



CONSULTING JUSTIFICATION FORM

Purpose: This form must be completed **prior** to the procurement of a consultant. It is used to substantiate the need for a consultant and to provide information to the Office of Central Procurement.

Instructions: Read Policies [CP01 Authority and Procurement](#), [CP07 Use and Procurement of External Consultants](#), and Procedure [PC2008 Instructions of the Procurement and Payment of External Consultants](#) **before attempting to use this form.** Provide complete information. If the consultant is the only known available or qualified source and the estimated cost for services is equal to or exceeds \$25,000, the *Sole Source Justification** page of this form **must** be completed.

*NOTE: Follow Policy [CP02 Initiating Purchases from Vendors Outside the University](#), including evidence of competitive pricing is required for acquisitions equal to or greater than \$25,000 (but may also be used for purchases under \$25,000, such as for federal programs with a lower limit of \$10,000 in accordance with Uniform Guidance [2 CFR 200 The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)) or other sponsored awards when the goods or services required can be clearly defined.

The completed Consulting Justification Form and all supporting documentation must be attached to the PSUbuy Purchase Requisition (PR) request.

1. SCOPE OF WORK - check the box indicating how full specifications of scope of work to be completed will be provided.

- Complete page 3 to provide full specification of work to be completed.
- Attaching separate documentation (indicate on page 3 "see attached documentation").

2. NEED - Indicate why the services to be provided are essential and cannot be provided by University personnel.

3. CUSTOMARY FEE - What is the customary fee for services of this nature? (Cite previous cases, if available. Include all documentation you may have received.)

Is supporting documentation attached? _____

4. QUALIFIED CONSULTANTS - Listing of capable qualified consultants and rates. Place an "X" before the name of the preferred consultant. If anticipated cost is equal to or greater \$25,000 (or if the anticipated cost is equal to or greater than \$10,000 for federal programs), informal quotes must be attached. If there is only one qualified source, the sole source questions under the section Sole Source Justification must be answered.

Place an X before the name of the preferred consultant	Name, phone number, and email address	Address	Rate (itemize expenses not included in rate)
<input type="checkbox"/>			

Is informal quote or other supporting documentation attached? _____

5. **CRITERIA FOR SELECTION** - specify the required criteria for selecting a suitable consultant for the scope of work to be performed.

6. **FUNDING SOURCE** -

6a - Is the consultant to be paid utilizing sponsored award funds? _____ (If no, proceed to question 7)

6b - If 6a is YES, is sponsor approval required? _____

If sponsored approval is required, a copy of request for approval, and an indication of the status of the request, must be submitted as supporting documentation.

6c - If 6b is YES, indicate Prime Contract Number: _____

6d - If 6b is YES, provide the Research Administrator's name: _____

Research Administrator's Email address: _____

6e - If 6a is YES and sponsored award is **federally funded**, is the preferred consultant a foreign entity or individual? _____

7. **CONTRACT INFORMATION** -

A. Consultant is to provide services for the period _____ to _____

B. Will the consultant be required to travel as part of the engagement? _____

If YES, are travel expenses included in the quote? _____

NOTE: University Policies [TR01 International Travel](#) and [TR02 Penn State Travel](#) govern the rate and rules of reimbursement for travel expenses unless a written exception is obtained by the Office of Central Procurement.

8. **INDIVIDUAL RESPONSIBLE FOR MAKING THIS REQUEST** -

Name: _____ Title: _____

Email Address: _____

SCOPE OF WORK

To be completed if Scope of Work section on page 1 is checked. If attaching separate documentation, enter "see attached documentation" in the space below and go to next page. Please include details such as description of deliverables, completion time line, ownership of materials, payment schedule (ex., monthly, milestone), etc.

SOLE SOURCE JUSTIFICATION

NOTE: The information requested below is to be used for the hiring of a consultant from a sole source without open competition when the services are anticipated to be equal to or greater than \$25,000. This justification is not to be used to circumvent normal procurement policies and procedures. It is to be used strictly as an exception when all attempts to locate other capable qualified candidates have failed. Acceptance of this justification will be at the discretion of the Office of Central Procurement.

Please select your justification from the list below:

- Consultant is specifically named by the funding source **award documents**, inter-agency agreement, or clinical trials agreement. Proposal and/or budget documents are not considered an "award document."

Office of Sponsored Programs (OSP) number and the page number of the award that names the supplier for Central Procurement to confirm with information provided.

Proceed to "Approvals" section

- Unavailable from any other source (answer all questions below and proceed to "Approvals" section).

1. Describe the unique qualifications which make this consultant the only **qualified** consultant for the services to be performed. (Give very specific characteristics or other supporting research to justify the need for this particular consultant.)

2. Describe the process used to select this consultant. What other consultants did you solicit information from? Include reasons for rejecting other consultants.

3. Provide supportable evidence that due diligence has been performed in objective market analysis and proof of fair and reasonable rates.

4. What are the consequences of not securing this particular consultant?

APPROVALS

This expenditure supports our objectives and represents a consistent use of consulting services in accordance with University Policy [CP07 Use and Procurement of External Consultants](#). The above statements, in my professional judgment, are correct. I have researched my requirements to support these findings. I have reviewed the supplier's proposed costs and find those costs to be fair and reasonable for the technical effort proposed. I certify that no personal advantage, gain, or privilege has or will be given to me through this purchase. I have read and adhere to Policy [AD86 Acceptance of Gifts and Entertainment](#) and [AD88 Code of Responsible Conduct](#). In addition, I understand in accordance with Policy [CP01 Authority and Procurement](#) employees may not initiate or have any influence over their business area's purchase of goods or services from a business in which the employee, or member of the employee's immediate family (spouse or minor child), has ownership interest of 10% or more in that business (see Policy [HR91 Conflict of Interest](#)).

Name and Title of Individual Making Request: _____

Requester Signature: _____ **Date:** _____

SUPPORTING DOCUMENTATION CHECKLIST

Attach the following documents to the PSUbuy Purchase Requisition (PR) request:

- Consulting Justification Form (required).
- Scope of Work (required if attaching supporting documentation box checked in Scope of Work section).
- Customary fee documentation (required if supporting documentation box checked in Customary Fee section).
- Informal quote(s) (required if supporting documentation box checked in Information Quote section).
- Sponsor Approval request and status of request (required if supporting documentation box checked in Funding Source section).