

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*)

- | | | |
|------------------------------|----------------------------------|---|
| <input type="checkbox"/> is | <input type="checkbox"/> is not | presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts. |
| <input type="checkbox"/> is | <input type="checkbox"/> is not | presently indicted for, or otherwise criminally or civilly charged by a government entity. |
| <input type="checkbox"/> has | <input type="checkbox"/> has not | 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. |
| <input type="checkbox"/> has | <input type="checkbox"/> has not | within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. |

5. Citizenship

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