

Hampton University
Consultant Services Approval Form HU Account Code: 7001

PART I

Date:

Name of Consultant

PART II

Professional Information

1. Have you ever been employed by Hampton University?

Yes

No

If yes, in what capacity and during what time frame?

2. Have you ever been accused of professional misconduct?

Yes

No

If yes, describe and provide dates?

PART III

Documentation

1. Statement of work

a. Task description:

b. Specific Duties:

c. Reporting requirements/deliverable's:

d. Dates of required services:

e. Any additional requirements:

2. Explain why services of the consultant are essential:

3. Describe the process used to secure a highly qualified person/firm:

PART IV

Budgetary Data

Number of
days:

Hours/day:

Hourly Fee:

Flat Fee Rate:

Include the approved Budget Justification submitted to and approved by the funding agency/foundation.

If necessary, explain the above breakdown.

1. What is the customary fee for services of this nature (if substantially different from fee to be paid, explain):

2. Are travel costs included in fee?

Yes

No

3. Describe the proposed consultant's credentials in requested area (include current resume or C.V):

4. Outline the proposed consultant's track record in securing grant funding to include the name, title, agency, foundation and amount of external funding received. If applicable.

PART V

Source of Funds

1. Account information Index: Fund: Org: Prog:

2. Is agency approval required? Y N

3. If yes, has it been obtained? Y N

If yes to both questions, please provide evidence.

Requestor: _____

Date:

Reviewer: _____

Dr. Neelam Azad, Vice President for Research

Date:

Approved by: _____

Dr. Betty H. Stewart, Executive Vice President and Provost

Date:

Approved by: _____

Charles Cansler, Senior Vice President for Business Operations and Finance

Date: