



Consultant Commitment Form

This form must be completed and signed by the consultant before Howard University submits a proposal that includes consultant costs. Incomplete forms will delay proposal processing.

A. Consultant Information

- Name /Legal Entity: _____
- Address: _____
- City/State/Zip: _____
- Tax Status (check one):
 Individual Corporation LLC Other _____
- Unique Entity Identifier (UEI): _____
- SAM.gov Registration Status:
 Active (Expiration Date: _____) Pending Not Registered
- Consultant Contact Name: _____
- Consultant Contact Email/Phone: _____

B. Proposal Information

- Prime Sponsor: _____
- Howard PI: _____
- Project Title: _____
- Total Estimated Consultant Cost: \$ _____
- Performance Period (Start/End Dates): _____

C. Scope of Work

SOW attached

Describe the services to be performed: _____

Deliverables and expected outcomes: _____



D. Rate & Cost Justification

- Proposed Rate (hourly/daily/flat fee): \$ _____
- Basis for Rate (attach documentation as appropriate):
 - Prior invoices or contracts at same rate
 - Published rate sheet
 - Salary basis / standard professional rate
 - Other (explain): _____

Budget justification attached

Note: Costs must meet the “reasonable cost” standard under **2 CFR 200.404**.

E. Resume/CV

Resume or CV must be attached (demonstrating expertise relevant to services)

F. Consultant Commitment

By signing below, the Consultant certifies that:

- The services described will be performed as part of this project if awarded.
- The proposed rate is accurate and reasonable.
- The consultant is not debarred, suspended, or otherwise excluded from federal funding.

Consultant Signature

Name: _____ Title: _____

Signature: _____ Date: _____



To be Completed by Howard SPO Pre-Award

I. Pre-Award Proposal Review:

Cayuse Proposal ID:

Checklist:

- Scope of Work
- Rate Justification (supporting documentation)
- Resume/CV
- Classification Verified (consultant vs subrecipient)

Shared Folder: _____

Howard University SPO Pre-Award (OPAT) Reviewer

Name: _____

Signature: _____ Date: _____

II. Pre-Award (IPAT) Review:

Cayuse Award ID: _____

WorkDay GRT: _____

Howard University SPO Pre-Award (IPAT) Reviewer

Name: _____

Signature: _____ Date: _____