

CONSULTANT LIST AGREEMENT REQUIREMENTS

Date:

To: **Your Company's Project Number File Folder**

Please fill out the below questions; it will help out when completing the Consultant List Agreement:

- 1) What is your firm's TAX ID?
- 2) What is your current address?
- 3) Has your firm's address changed within 6-12 months? Yes No
 1. If yes, please go to Ohio Shared Services (OSS) to update your company's address: <https://supplier.ohio.gov/>
 2. *You will need to sign up for an username and password to sign-in to do this.
 3. Any questions about this process, please contact OSS directly: 877-644-6771.
- 4) Obtain an Certificate of Insurance (COI) Listing State of Ohio as the Holder
 1. General Liability and Professional Liability
 2. 7.2. Standard Terms & Conditions (attached to Project Opportunity Email):
 3. Certificate Holder:
 - a. State of Ohio
 - b. [Name of State Agency/ Higher Ed]
 - c. State Agency/Higher Ed Address
 - d. ***Make sure the project number is listed on this insurance certificate in Description**
- 5) Who is the Principal/President of the company?
- 6) Who will sign this agreement?
 - a. His/her email:
- 7) For Additional Services performed by a Sub-consultant, Additional Services Fees shall be based on the Sub-consultant's associated invoices to the Consultant, and may include a Consultant mark-up of _____percent