



## **Independent Contractor/Consultant Rate Exemption Request**

### Information and Instructions

The maximum rate for an independent Contractor/Consultant is \$650 per eight-hour day or \$81.25 per hour not to exceed eight hours per day. The rate is the total amount payable including any and all benefits. An eight-hour day may include preparation, evaluation, and travel time in addition to the time required for actual performance (see Subrecipient Handbook Section 6.050).

Complete all sections of the form, including required attachments. The Grant Subaward Director, or their designee identified on the Grant Subaward Signature Authorization (Cal OES Form 2-103), must sign this form.

This form can be submitted as part of the Grant Subaward Application and/or with a Grant Subaward Modification (Cal OES Form 2-223), if not previously approved as part of the Grant Subaward Application.



## Independent Contractor/Consultant Rate Exemption Request

Grant Subaward #: \_\_\_\_\_

Subrecipient: \_\_\_\_\_

Contractor/Consultant: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Rate per 8-Hour Day: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Was the contract previously approved by Cal OES?  YES  NO

If yes, and the contract is still in effect (i.e., end date has not passed), attach the previously approved form and documentation in lieu of the documents listed below.

Attach the following:

- Detailed description of the services provided by the contractor/consultant and a justification for the rate above \$650 per day/\$81.25 per hour.
- Documentation showing the rate charged is the contractor/consultant's normal rate for the services described.
- Three quotes for the service to be provided - only required for contracts above \$10,000.
- Documentation for competitive bid or Request for Proposals - only required for contracts above \$50,000.
- Non-competitive Procurement Request (Cal OES Form 2-156) - only required if applicable and only for contracts above \$10,000.

**I hereby certify that the contract/consultant rate requested is the most advantageous that could be obtained for the services to be provided.**

Grant Subaward Director Name	Grant Subaward Director Signature	Date
------------------------------	-----------------------------------	------

-----  
Cal OES Approval

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Program Specialist Signature	Date
-----------------------------------	---------------------------------	------------------------------	------

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Unit Chief Signature	Date
-----------------------------------	---------------------------------	----------------------	------