

# Research Consulting Group

Health Data Analytics

Geoinformatics

Program Evaluation



## RESEARCH CONSULTING GROUP AGREEMENT FORM

*This project is under the supervision of a senior statistical faculty.*

\_\_\_\_\_  
*Project Supervisor*

\_\_\_\_\_  
*Signature*

<b>Office use:</b>	Intake date:	Meeting at (time):	Assigned to:
	Processed by:	EPD:	RCG Project #:

*EPD = estimated project duration*

A. General Information		
Student Name:	E-mail:	Phone:
Mentor Name:	E-mail:	Phone:
Major:	Entity:	
Project name / hypothesis:		Status:
External Funding Source (if any):		Project Start Date:
		End Date:
Have you received consulting previously on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, RCG project # (if known):		Consultant:

B. Description of Problem.
Please give a concise description of the particular problem you are requesting statistical help for and what you expect from RCG.

*I. Consulting Defined*

In general, consulting includes activities in which our analysts draw upon their professional expertise to provide deliverables including data management, statistical design, data analysis, and assistance in the statistical methods in report writing.

Student mentoring is not included in the consultation but can be available through the statistical consulting lab.

*II. Conflicts of Interest and Consulting*

As a statistical consulting service, we thrive on the corroboration and testimony of clients like yourself. Please note that it is proper to recognize RCG consultants as listed in the *acknowledgement* or *coauthors* when the consultants are asked to be extensively involved with a project (i.e., design, data analysis, and/or preparation of methods and materials, results and discussion for corresponding manuscripts). If there are any questions about this particular point, please address your concerns to Dennys Estevez ([rcg@llu.edu](mailto:rcg@llu.edu)).

*By obtaining assistance with RCG, you agree to the following:*

I agree that I am responsible for payment to LLU Research Consulting Group for any remaining balance should my project exceed the amount from other sources.

In the case that I am billed personally, I agree to make payment for services within 30 days of project completion or upon invoice receipt.

If the work-order above cannot be completed due to inadequate FGS allotment, then the project will be assigned to the statistical consulting lab for further analysis by a statistical student in-training.

By mutual agreement between consultant and client, work-order is subjected to modifications.

\_\_\_\_\_  
*STUDENT SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*MENTOR'S SIGNATURE*

\_\_\_\_\_  
*DATE*