

# State Justice Institute

## Consultant Rate Questionnaire

The prior written approval from SJI is required when the rate of compensation to be paid to a consultant exceeds \$800 per day (see Grant Guideline Section VII.I.2.c.). SJI will not pay daily consultant rates in excess of \$1,100. SJI considers a workday to be 8 hours.

In order to facilitate SJI's review, please provide the following information. A separate questionnaire should be completed for each consultant.

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**To Be Filled out by Applicant/Grantee:**

Grantee/Applicant Name: \_\_\_\_\_

Proposal/Grant No.: \_\_\_\_\_

Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

No. of consultant preparation days: \_\_\_\_\_

Fax No.: \_\_\_\_\_

No. of consultant travel days: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

No. of consultant days on site: \_\_\_\_\_

Total no. of consultant days budgeted: \_\_\_\_\_

Please check the box(es) below that best describe(s) the service to be performed.

- Keynote/plenary speech
- Curriculum development/adaptation
- Other program planning/development
- Faculty development
- Workshop facilitation
- Workshop presentation/faculty
- Needs assessment (please specify): \_\_\_\_\_

- Video production
- Facilities assessment/design
- Caseflow management review
- Independent project evaluation
- Long-range planning
- Data collection/analysis/research
- Other (please specify): \_\_\_\_\_

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**To Be Filled out by Consultant:**

Consultant name: \_\_\_\_\_

Requested daily rate of pay: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

- Flat-fee contract
- Independent consultant
- Organizational consultant rate

Please provide the basis for the requested rate:

Your current annual salary: \$ \_\_\_\_\_

Fee paid to you by others for similar work: \$ \_\_\_\_\_

Rate approved by Federal agency: \$ \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Agency name: \_\_\_\_\_

Please provide the names and telephone numbers of two organizations for which you provided similar services at the requested rate (or higher) within the last year.

Organization	Contact Person	Telephone#/E-mail Address	Daily Rate
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(over)

Please indicate whether any of the following costs are included in your requested rate or whether any of them will be applied to the daily rate of pay:

- Fringe benefits \_\_\_\_\_ %
  - Indirect/overhead \_\_\_\_\_ %
  - G & A \_\_\_\_\_ %
  - Other (specify) \_\_\_\_\_ %
- \_\_\_\_\_

If fringe benefits are included, what are the components (e.g., health insurance, life insurance, etc.) by percentage?

What is the basis for any indirect/overhead costs included in the rate (e.g., approval by a Federal agency, development by consultant based on previous consulting experience, etc.)?

Please list the times and associated costs that comprise the requested indirect/overhead rate (e.g., rent, telephone, electricity, word processing support).

If you do not have an indirect cost rate but incorporate additional costs in your requested daily rate of compensation, please check the applicable items listed below that are included in the daily rate. If these items will be billed directly, do not check them.

- |   |  |
|---|--|
| <input type="checkbox"/> Travel costs                     | <input type="checkbox"/> Equipment lease/maintenance |
| <input type="checkbox"/> Clerical/word processing support | <input type="checkbox"/> Postage                     |
| <input type="checkbox"/> Printing/photocopying costs      | <input type="checkbox"/> Other (please specify)      |
| <input type="checkbox"/> Rent/utilities                   | _____  |
|   | _____  |

Please attach a copy of your resume to the completed questionnaire.

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**Consultant Certification**

I certify that the above information is complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_