

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 *Amount of* *Frequency*
Payments: _____ Payment: \$ _____ 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