

Originator: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Administrator: \_\_\_\_\_  
Grant Administrator/Superintendent: \_\_\_\_\_

**Niagara Falls City School District**  
**630 66<sup>th</sup> 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.)**

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

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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

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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