

Proposal to Furnish Consultant Services

Instructions to prospective consultant: Use the following format to prepare your proposal for provision of consultant services. This is a proposal only and establishes no commitment on the part of the University.

1. **CONSULTANT'S PERSONAL INFORMATION.** Provide name, address, and telephone number. Identify visa type if you are not a U.S. citizen. You will be required to supply your Social Security number or Federal Identification number before the execution of any agreements.
2. **QUALIFICATIONS.** Briefly list similar consultant contracts successfully completed and attach samples of such work if possible. Describe relevant degrees, credentials, and experience of lead personnel and supporting personnel to be employed on the study. (Consultants may not hire employees of the University or of any government agency supporting this work by means of a contract or grant.) Include relevant information regarding qualifications of the firm as distinct from those of individuals to be assigned.
3. **METHODS.** Describe specific techniques and approaches to be applied, anticipated beginning and ending dates for the services, amount of time and staff hours to be expended, and equipment and facilities to be used. If subcontractors are contemplated, describe those persons or firms and the portions and monetary percentages of the work to be done by them.
4. **COLLECTION OF INFORMATION ABOUT INDIVIDUALS.** If the study will involve collection of information about individuals, describe the type of information; the method of collection; the physical form of the resulting recording (i.e., typed or written notes, tape recordings, photographs); and the proposed ownership of such records if not University. (Records pertaining to individuals will be considered the property of the University unless retention by the consultant can be justified.)
5. **COST AND PAYMENT.** State total cost and provide an explanation of how this cost was computed, including any travel expenses. Indicate desired method or schedule of payment.
6. **PREVIOUS CONSULTATION FOR THE UNIVERSITY.** Provide name of campus and department along with agreement number, subject area, date of work, and final cost for any consulting work you have provided to the University over the past three years.
7. **POTENTIAL CONFLICT OF INTEREST.** Identify by name and University position any University officer, faculty member, or other employee who holds a position of director, officer, partner, trustee, manager, or employee in the consultant organization, as well as the names of any near relatives who are employed by the University.

I hereby affirm that, to the best of my knowledge, there exists no actual or potential conflict between my family, business, or financial interests and the services to be provided. If there is any question regarding possible conflict of interest, I shall raise it with the University.

Consultant firm name: _____

Signature of consultant: _____ Date: _____