

Originator: _____ Budget Code: _____

Administrator: _____

District Grant Administrator / Deputy Superintendent _____

**Niagara Falls City School District
630 66th Street, Niagara Falls, New York 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.)

Name of Consultant _____

Address of Consultant _____

Telephone of Consultant Business: Home:

Please provide a brief resume of your professional background relevant to the workshop/course/seminar/presentation being offered.

Location of workshop/course/seminar/presentation:
_____ Building, Niagara Falls, NY 1430____.

Equipment/Supplies needed and to be provided by the NFCSD

The Consultant 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 _____

(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: _____