



# Request for Review and Approval of Consulting Services

Fill out all fields below to begin the required review and approval process for all new consulting services. For all grant related consultants/vendors, send form to OSP Grants Manager. For all Department (DPM) related consultants/vendors, send to Manager of Operations and Workforce (MOW).

Requestor's Name: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_

Consultant/  
Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide a detailed description of the engagement, including work to be performed by consultant how that work fits into the larger company project or objective, expected length of engagement, approximate number of work hours expected, and fees:

- Yes  No Consultant/Vendor will access protected health information (PHI).
- Yes  No Consultant/Vendor will access personal information (PI)
- Yes  No Is the consultant currently in the business of providing similar services to other companies/entities?
- Yes  No Will the consultant be receiving a building access pass and/or have access to our systems?
- Yes  No Are there any existing agreements with this consultant (e.g. NDCA, prior consulting agreement, BAA, etc.?) **(If yes, please send a copy of all such prior agreements with this form)**

## Approvals

Approved by OSP Grants Manager:  GM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by HPHC Legal:  Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_