

**UNION COUNTY PUBLIC SCHOOLS
400 NORTH CHURCH STREET
MONROE, NC 28112**

(Revised 1/1/14)

AN AGREEMENT FOR CONSULTANT AND/OR OTHER CONTRACT SERVICES FOR STAFF DEVELOPMENT

This agreement is entered into between the Union County Public Schools, hereinafter referred to as the Local Agency, and _____, hereinafter referred to as the Consultant, for the purpose of providing professional and related services for the period of _____, 20____.

I. The Local Agency agrees:

To make payment to the Consultant for professional and related services to include related travel within 30 days of completion of services.

Payable as follows: _____ payments @ \$_____ each.

or

Payable in lump sum of: \$_____

	Dates	Amount
#1		
#2		
#3		
#4		

Invoiced by consultant? Y / N

II. Consultant agrees:

A. To provide professional and related services as follows: _____

B. The payment of Federal and State income taxes and social security applicable to the compensation received is the responsibility of the Consultant. **If you do not live in North Carolina, 4% may be withheld for North Carolina taxes.**

C. To terms and conditions as provided.

III. Consultant Information:

For State Required Reporting, please complete the following;
MBE Status (Minority Business Enterprises) - Check all that apply.
 _____ Minority Owned _____ Women Owned _____ Disabled Owned _____ None
 _____ Black _____ Hispanic _____ Asian American _____ American Indian

Please attach completed W-9 (*can be found at www.irs.gov*) COI (Certificate of Insurance)

Consultant Signature	Date	Social Security #/Tax ID #
Street Address	City/State	Zip Code

Office Use Only:

Vendor Name: _____ Vendor #: _____

Budget Code: _____

School/Department Requesting Consultant Services

This agreement authorized by: _____
Principal/Director Signature *Date*

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET & FISCAL CONTROL ACT.

Accounts Payable Use Only:

 Finance Officer/Designee Date

Check# _____
 Check Date _____
 Amount _____