



CONSULTANT COMMITMENT FORM

SECTION A: Consultant Information

Legal Name of Consultant

Consultant Address City, State, Zip

Legal Name of Consultant's Affiliated Institution and/or Company (e.g.: name of HEI if consultant is a faculty member, and/or name of company doing-business-as)

UCF's Technical Lead UCF's Prime Sponsor Proposed Project Period

Project Title

SECTION B: UCF PI Attestations

1. Is a Letter of Collaboration (or similar) from the Consultant required by the sponsor? YES NO

If YES, Consultant must provide signed letter with submission of this form.

2. Is the Consultant responsible for the design, conduct or reporting activities proposed for this funding? YES NO

If YES, Consultant must complete Section C. If NO, PI/Unit must upload documentation to the Funding Proposal record in Huron Grants.

SECTION C: Conflict of Interest

3. Financial Conflict of Interest (Consultant completes only if PI selected YES to Question 2)

Do you (or your spouse or child) have a financial or contractual interest related to this research? YES NO

If YES, please describe in the textbox below.

SECTION D: Certifications

4. Debarment and Suspension

The Consultant certifies that they: (answer all questions below)

are are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.

are are not presently indicted for, or otherwise criminally or civilly charged by a government entity.

have have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

have have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

5. Citizenship (for export-controlled projects)

The Consultant is is not a Citizen or Lawful Permanent Resident of the United States of America.

If NOT a Citizen or Permanent Resident:

Country of Citizenship

SECTION E: Project Information

6. Will you or your organization require a **Confidential Disclosure Agreement** associated with this project? YES NO

7. Will you or your organization require a **Material Transfer Agreement** associated with this project? YES NO

8. Describe your rate per hour/day, requested travel funds, and activities to be performed.

- Rate: \$ _____ per hour day
- Duration: _____ hours days needed
- Travel: YES NO. If YES, please describe cost: _____
- Total Requested Funds: \$ _____
- Scope of Work (please use textbox below and attach additional pages as needed)

SECTION F: Comments

CONSULTANT ACKNOWLEDGMENT

I have read the information, certifications, and representations above. **I understand that any work performed and/or expenses incurred prior to execution of a Consultant Agreement are at my own risk.**

Signature of Consultant

Date

Typed Name of Consultant

Signature of Affiliated HEI Authorized Signatory (if relevant)

Date

Typed Name of Affiliated HEI Authorized Signatory (if relevant)