

INDEPENDENT CONTRACTOR AGREEMENT

Agreement made this _____ day of _____, 20_____, by and between _____ (hereinafter "Consultant") and the School District of the City of Saginaw, a Michigan school district of the third class (hereinafter "District").

The Consultant and the District agree as follows:

1. During the term of this Agreement the Consultant shall be an independent contractor and not an employee of the District.
2. **Before actually rendering services to the District, the consultant shall have undergone a Criminal History and Background Check as required by law and Board Policy 5175, and the results thereof shall be in the possession of the District. The cost of the Criminal History and Background Check shall be borne by the consultant.**
3. **Following a Criminal History and Background Check as required by law and Board Policy,** the District **intends** to engage Consultant to perform the following specific project:

4. The Consultant shall control the time and manner in which the Consultant performs the project provided that the results of the project satisfy the requirements of the District's final client. The Consultant shall schedule class sessions and meetings and site visits at the mutual convenience of the Consultant and the final client.
5. No training will be provided by the District. Consultant represents that he/she is a fully trained Consultant and that he/she is not in need of any training by the District.
6. The District agrees to allow Consultant to choose how to complete the job and to choose who shall be responsible for performing each particular part of the job.
7. Consultant shall be responsible for hiring, supervising and paying his/her own assistants. In no way shall Consultant be acting in the capacity of foreman or supervisor on behalf of the District when Consultant engages its own assistants. Consultant must furnish all tools, all materials, and all other equipment necessary to perform the services under the terms and conditions of this Agreement.
8. Consultant's workplace shall be of his/her own choosing at a site other than the District's premises or on the District's premises. The Consultant's presence on the District's premises shall not be required.
9. Consultant shall not be responsible for submitting any regular oral or written reports as to his/her progress on the project.

(INDEPENDENT CONTRACTOR AGREEMENT – continued)

10. In consideration for Consultant's services, the District will pay Consultant a total of \$ _____ (_____) upon completion of the project. Consultant shall not be entitled to any compensation other than as stated above. Nor shall Consultant be entitled to any benefits that would otherwise accrue if Consultant were an employee of the District. Consultant accepts full and complete responsibility for filing all tax returns and paying all taxes, which may be required or due for payments received from the District under the terms and conditions of this Agreement.
11. Consultant agrees to be fully and totally responsible for all expenses incurred while completing performance in accordance with the terms of this Agreement.
12. Since, under the terms of this Agreement, Consultant is working independently and not as an employee of the district has no right to discharge Consultant at will. Similarly, Consultant has not right to terminate his/her relationship with the District at will. However, each party is fully responsible for the performance of services in accordance with the terms and conditions of this Agreement and the absence of any right to discharge or terminate at will in no way limits either party's right to performance under this Agreement.

IN WITNESS WHEREOF, the Consultant and the School District have executed this Agreement the day and year first above indicated.

CONSULTANT:

SCHOOL DISTRICT OF THE CITY OF SAGINAW:

BY: _____

ITS: _____

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REQUEST FOR CONSULTANT SERVICES

Permission is requested to make use of the following consultant/organization:

For the purpose(s) of: _____

On date(s): _____

Estimated cost(s):

_____ Honorarium
_____ Travel or Mileage
_____ Lodging
_____ Meals
_____ Other (explain)

Not to exceed _____ Total

To be charged to account: _____

Requested by: _____ Date _____

<u>STEP 1</u>
_____ Approved
_____ Denied
_____ Signature of Assistant Superintendent

<u>STEP 2</u>
<u>Submit to:</u>
Business Office at least 30 days prior to planned activity

Do not write below this line

_____ Granted (Proceed to complete attached consultant contract and:
a. Sign when service has been completed.
b. Return contract to Business Office for payment processing.

_____ Denied

_____ Need for additional information

Business Office: _____ Date _____



Parent Engagement Consultant Proposal

(To be completed by school administration and Title 1 Team)

Date of Proposal:

School/Building:

Date(s) of Program/Services:

Needs Assessment (data):

Goal/Guiding Indicator (How does your goal tie to the Needs Assessment i.e. Math, ELA, Science, etc.):



Parent Engagement Consultant Proposal

(To be completed by Consultant)

Consultant Name: _____ Title: _____ Organization: _____

Mailing Address: _____ Phone: _____

Number of Sessions: _____ Hrs/Sessions: _____ Total Hrs: _____

Cost/Session: _____ Total Cost: _____

Brief Description:

SPSD Disclaimer: Due to Federal Compliance with grant funded events, the school reserves the right to cancel scheduled events if participation is not responsible as determined by the District guidelines.

Attention Consultant: Please complete, keep pink copy and return others to:

Business Office
School District of the City of Saginaw
550 Millard Street
Saginaw, MI 48607

Date _____

Please reimburse me for professional services rendered in your district, as follows:

Date(s) _____

Purpose(s) _____

Itemized Costs:

Honorarium _____

Travel..... _____ miles @ _____ = _____

* Airfare _____

* Lodging _____

* Meals..... _____

Others _____

Total..... _____

*** Copy of receipt required.**

Name _____

Signature _____

Social Security Number _____

Address _____

Number and Street

City State Zip

THIS AREA FOR USE BY SUPERVISOR ONLY!!

I certify that services have been performed as agreed upon and payment can be made to consultant.

Signed

FOR USE OF BUSINESS OFFICE ONLY!!

Account # _____

Approval for Payment: