



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Preauthorization of Consultant Fees**

[2 C.F.R. § 200.407](#) sets out costs that require prior written approval. Consultant fees are commonly charged to DCJS awards. The requirements related to these charges apply to all Adult Justice Programs (AJP) grant awards whether funded by state or federal funds. Compensation for individual consultant services must be reasonable and consistent with those paid for similar services in the marketplace and must significantly and permanently enhance project effectiveness. The current federally established maximum rate is \$650 per day or \$81.25 per hour. An 8-hour day may include preparation, evaluation, and travel time in addition to the time required for actual performance. Please note, this does not mean that the rate can or should be as high as \$650 for all consultants.

When requesting approval for a consultant rate that exceeds the established maximum rate, this form must be completed, uploaded in OGMS, and emailed to the Grant Program Coordinator. Approval by the Division of Programs and Services Director is required prior to expending funds for consultants exceeding the established maximum rate. Prior approval requests require additional justification. Justification for exceeding the established maximum rate may include circumstances where a rate is established through a documented competitive bidding process.

Section 1: General Information

Grant Program: _____ Application/Grant #: _____

Locality/Non-Profit Agency:

Grant Contact: _____ Consultant Rate: _____

Consultant Name: _____ Total Contract Cost: _____

Consultant Type: _____ Total # of Hours: _____

Section 2: Procurement Method

I certify I have followed our organizational purchasing policies and procedures.

The consultant named above was selected using the following procurement method:

(1) Competitive Bidding Process with at least two responses was conducted.

Date Posted: Date Closed: #of Reposes:

(2) The consultant was selected as a “sole source”, specifically:

- (a) The service provided by the consultant is only available through said consultant.
- (b) An emergency does not allow for a delay resulting from a competitive bidding process.
- (c) Competition was determined to be inadequate after a competitive bidding process.

(3) The consultant was selected from a state or alternate source contract.

Contract Source: **Contract #:**

(4) Informal procurement methods for small purchases. Purchase at or below the federal micro-purchase threshold of \$50,000 or the locality's threshold, whichever is most restrictive.

Section 3: Rate Justification

Provide a brief description of the problem and describe how the consultant will address the issue.

Describe the results of market research that concludes the proposed rate is reasonable and consistent for the consultant. List prior instances when this consultant was paid a similar hourly rate.

Section 4: Conflict of Interest Certification and Signatures

Conflict of Interest Statement

By signing below, I certify there is no conflict of interest between the Recipient and the proposed consultant. I also attest the Excluded Parties List (www.sam.gov) was checked and the proposed consultant is not suspended or debarred from receiving federal funds. Finally, I certify this consultant procurement complies with federal, state, and local laws and regulations.

I affirm the information on this form and within the attached documents is true and correct to the best of my knowledge. I understand that any funds expended for this consultant is at the Recipient's own risk until approval is received from the Department of Criminal Justice Services and, if applicable, the U.S. Department of Justice, Office of Justice Programs. I acknowledge that if this request is not approved, the Recipient organization may only be reimbursed for consultant rates at a maximum of \$81.25/hour. The difference in the rate for consultant services will be the responsibility of the Recipient organization.

Signature:

Title:

Printed Name:

Date: