

## Request to Draft Consulting Agreement

Note: Once this form is complete, please email a signed copy to [ORSP.Subs@du.edu](mailto:ORSP.Subs@du.edu) to initiate the request. This request requires both PI and departmental approval.

Grant #: \_\_\_\_\_ Grant Fund: \_\_\_\_\_ Department: \_\_\_\_\_ Org: \_\_\_\_\_

Principal Investigator (DU): \_\_\_\_\_ Contact (if different) Consultant \_\_\_\_\_ - Email: \_\_\_\_\_

Business Contact: \_\_\_\_\_ - Email: \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_ Amount Obligated (typically year 1): \_\_\_\_\_

Total Period of Performance: \_\_\_\_\_ to \_\_\_\_\_ Initial Period of Performance: \_\_\_\_\_ to \_\_\_\_\_

Please provide the following if they were not provided at the time of submission or they have since been