

Professional Services Contract/Agreement

Between

	(Name of Individual/Organization)						
	Fees: The fees and/or expected payment schedule for this service is \$ (hour/day).						
	a. This Agreement is subject to the terms and provisions of the Kansas Cash Basis Law K.S.A. 10-1101 Specifically, the client is obligated only to pay periodic payments or monthly installments under the Agreement as may lawfully be made from funds budgeted and made available from any lawfully operated revenue producing source.						
•	Term : This Agreement shall commence and become effective (mm/dd/yyyy and when it is accepted and approved by either the Chief Financial Officer or the Superintendent of Schools, and shall end on (mm/dd/yyyy). The term of the Agreement may be terminated before the expiration date pursuant to paragraphs 7 or 8. Renewal of the contract is based or both parties and should be done annually.						
	Locations : Please list other schools you are working within the district:						

Please Route ALL Contracts to Dr. Kelli Mather's Office for Council Approval.

Approved:		_
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4.	accomplished throughout the service and how is it connected to the School Improvement Plan (IIP)?				
	a. Goal 1:				
	b. Goal 2:				
	a. Outcome(s) or the "How" you will accomplish the Goals set forth:				
5.	Vendor's Responsibility : Please describe the responsibilities of the vendor throughout the term of the services:				
6.	District Responsibility : Please describe the responsibilities of the District throughout the term of the services:				
7.	Termination for Convenience : Either party shall have the right to terminate this Agreement for its convenience upon sixty (60) calendar days advance written notice. Termination under this Section is without liability except for undisputed payment obligations for Services performed prior to the date of termination				
8.	Termination for Cause : Either party may terminate this Agreement upon thirty (30) calendar days written notice if the other party materially breaches this Agreement and fails to cure the breach within the 30 day notice period.				
9.	Non-Discrimination: the parties agree that they shall not discriminate against anyone on the basis of				

race, age, gender, national origin, religion, or disability with respect to the obligations under this

Agreement.

	mail postage prepaid, or (iii) sent by overnig	ht delivery service, to:	delivery service, to:			
	Kansas City Kansas Public Schools / USD 500 ATTN: Dr. Kelli Mather, CFO 2010 North 59th Street, 3 rd Floor Kansas City, Kansas 66104					
11.	All notices sent to professional services confirst class mail postage prepaid, or (iii) sent	ntractor must be in writing and (i) hand delivered, (ii) soy overnight delivery service, to:	sent by			
-		_				
<u>-</u>		_				
IN W	VITNESS WHEREOF, the Parties hereto have	executed this Agreement.				
SIGN	NED:					
		KANSAS CITY KANSAS PUBLIC SCHOOLS/	USD			
	(CONSULTANT)					
BY:		BY:				
NAI	ME:	NAME:				
TITL		TITLE:				
DAT		DATE:				

10. Notice: All notices sent to USD No. 500 must be in writing and (i) hand delivered, (ii) sent by first class

CONSULTANT AND PROFESSIONAL SERVICES CONTRACT

<u>Consultant</u> Company Name:				School District Kansas City Kansas P	Public Schools	
Consultant Name:				2010 N. 59 th Street		
City Chata Tim				Kansas City, KS 66104		
Federal Tax ID or SSN:				District Representative Overseeing Work:		
Telephone Number:			_			
W9 on File at KCKPS?		Yes / No				
Briefly describe services to b	pe performed (inclu	ding all dates of service):			
Rate: \$	per	Maxin	num billable amount for	r the services: \$		
	(Hour, Da	ay, etc)				
Independent Consultant conduct their businesses in compliance with the International initialing the appropriate constitution of the constitution	a manner consister al Revenue Code. N	nt with an employer/em	ployee relationship. Th	e answers to the follow	ing questions will ass	ist in determining
					Yes	No
1. I am an employee of		st training before some	noncina world			-
	-	ct training before comr ne work of other District	-			
		hen, where, and how the				
		meeting the scope of t				
6. The scope of work is	not for a definite pe	eriod of time?				
7. Is the work to be per						
		me worked (versus fixe				
		enses related to the job ols and equipment used				-
			equipment relative to t	the contact?		
			nal year working on Dist			
			or to completion of the			
	•	terhead and have my o				
		ds of accomplishing th				
		nct from that of the sch				
	-	ar component of the so ls, tools and place to do				
19. I do not have to have			Tile Work.			
		t depend on my own n	nanagement skill.			
21. I am not paid by the		,	3			
22. I have established an	account with the D	epartment of Revenue	or other agency that co	ollects taxes.		
23. I do not have any oth						
24. I have a W9 form on	file with the District	t at this time (if no, mus	st be submitted).			
To Be Completed at Time performed by myself (under	-		he answers listed above	e are a true and accurate	e reflection of the ser	vices to be
						_
Requester		Date	Budget Adn	ninistrator	Date	
Consultant		Date	Superintendent (if fee is gr	eater than %500 per day)	Date	
Budget Number:						
	Fund	Responsibility	Location	Function	Object	
Complete the informat	-	-	• •			
I certify that above ind	ividual performe	ed the duties as out	lined. Contract is a	uthorized for paym	ent. Is billing atta	ched? (Circle) Yes / No
Requester		Date	Budget Admini	strator	Date	
	a Ni saka				rc 101111	. D I
Purchase Order / Contra	ct Number:				[Send Original t	o Purcnasing]

Directions for Consultant and Professional Services

- **1.** Type or legibly print consultant information. The company name, address and federal identification or social security number will be used for IRS information reporting and **must** be supplied.
- 2. Indicate the District Representative who will be overseeing the work of the consultant.
- **3.** Briefly describe the services to be performed.
- 4. Identify the remuneration to be received by the consultant. There are three blanks available. The first two relate to work that is paid according to the actual time spent. If applicable, report the dollar amount and time period for the payment. The third blank is for a fixed dollar amount. If all three blanks are completed, the payment will be based upon the lower of actual time spent times the rate or the fixed maximum billing amount. Indicate N/A for any blank that is not applicable.
- 5. The "Independent Consultant Designation" section is used to comply with IRS guidelines relating to whether a person should be paid as an employee or a consultant. Appropriate determination cannot be made without answering these questions. You may need to confer with the consultant before answering the questions or send the form to them and ask that they complete this section.
 - When answering the question, please initial the appropriate "Yes/No" column. If the consultant is answering the question, please ask that they use their initials to record their answers. In the event the District is audited, follow up can be pursued with the appropriate person.
- 6. Note that an IRS form W9 must be on file with the District from the consultant before services are to be rendered. Copies of this form can be printed from the internet at www.kckps.org/purchasing.
- **7.** Signature lines are available for the requestor, budget administrator, consultant, and superintendent. The only signatures at the time of remittance are the budget administrators and the consultants.
 - For services having a dollar amount of \$500.00 or more per day or more, the superintendent of schools must approve. For services a dollar amount greater equal to or greater than \$20,000.00, the Board of Education must approve the contract. The form will be routed to the appropriate people after it is submitted to the Purchasing Department.
- **8.** Record the account number to be charged.
- **9.** Pages one of the form, with the original signatures, should be sent to the Purchasing Department when complete, including the purchase order number. A copy of the completed consultant form should be retained by the building or department originating the request. If information is incomplete, it will be returned requesting additional information be completed. No commitment should be made to the consultant until the purchase order is issued.
- **10.** When the consultant performs the service, the purchase order should be received on line and the invoice submitted to the Accounts Payable Department for payment.