

Return completed form to: Ohio Literacy Resource Center  
Research I -- 1100 Summit St.  
Kent State University  
Kent, OH 44242-0001

## CONSULTANT AGREEMENT

KSU Account No. \_\_\_\_\_

Grant Number and/or Title \_\_\_\_\_

Name \_\_\_\_\_

Dates of Consulting \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Total Days/Hours \_\_\_\_\_

Address \_\_\_\_\_

Daily Rate \_\_\_\_\_

\_\_\_\_\_

Total Personal Service \$ \_\_\_\_\_

\_\_\_\_\_

Other Expenses (Itemize):  
N/A

### DESCRIPTION OF SERVICE PERFORMED

(In sufficient detail to relate to the project)

Total Compensation \$ \_\_\_\_\_

Technology Training/Assistance

### PROJECT DIRECTOR CERTIFICATION

I certify that the consulting services described are essential to the project and could not be performed by persons working on the project. This individual is the most qualified available and the fee is commensurate with the service performed.

Basis for selection:

\_\_\_\_\_  
Project Director Signature

\_\_\_\_\_  
Date

### UNIVERSITY AUTHORIZATION

(Required only when consultant is a University employee)

This consultation is in addition to regular departmental load, is specifically approved in the grant proposal, and

\_\_\_\_\_ is across departmental lines, or

\_\_\_\_\_ involved a separate and remote location

I certify that I provided consulting services described and that during the period specified I did not receive regular full-time compensation from any federally funded source.

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

\_\_\_\_\_  
Research and Sponsored Programs

\_\_\_\_\_  
Date