

University of Georgia  
Public Service and Outreach  
Out-of-State Consulting Request Form

\_\_\_\_\_  
Fiscal Year

Name of Faculty Member: \_\_\_\_\_

Department/PS&O Unit: \_\_\_\_\_

Name and Address of Proposed Employer or Recipient of Services: \_\_\_\_\_

Location Where Activity Will Be Performed: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Provide a Brief Description of Consulting Work to Be Provided: \_\_\_\_\_

Date Employment Begins: \_\_\_\_\_ Date Employment Ends: \_\_\_\_\_

Dates and Times of Absence(s) From Campus: \_\_\_\_\_

To your knowledge, does the contracting organization listed above provide funding which directly supports any of your University duties or activities?  Yes  No

If the contracting agent is a private firm or organization:

- a) Do you or any members of your family have an equity interest in the contracting organization?  Yes  No
- b) Do you hold an office in the contracting organization?  Yes  No

I have read and understand the Consulting Guidelines for Public Service and Outreach Faculty (<http://outreach.uga.edu/resources/publications/consguidelines/>). I certify that the activity listed above will not interfere with my assigned duties or my professional and institutional responsibilities. Furthermore, it will not involve a conflict of interest with any government-sponsored activity with which I am associated and will not involve misuse of my official connection with the University. I further certify that if any University supplies, equipment, or facilities are used in any of the activities described herein, I will reimburse the University at a rate consistent with rates charged to outside groups or persons.

\_\_\_\_\_  
Signature of Faculty Member                      Date

APPROVED: \_\_\_\_\_  
Signature of Director/Dean                      Date

APPROVED: \_\_\_\_\_  
Signature of Vice President                      Date  
Public Service and Outreach