

## 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 Purchasing Services or the purchasing departments at the Hershey Medical Center and/or the Applied Research Lab.

**Instructions:** Read Policies BS07 and BS17 and Procedure PC2008 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 exceeds \$10,000, the *Single Source Justification* form must be completed.

For the Applied Research Lab, Hershey Medical Center, and Purchasing Services, attach the approved *Consulting Justification Form* to the *Purchase Order Requisition* (use either the Applied Research Lab or Hershey Medical Center versions for those areas or the eBuy+ Requisition for all others) and submit for normal approval and processing of the *Purchase Order Requisition* through those respective purchasing departments.

**1. SCOPE OF WORK** - full specifications of work to be completed.

Complete page 3  or attach separate sheets  (check one box)

**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 possible. Include all documentation you may have received. Check if documentation is 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 \$10,000 or more, informal quotations must be attached. Check if documentation is attached .

Place an X before the name of the preferred consultant	Name	Address	Rate (itemize expenses not included in rate)

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

6. **FUNDING SOURCE** -

Is the consultant to be paid utilizing sponsored award funds?      **YES**            **NO**     

**If YES**, is sponsor approval required?      **YES**            **NO**     

**If sponsored approval is required, a copy of request for approval, and an indication of the status of the request, must be attached.**

**If YES**, indicate Prime Contract Number: \_\_\_\_\_

7. **OTHER INFORMATION** -

A. Consultant is to provide services for the period \_\_\_\_\_ to \_\_\_\_\_

B. Are travel expenses included in the stated rates?      **YES**            **NO**     

**If NO**, University travel policies will govern the rate and rules of reimbursement for travel expenses unless a written exception is obtained from the Corporate Controller. (Such an exception is permissible **ONLY** when sponsored awards are **NOT** involved.)

Is a written exception attached?      **YES**            **NO**     

8. **SINGLE/SOLE SOURCE JUSTIFICATION** - If the anticipated cost for the consultant is \$10,000 or more, and either only one Consultant is listed under Item #4 **OR** a specific Consultant is *required*, then the Single Source Justification form must be completed. (Check this box if the Single Source Justification has been completed )

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email Address: \_\_\_\_\_

Approval: This expenditure supports our objectives and represents a consistent use of consulting services in accordance with University Policy BS17. The information appearing on this form is accurate to the best of my knowledge. No personal advantage, gain or privilege will accrue to me through the procurement of any of the indicated consultants.

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 BS07 Authority and Procurement, employees may not initiate or have any influence over their college or administrative unit's purchases of goods or services from a business in which the employee, or a member of their employee's immediate family (spouse or minor child), has ownership interest of 10% or more in that business.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SCOPE OF WORK**

**SINGLE/SOLE SOURCE JUSTIFICATION**

NOTE: The information requested below is to be used for the hiring of a consultant from a single/sole source without open competition when the services are anticipated to be \$10,000 or greater. This justification is not to be used to circumvent normal purchasing 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 Purchasing Services, or the purchasing departments at Hershey Medical Center and the Applied Research Lab, as appropriate. (Completion of this section obviates the need to complete the single source justification for the eBuy+ Requisition.)

1. What are 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. If this is the only known consultant to perform this service, what research has been done to support this claim?

3. If this is the only known consultant to perform this service in this region, give support of the need for immediate service as the primary requirement for consultant election.

4. Indicate other specific requirements necessitating single source procurement.

5. Additional support documentation is attached:      YES                       NO