

BACKUP INFORMATION FOR CONSULTANT AGREEMENTS

Site/Dept: _____
Originator: _____

Name of Consultant: _____

Category (For Cabinet Secretary Use Only): _____

Starting Date of Services: _____ Ending Date: _____

(PLEASE CONFINE INFORMATION TO THE SPACE PROVIDED)

Description (nature of services):

Justification (Why is the use of this consultant necessary?
Could existing staff perform this function? If not, why not?):

Cabinet Member Responsible: _____

Funding Source (e.g. Title I): _____

Total Amount: \$ _____

Annual One Time (✓ one only) _____