



NEW YORK CITY DEPARTMENT OF EDUCATION
Division of Human Resources
65 Court Street
Brooklyn, New York 11201

Page 1 of 2 Pages

CONSULTANT NOMINATION FORM

This form is to be completed to review a proposed consultant's personnel qualifications. A consultant may not begin the program/project until the responsibility center has received the Consultant Approval Form (DHR/DFO 9950) confirming that the consultant has been authorized to perform services. Refer to the Standard Operating Procedures (SOP). The original DHR-190 form is forwarded to the Division of Human Resources, Consultant Monitoring Unit along with the consultant's resume. A copy is kept on file in the ROC/District/FMC to be made available for inspection by appropriate Department of Education personnel and authorized auditing agencies.

SECTION A: TO BE COMPLETED BY CONSULTANT

1. _____ 2. ____/____/____ 3. ____/Mo.____/Day____/Year
Full Name Social Security Number Date of Birth

4. _____
Home Address (Number and Street) City State Zip Code

5. Yes No Have you ever worked for the New York City Department of Education? (File number if applicable: _____)
- Yes No Are you currently employed in any capacity by the New York City Department of Education including by a New York City Community School District? (If you are presently an employee of the Department of Education, you cannot provide consultant services.)
- Yes No Are you presently on leave of absence or sabbatical from the New York City Department of Education or any other city agency?
- Yes No Have you ever been terminated from employment with the New York City Department of Education?
- Yes No Are you a member or employee of any agency, board, committee or corporation which has a responsibility for the evaluation, design or mandated advisory review of a New York City Department of Education program?
- Yes No Are you employed in any capacity by a New York City municipal agency, the New York City Board of Higher Education, or by a public corporation or authority funded wholly or in part by the City of New York? If yes, written authorization from the agency head must be submitted.
- Yes No Is any member of your family an employee of the Department of Education or a principal of a firm under contract with the Department of Education?
- Yes No Have you ever been convicted of a criminal offense?

If the answer to any of the questions above (excepting the first check box item) is YES, please explain on a separate sheet.

- Yes No Are you presently receiving a pension from New York State or any of its civil divisions including New York City, or any other city, county, town, village, school district, or other special purposes district? **Please note that you must comply with the New York State Social Security and Retirement Law. Please be aware that acting as a consultant may affect your retirement benefits. Section 212 of the Social Security and Retirement Law provides that only the authorized amount in a calendar year may be earned without suspension or diminution of the retirement allowance.** If you joined a New York City or New York State pension system after May 31, 1973 and the expected consultant earnings will exceed the maximum authorized in the calendar year, a waiver in accordance with Section 211 of the Social Security and Retirement Law must be approved by the Division of Human Resources in order for the earnings to have no impact on your pension.
6. Please attach an up-to-date resume specifying education (including names of colleges or universities, degrees and dates awarded), licenses, current employment, other relevant employment and experience such as publications, professional associations related to the consultant project to be completed.
7. _____ \$ _____
Most Recent Work Experience Title Income/Salary

SECTION B: CONSULTANT CERTIFICATION (This section continues on side 2)

By affixing my signature in front of a Notary Public (see reverse side) I agree to the following:

1. MY SERVICE AS A CONSULTANT WILL NOT CONSTITUTE A CONFLICT OF INTEREST AS SET FORTH IN THE NEW YORK CITY CHARTER.
2. I WILL NOT BEGIN THE PROJECT UNTIL I RECEIVE WRITTEN AUTHORIZATION FROM THE ROC/DISTRICT/FMC BUSINESS OFFICE.
3. I am an independent contractor and nothing herein shall be deemed to confer upon me, nor shall any of my duties hereunder be construed to mean that I am an employee of the New York City Department of Education. I understand that, as a consultant, I am **not** entitled to any employee benefits provided by the New York City Department of Education. If the Division of Human Resources approves this consultancy and funds are encumbered, I agree to provide the services as described in Section C of this form.
4. I understand that the consulting relationship is for a legitimate Department of Education purpose; that the consulting contract is not offered as a reward to me as a former employee or to remunerate me at a higher salary level or to avoid budget limitations; and, that the consulting relationship will not create an actual or potential conflict of interest.
5. If this consultancy is approved by the Division of Human Resources and funds are encumbered by the Division of Financial Operations I agree to provide the above mentioned services as described in Section C. I also agree to be bound by the terms and conditions for the period of engagement.
6. I will not engage in any business transaction or private employment, or have any financial or other private interest, direct or indirect, which is in conflict with the proper discharge of my duties as a consultant.
7. I will not use or attempt to use my position as a consultant to obtain any financial gain, contract, license, privilege or other private or personal advantage, direct or indirect, for myself or for any person or firm* associated with me.

**A person or firm "associated" with a consultant includes a spouse, child, parent, or sibling; a person with whom the consultant has a business or other financial relationship; and, each firm in which the consultant has a present or potential interest. However, the consultant is not prohibited from stating the nature and existence of the consulting relationship with the Department of Education in the normal pursuit of his or her business.*

8. I will not use, publish or distribute for private purposes the work product derived from the consulting relationship with the Board of Education without the written consent of the Chancellor or the Chancellor's designee.

SIDE 2 (Consultant Certification Continued)

9. I will not disclose any confidential information concerning the property or affairs of the Department of Education that is obtained as a result of the consulting relationship with the Department of Education and that is not otherwise available to the public, or use any such information to advance any direct or indirect financial or other private interest for myself or of any other person or firm associated with me. This does not prohibit the me from disclosing any information concerning conduct that I know or reasonably believe to involve waste, inefficiency, corruption, criminal activity or conflict of interest.
10. I will not use the equipment, supplies or personnel resources of the Department of Education to further business that is not within the scope of the my duties for the Department of Education.
11. I will not accept any gift from a person or firm engaged in business dealings with the Department of Education, except those gifts that are customary on family or social occasions.

SUBMISSION OF FALSE DOCUMENTATION OR A FALSE STATEMENT WILLINGLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS FORM MAY RESULT IN THE CANCELLATION OF YOUR CONSULTANT SERVICES AND MAY SUBJECT YOU TO CRIMINAL CHARGES.

I, _____, being duly sworn, state that I have read and understand all the items contained in this form, the attached resume and attached sheet(s) (if applicable); that I have supplied full and complete information in answer to each item herein to the best of my knowledge, information and belief; and that all the information supplied by me is true.

<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ DAY OF _____ 20____</p> <p>_____</p> <p style="text-align: center;">SIGNATURE OF NOTARY PUBLIC (PLACE STAMP OR SEAL HERE)</p>

SIGNATURE OF CONSULTANT

SECTION C: TO BE COMPLETED BY SUPERINTENDENT/ROC DIRECTOR/EXECUTIVE DIRECTOR

ROC/District/Financial Management Center (FMC) Contact Person:

District/FMC	Name and Title	Phone	Fax
Address	Borough	Zip Code	

Type of Consultant (check one):

- Educational Evaluation Artistic Legal or Medical Arbitrator, Hearing Officer or Expert Witness

1. Specific project(s) to be completed by this consultant (including objectives, and activities). Include title of project. Attach additional sheets if necessary.
2. Describe precisely the deliverables, the finished product(s) and/or desired outcome(s) (report, manual, film, etc.) to be produced by the consultant. Attach additional sheets if necessary.
3. Specify the phase(s) and expected date(s) of each deliverable from the consultant. Attach additional sheets if necessary.

4. Agreed upon fee for the entire project: \$ _____ Requested Start Date: _____ Requested End date: _____

Expected number of days to complete project: _____ Per diem rate \$ _____ or if applicable hourly rate: \$ _____

Project shall not be for more than one (1) year. **Consultant providing services for more than 10 days in a school year or having direct contact with children must receive fingerprint clearance.** Either the consultant or the Department of Education may terminate this consultant agreement by giving prior written notice to the other party. The Department of Education shall only pay the consultant fee for services satisfactorily rendered and shall not be obligated to pay any fee beyond the effective date of termination. The consultant shall be responsible for the entire cost of providing the services, products and deliverables as indicated above including the costs of materials and supplies.

5. Any materials provided to the consultant must be used exclusively to complete the project. Such materials shall be returned to the Board of Education upon the completion of the project. The consultant shall be responsible for all other supplies, assistance, cost of travel, meals, etc. necessary for the performance of the service herein.
6. Consultants may work on Department of Education premises to the extent necessary for their services. Where it is necessary for a consultant to be on the Board of Education's premises, such services may be limited to the hours of operation of the building.
7. Yes No Has this consultant previously provided similar services for you? If yes, provide explanation for renewal in the space provided below.

ALL QUESTIONS PERTAINING TO THE UTILIZATION OF CONSULTANTS MUST BE ADDRESSED TO THE CONSULTANT MONITORING UNIT OF THE DIVISION OF HUMAN RESOURCES (TELEPHONE # 718-935-5288).

ROC/District/FMC Certification

9. I certify that I have verified the educational background and employment experience of this consultant and that fees to this consultant will be solely utilized for the project(s), product(s) or finished outcome(s) indicated above. A copy of this form is on file. I further certify that I have read and understand the Standard Operating Procedures (SOP) on the Utilization of Consultants, and pursuant to IRS guidelines, the consultant has met the requirements of a consultant and is not an employee of the Board of Education.

Signature of Superintendent/ROC Director/Executive Director

Date

SECTION D: DIVISION OF HUMAN RESOURCES APPROVAL

Qualified Unqualified Consultant Approval #: _____ Consultant Unit Approval Signature _____ (Print Name of Approving Official)

Dates of Authorized Service: From: _____ to _____ Approved Rate: \$ _____ Approval Date: _____
M M D D Y Y M M D D Y Y (Indicate daily or hourly rate)