Originator: _____ **Budget Code:** _____

Administrator: _____

Grant Administrator/Superintendent: _____

Niagara Falls City School District
630 66th Street, Niagara Falls, NY 14304

SHORT TERM CONTRACT FOR CONSULTING SERVICES

The **Niagara Falls City School District (NFCSD)** agrees to contract for

WORKSHOP _____ COURSE _____ SEMINAR _____ PRESENTATION _____

Entitled _____

for _____ day(s) of presentation on _____

Additional consultant requirements _____

_____

Compensation: $ _____ **(The NFCSD is not obligated to pay for preparation time.)**

Payment Terms: *# of Payments:* _____ *Amount of Payment: $* _____ *Frequency Terms:* _____

(Ex. Mthly., Qtrly., one-time, specific dates, etc.)

Name of Vendor: _____

Name of Consultant: _____

Consultant/Vendor Address: _____

_____

Consultant/Vendor Phone #:   Business: _____

Cell: _____

Consultant/Vendor Email Address: _____

Why was this vendor chosen?
Please specify any special skills, training, expertise, and or a high degree of creativity in the performance of this service that this vendor provides:

_____

_____

_____

_____

Location of workshop/course, seminar, presentation: _____ Building,

Niagara Falls, NY 143 _____

Equipment/Supplies needed and to be provided by the NFCSD

_____

_____

_____

The Consultant/Vendor will maintain a time sheet indicating the start and completion of the assignment and a signed list of participants attending each session. This contract will become null and void if

_____

_____

The Consultant shall to the fullest extent permitted by law indemnify and hold harmless the NFCSD, its agents, servants, and/or employees from and against any and all costs, losses, and damages arising out of the performance of his/her/its services under this Contract excepting, however, the negligent acts or omissions of the NFCSD, its agents, servants and/or employees.

The Consultant shall maintain general liability insurance in amounts acceptable to the NFCSD. All policies shall name the NFCSD as additional party insured.

_____

(Consultant's Signature)

Consultant's SS Number or Vendor's Tax ID#　　　_____

Date: _____

This Contract will be effective only upon the approval of the Superintendent and Board President.

NFCSD Approval**:** 　　　**(Attorney: initial _____)**

_____　　　_____

Superintendent of Schools　　　　　　　　　　　Date

_____　　　_____

Board of Education President　　　　　　　　　Date

_____　　　_____

Purchasing Agent　　　　　　　　　　　　　　　Date