



UNIVERSITY of DENVER

## Request to Draft Consulting Agreement

Note: Once this form is complete, please email a signed copy to [ORSP.Subs@du.edu](mailto:ORSP.Subs@du.edu) to initiate the request. This request requires both PI and departmental approval.

Grant #: \_\_\_\_\_ Grant Fund: \_\_\_\_\_ Department: \_\_\_\_\_ Org: \_\_\_\_\_  
Principal Investigator (DU): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact (if other than PI): \_\_\_\_\_ E-mail: \_\_\_\_\_

### Consultant Information

Consultant Name: \_\_\_\_\_  
Consultant Contact (if different): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Business Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Total Estimated Cost: \_\_\_\_\_ Amount Obligated (typically year 1): \_\_\_\_\_  
Total Period of Performance: \_\_\_\_\_ to \_\_\_\_\_ Initial Period of Performance: \_\_\_\_\_ to \_\_\_\_\_

Please provide the following if they were not provided at the time of submission or they have since been revised:

- Description of Work
  - Consultant Budget or Rate of Pay description
- Rate of Pay: \_\_\_\_\_ Hour Day Travel Total: \_\_\_\_\_

### Notes (Provide any additional information ORSP needs to complete this request).

### Certifications

By signing below, I certify that I have read the following statements and further certify that they are accurate and truthful to the best of my knowledge and belief:

- The proposed relationship has been reviewed and a determination has been made that the relationship involves a third party to perform a portion of the project, does not constitute a purchased service, and that the most appropriate agreement type is a consulting agreement.
- The project or relationship with this consultant does not present an existing or potential for conflict of interest or the appearance of a conflict of interest in accordance with University policy and/or State and Federal Regulations.
- PI has no concerns with the subrecipient and subrecipient personnel.
- Funding is available for this consultant and is an allowable cost under the terms and conditions of the Prime Award.
- The consultant's proposed costs and activities have been reviewed by the PI and are considered allowable and reasonable for the technical effort proposed by the consultant.

Signature of PI: \_\_\_\_\_

Signature of Authorized Department Personnel: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Org: \_\_\_\_\_