee)  
Consulting Services



Office of Sponsored Programs  
1960 Kenny Road, Columbus, OH 43210-1016

## Instructions:

Principal Investigator (PI) completes Sections A – F and attaches a detailed Scope of Work, which is incorporated into the Agreement. Consultant completes Section G and returns the signed agreement to the PI who forwards the agreement with the Scope of Work and all required attachments to the appropriate Sponsored Program Officer. PI is also responsible for completing and sending any/all appropriate documentation regarding the competitive/noncompetitive requirements of Procurement, when applicable.

## A. Project Information

Project Number		Department/Organization Number	
If Split Funded, Second Project Number	Percent	UNIV Chartfield <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

All Consultants must complete and attach The Ohio State University [Vendor Setup Form](#).  
All Foreign Entities must complete and attach the appropriate [W-8 Form](#).

Name	Phone	Email
Home Address		

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

## E. Consulting Services

Scope of Work: *Attach a copy*

Descriptive Title of Work Performed: \_\_\_\_\_

Multi-Year Award:	Date(s) of Service: <i>to be performed within the current project period.</i>
<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>	From: _____ To: _____

Human Subjects:

The consultant will engage in non-exempt research involving human subjects.    No    Yes *If yes, must attach the IRB-approved Individual Investigator Authorization.*

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 \$25,000 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 that he/she has read and agrees to comply with the terms of The Ohio State University Office of Sponsored Programs [Purchase Order General Terms and Conditions](#) and the [Consultant Agreement Terms and Conditions](#), which are hereby incorporated by reference. (Terms also located at <http://osp.osu.edu/administration/procurement/>)*

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

- He/she is not a CONSULTANT of The Ohio State University, other than by terms of this Agreement.*
- He/she is not a retiree from The Ohio State University.*
- He/she is not a STRS retiree. STRS members cannot return as a CONSULTANT at any time in a STRS qualified position.*
- If he/she is an OPERS retiree, he/she certifies he/she has contacted OPERS and enters into this Agreement at own risk of ramifications associated with collection of OPERS benefits while under this Agreement. See [The Ohio State University Human Resource Policy 4.25](#)*
- He/she 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.*
- He/she 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, please 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSP PROCUREMENT Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print Name

\_\_\_\_\_  
Type/Print Name

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