

**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.

<b>RF Project No.:</b>	<b>RF Purchase Order No.:</b> (leave blank - to be assigned later)
<b>Principal Investigator Information:</b> Name: Campus Address:  Phone No.: Email Address:	<b>Consultant Information</b> Name: Home Address:  Phone No.: Email Address:
<b>Department Contact:</b> Name:	Phone No.:
	Fax:
	Email:
<b>Location of Services:</b> 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> )	
<b>Resident Status:</b> U.S. Citizen: <input type="checkbox"/> W-9 required	
Resident Alien or Permanent Resident: <input type="checkbox"/> W-9 required	
<b>Non-Resident Alien:</b> <input type="checkbox"/> * <b>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:</b>	
*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)	
<b>Provide a descriptive TITLE for the work to be performed</b> (Attach detailed Scope of Work):	
<b>Human Subjects:</b> 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"/>	
<b>Date(s) of Services to be Rendered:</b> From: _____ To: _____	
<b>Fee:</b> 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.)	
<b>Reimbursable Expenses:</b> 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.	
<b>Certification by Principal Investigator:</b> <i>I have determined to the best of my knowledge that:</i>	
<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ The Consultant is judged by me to be the most qualified person available to provide the services.</li> <li>○ The fee specified is commensurate with the qualifications of the named Consultant and the services to be performed.</li> <li>○ 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).</li> <li>○ 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.</li> <li>○ The Consultant will not use animals in performing services under this Agreement.</li> <li>○ <i>For requests of \$25,000 or more, check one item below:</i> <ul style="list-style-type: none"> <li>○ Obtain competitive bids. Contact RF Procurement, Ph: 614-292-6871, for assistance.</li> <li>○ Waive competitive bids. Attach Single/Sole Source/Waiver of Competitive bidding form PR-025. <a href="http://rf.osu.edu/forms/">http://rf.osu.edu/forms/</a></li> </ul> </li> </ul>	
<b>Signature of Principal Investigator:</b> _____ <b>Date:</b> _____	





# AP Payment Compliance Form

## Request for Taxpayer Identification Number and Certification

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments. Please fill out all the information that applies to you or your business.

### 1. Provide general information.

Taxpayer name

Business Name (if applicable)

Address

City  State  Zip Code

Phone  Fax  E-mail

### 2. Check and complete the most appropriate category below. (Please check only one.)

- Individual** Date of birth \*  (mm/dd/yyyy) **\*required by state law**
- Sole shareholder of a corporation or sole member of a limited liability company Date of birth \*  (mm/dd/yyyy) **\*required by state law**
- Corporation
- Partnership
- Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)
- Sole proprietorship Date of birth \*  (mm/dd/yyyy) **\*required by state law**

### 3. Provide taxpayer identification number.

U.S. Social Security Number (SSN)  (xxx-xx-xxxx)

U.S. Citizen     Resident Alien     Nonresident Alien

OR

Federal Employer Identification Number (EIN)  (xx-xxxxxxx)

### 4. Certify the information on the AP Payment Compliance Form by signing and dating below.

Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge.

\_\_\_\_\_  
 Signature Title Date

If the payment is being made in settlement of a lawsuit, the information on this form may be obtained from plaintiff's counsel or from OSU Human Resources (if the plaintiff is a current or former employee).

**Submit signed form to the Research Foundation via secure fax: 614-688-3006.**

#### For OSU Use Only

Submitted by Department Representative  Contact phone number  Contact e-mail

Research Foundation Revised February 2008  Voucher ID (if applicable)