***Submission of this request indicates from the requestor and PI, that current funding exists at Teachers College.***

Name of person making the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel./ Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TC Principal Investigator (PI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. ☐ Check if same as above

**Domestic or International**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Index #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consultant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: (name & email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $

Period of Performance:

Start Date End Date

**SCOPE OF WORK:**

**DELIVERABLES:** *(Please identify terms and due dates as it corresponds to meet TC’s reporting requirements of the primary award to TC)*

**PAYMENT SCHEDULE:**

**ADDITIONAL TERMS**

Please describe any special terms or conditions you need included in or altered from the draft (use extra pages if necessary):