

NORTHERN ILLINOIS UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SCIENCES

POLICY FOR THE USE OF CONSULTANT SERVICES

This policy applies to financial support provided by the CHHS for consultants who are engaged for a fee to give professional advice related to research. Funds are given under the following terms:

- Available to tenured and tenure-track faculty with full time appointments in the College of Health and Human Sciences.
- Priority is given to requests leading to the development of proposals for extramural funding and for projects in early stages of development.
- Funding is provided for essential services necessary to advance a specific project that is consistent with the applicant's ongoing line of scholarly inquiry.
- The rate and manner of compensation for effort rendered by the consultant must be:
 - Specified as an hourly or daily rate up to a stated maximum or a lump sum for the entire project,
 - Be appropriate considering their qualifications and the nature of the services rendered.
- The consultant services must:
 - Not be otherwise supported under the project (e.g. internal or external grant, startup funds, etc.),
 - Not be compensated for the services in any other way (e.g. free pre-proposal consulting provided by the Research Methodology Service),
 - Not be budgeted into a funding proposal generated by the project,
 - Be essential and cannot be provided by means of ordinary research collaboration.
- The consultant cannot be an employee of the College of Health and Human Sciences.
- Permitted to seek awards of up to \$400 per application; two applications per academic year up to a total of \$800.
- The funds awarded must be used by the end of the fiscal year in which they are awarded.

Questions concerning the allowability of the use of consultants or payment of consultant fees should be directed to the Associate Dean for Research and Resources. Funding provided by this mechanism is subject to review by the College of Health and Human Sciences, Committee on Grants and Awards.

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CONSULTANT SERVICES APPROVAL FORM

Name of Consultant: _____ Address: _____

Title: _____

Institution/Firm _____

1. DOCUMENTATION:

a. Name of Research Project: _____

b. Specific Work You are Asking the Consultant to Perform:

c. Need: (Explain why services cannot be provided by persons receiving salary support or other direct compensation for their services under the project or through ordinary research collaboration.)

a. Selection Process: (Describe the process used to secure a highly qualified person.)

b. Anticipated Outcome of Consultation:

c. Time Period Over Which Consultation will Occur:

2. BUDGETARY DATA:

a. No. of days/hours _____

b. Daily or hourly fee \$ _____

c. What is the customary fee for services of this nature? _____

If substantially different from fee to be paid explain:

Requestor: _____

Date

Approved by: _____

College of Health and Human Sciences

Date