

Consultant Contract

Nyack UFSD • 13A Dickinson Avenue • Nyack, NY • 10960

PND # _____

Account code: _____

Consultant Agreement/Other Services: _____

Name of Consultant: _____ Phone Number: _____

Address: _____

Type(s) Service: _____

Scope and Description of Services: _____

Date(s): _____ Total Fee: _____

Contractor/vendor agrees to provide _____ services as an independent contractor and to provide Nyack UFSD with the material and services requested above. Contractor/vendor further agrees to defend, indemnify and hold harmless Nyack UFSD from and against any and all liability, loss, damage, claim or action (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of operations performed or services provided by the contractor/vendor under this contract.

The District reserves the right to require any or all of: W9 form, Worker's Compensation, Liability Insurance Certificate and Endorsements, and other documents as may be appropriate. The District reserves the right to terminate this agreement at any time.

Payment: Payments will be made in accordance with the District's accounting schedule which can be found at www.nyackschools.org (under Business Department) for services satisfactorily rendered pursuant to this agreement. No pre-payments will be made. Consultant must submit an itemized invoice upon completion of service.

Contractor/Vendor: _____ SS#/Federal Tax ID #: _____ Date: _____
(Signature)

Contract Administrator: _____ Date: _____
(Signature)

Contract Approval: Dr. James Montesano _____ Date: _____
Superintendent of Schools or Designee

Purchasing Agent Approval: Carleen Millsaps _____ Date: _____
Deputy Superintendent