

## Consultant Rate Justification Form

PATH policy states that fees paid to a consultant must be reasonable in relation to the services rendered. As such, PATH must document and confirm that a consultant's proposed fees are deemed to be of fair market value. Prior to any new engagement with PATH, the proposed consultant must complete, sign, and return this form to the PATH Program Administrator (or PADM). If additional space is required, please attach separate page.

### SECTION ONE: Personal Information

As a consultant, please check the box that best applies to you:

☐

Individual

☐

Single-Member LLC/Single-Shareholder Corporation  
I will be providing all services personally.

Your Name:

Birthdate (dd/mm/yy)

Citizenship

Name of your Organization

Address

City

State/Province

Postal Code

Country

Email

Phone Number

### SECTION TWO: Consulting Experience

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Please provide information about your consulting experience below. If your professional experience does not include consulting or providing related services, please check the box at left and proceed to SECTION THREE.

Start/End Date (dd/mm/yy)	Name and Address of Organization/Company	Rate of Pay	Hourly or Daily Rate?	Currency	Number of Hours or Days Worked

### SECTION THREE: Employment Experience

IF your professional experience does not include consulting or providing related services, please provide three years of employment history in the space provided below, including any experience relevant to the proposed assignment with PATH.

Start/End Date (dd/mm/yy)	Employer Name and Address	Title/Position	Annual Salary	Currency

### SECTION FOUR: Consultant's Requested Rate

Rate Requested by Consultant

Hourly or Daily? ☐ Hourly ☐ Daily

**CERTIFICATION: By signing below, the consultant certifies to PATH that all facts as stated above are true and correct.**

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

Name (please print):

Date

It is recommended that you save a local copy of the completed form before printing.

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