



### CONSULTANT COMMITMENT FORM

Consultants should complete this form when participating in a UCF sponsored project. Business units: Include the signed Consultant Commitment Form in the Huron Grants Funding Proposal record when submitting for internal review.

#### SECTION A: Consultant Information

Legal Name of Consultant:

UCF's Lead PI:

Prime Sponsor:

Project Title:

Performance Dates:

#### 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.

#### 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 he/she: (answer all questions below)

- is  is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- is  is not presently indicted for, or otherwise criminally or civilly charged by a government entity within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against him/her 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.
- has  has 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



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#### SECTION E: Project Information

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

- a) Rate: \$ \_\_\_\_\_ per  hour  day
- b) Duration:  hours  days
- c) Travel:  YES  NO. If YES, please describe cost:
- d) Total Requested Funds: \$ \_\_\_\_\_
- e) Scope of Work (use text box below)

#### SECTION F: Comments

7. Insert any additional details below.

#### 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. If I am a member of a higher education institution, I attest that I have permission to engage in this consultancy.**

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Consultant

\_\_\_\_\_  
E-mail Address