



Consultant Justification Form

Purpose:

It is the policy of the RFMH to utilize Consultants in a legitimate and economical way in order to obtain specialized expert and professional opinion or advice in the course of attempting to improve the quality of services and operations of the RFMH, fulfilling its mission. Such external opinion or advice is to be sought and procured only when an individual with the proper knowledge and skills cannot be located internally to provide this service as part of their normal job responsibility, or as a Collaborator.

General Information:

It is important that when hiring a consultant, we document that we have procured the services on a competitive basis and that the consultant is properly classified as an independent contractor. Mistakenly classifying an employee as an independent contractor can result in significant fines and penalties.

If we are hiring an individual (not through a Company) and the engagement is for over \$10,000, you need to complete the IRS 20-Point Checklist for Independent Contractors (http://corporate.rfmh.org/accounts_payable/forms/IRS_ChecklistforIndependentContractors.pdf) and submit it along with the Consultant Justification Form.

RFMH allows for engagements of less than \$10,000 without obtaining verbal or written quotes. This does not remove your responsibility to obtain the best possible price for the work that is being done.

General Instructions:

For engagements of less than \$10,000, please complete: Page 2, the scope of work section of Page 3, Page 4 and the approval section on page 6. For all engagements in excess of \$10,000, the entire form must be completed.

Once you have completed the required information, you must submit the form and all relevant information to the Business Office at your location. Business office approval and a signed Independent Contractor Agreement must be obtained before the consultant can begin any work.

The completed form should be submitted to the following email contracts@rfmh.org.

Individual/ Company Name			Taxpayer ID (SSN/TIN)	Telephone No.	
Address 1			City	State	Zip
Address 2			e-mail	Dates of Services Start _____ End _____	
Project	Task	Award	Project Director	Organization	
For Individuals Only Please Provide Citizenship Status:					
US Citizen	Resident Alien	Nonresident Alien	Country of Citizenship		
If the individual is NOT a U.S. Citizen and will be working in the U.S., please attach a completed form W-8 along with a copy of the VISA, I-94 or INS form 8233 (whichever is applicable)					
<p>Is Consultant: Check all that apply: Small Business Minority Owned Women Owned</p> <p>Is Consultant a relative, business associate, or personal acquaintance of Project Director or others at RFMH or the Research Institutes? Yes No If YES, describe relationship:</p> <p>Is Consultant a current RFMH, NYS, DMH, or US Government Employee or have they been employed by one of those organizations in the past 24 months? Yes No If YES, please name the organization, dates of employment and your responsibilities.</p> <p>Is Consultant an individual or specific person at a company? Yes No If YES, attach individual's CV.</p>					
<p>Does this work involve research or research related activities? Yes No If No, briefly describe the activity</p> <p>Is the Consultant responsible for the design, conduct (including data collection and analysis), or reporting of research? Yes No If YES to this question or the previous one, consider the need for financial conflict of interest training and reporting.</p> <p>Will the Consultant have access to Protected Health Information (PHI)? Yes No If YES please include Business Associate Agreement with contract.</p>					

ATTACHMENT A
SCOPE OF WORK
TO BE PROVIDED BY PROJECT DIRECTOR

If you have received a formal proposal that details the scope of work, timeline and deliverables please attach. If not, include a full description of who will perform the work, what are the work products, when will the work be performed, where will the work be performed. Include any deliverables and their due dates.

ATTACHMENT B
CONSULTANT BUDGET AND PAYMENT SCHEDULE

A. Payment

(i) Consultant shall be reimbursed at the following rate(s):

\$ _____ / hour for _____ hours not to exceed \$ _____

OR

(ii) Consultant shall be reimbursed for deliverables as detailed in Attachment A:

\$ _____ total

B. Travel Expenses

Consultant shall be reimbursed for allowable travel expenses not to exceed \$ _____. Travel must be in accordance with RFMH travel policy.

C. Other Expenses (Itemize)

Consultant shall be reimbursed for allowable incidental expenses including but not limited to secretarial, duplicating, etc, not to exceed \$ _____.

SUMMARY

A. Hourly Rate/Deliverable	\$ _____
B. Travel	\$ _____
C. Other Expenses	\$ _____
TOTAL	\$ _____

PAYMENT SCHEDULE

Monthly, based on invoices submitted by consultant that detail hours, work performed, dates of service, travel and other expenses. For travel and other expenses, receipts should be attached. If some other payments terms (Quarterly, deliverable, fixed price, etc.) are to be used, please attached proposed payment schedule or include in Scope of Work section (Attachment B).

Invoices should be sent to: Name: _____

Address: _____

Address2: _____

City, ST Zip: _____

E-Mail: _____

Phone: _____

