RESEARCH FOUNDATION OF SUNY

STATE UNIVERSITY COLLEGE AT ONEONTA

ONEONTA, NY

SPONSORED PROGRAMS OFFICE

SUNY ADDENDUM SHEET – CONSULTANT SERVICES

Required only when the consultant is a State University College at Oneonta employee

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWARD #\_\_\_\_\_\_\_\_\_\_\_\_\_ PROJECT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASK #\_\_\_\_\_

CONSULTANT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Individual’s payroll title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic year employee \_\_\_\_\_ or 12 month employee\_\_\_\_\_

1. Project Director’s Statement - - - I certify that:

a. The consultant’s duties outlined on the Request for Advance Approval for Consultant Services

form will be in addition to his/her regular State University College at Oneonta obligations and will not in any way interfere with those duties.

 b. Engagement of this consultant is allowable under and conforms to any limitations that may be

 imposed by sponsor policy.

c. The processes for selection of external consultants have been followed. The rate of

 reimbursement does not exceed those charged by recognized independent consultants in the

 field.

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Signature Date

APPROVALS

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Signature of appropriate Dean or Vice President Date

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Signature of Fiscal Designee Date