

THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION

1960 Kenny Road, Columbus Ohio 43210-1063

CONSULTANT AGREEMENT**FOR INDIVIDUAL (NON-OSU EMPLOYEE) CONSULTING SERVICES**

Instructions: PI completes page 1 and attaches a detailed Scope of Work, which is incorporated into the Agreement. Consultant indicates acceptance of the Agreement's terms and conditions and certifies Conflict of Interest by signing and dating page 2. The Consultant will return the signed agreement to the PI who will forward the agreement with the Scope of Work to his/her Sponsored Program Officer. Signatures must be **original**, per audit requirements.

RF Project No.:	RF Purchase Order No.: (leave blank - to be assigned later)
Principal Investigator Information: Name: Campus Address: Phone No.: Email Address:	Consultant Information Name: Home Address: Phone No.: Email Address:
Department Contact: Name:	Phone No.:
	Fax:
	Email:
Location of Services: In U.S.: <input type="checkbox"/> Outside U.S.: <input type="checkbox"/> (<i>Work performed outside the U.S. does not require non-resident alien documentation from the consultant</i>)	
Resident Status: U.S. Citizen: <input type="checkbox"/> W-9 required	
Resident Alien or Permanent Resident: <input type="checkbox"/> W-9 required	
Non-Resident Alien: <input type="checkbox"/> * Prior to executing a consultant agreement for a Non-Resident Alien, PI is required to contact RF Accounts Payable (292-8187) to learn whether any additional documentation will be needed beyond the following:	
*Attach the following required documentation: Picture page of Passport, Current I-94, Current Visa, U.S. Social Security Number, OSU Compliance Forms for Payment to B-1 or WB Visa Holder (if applicable)	
Provide a descriptive TITLE for the work to be performed (Attach detailed Scope of Work):	
Human Subjects: Will the consultant be engaged in non-exempt research involving human subjects. If yes attach Individual Investigator Authorization Agreement. Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Date(s) of Services to be Rendered: From: _____ To: _____	
Fee: Select one (1) of the following fee schedules:	
<input type="checkbox"/> Daily Rate: \$ _____ X No. of Days: _____ = Total cost not to exceed: \$ _____	
<input type="checkbox"/> Hourly Rate \$ _____ X No. of Hours: _____ = Total cost not to exceed: \$ _____	
<input type="checkbox"/> Other (Attach cost analysis documentation for why consultant fee is reasonable and how it was determined.)	
Reimbursable Expenses: Scope of Work must include description and estimated costs. Travel: <input type="checkbox"/> Other: <input type="checkbox"/> These expense reimbursements must be submitted on a Non-Employee Payment Request form.	
Certification by Principal Investigator: <i>I have determined to the best of my knowledge that:</i>	
<ul style="list-style-type: none"> ○ The services to be provided by the Consultant are essential to the work under the referenced project and cannot be performed by persons otherwise compensated under this project or elsewhere employed by the University. ○ The Consultant is judged by me to be the most qualified person available to provide the services. ○ The fee specified is commensurate with the qualifications of the named Consultant and the services to be performed. ○ Neither the Consultant nor any family member of the Consultant is an employee of The Ohio State University Research Foundation or The Ohio State University (unless disclosed in accordance with terms of this agreement). ○ The Consultant is performing services under this agreement as an independent contractor in accordance with Internal Revenue Service guidelines and is not in an employee-employer relationship. ○ The Consultant will not use animals in performing services under this Agreement. ○ <i>For requests of \$25,000 or more, check one item below:</i> <ul style="list-style-type: none"> ○ Obtain competitive bids. Contact RF Procurement, Ph: 614-292-6871, for assistance. ○ Waive competitive bids. Attach Single/Sole Source/Waiver of Competitive bidding form PR-025. http://rf.osu.edu/forms/ 	
Signature of Principal Investigator: _____	Date: _____

