



PTA FORM #1: PTA CONSULTING FORMS COVER SHEET
For PTA-Sponsored On-Site School Visits and Presentations
*Members of the Council of Greenwich Parent and Teacher Associations
Greenwich Public Schools*

DETAILS:

LOCATION / SCHOOL NAME

CONSULTANT / COMPANY NAME

DATE OF EVENT / VISIT

CONSULTANT PHONE NUMBER

NOTES / COMMENTS

CONSULTANT EMAIL

REQUIRED FORMS ATTACHED:

- PTA STANDARD CONSULTING AGREEMENT IS ATTACHED**
(Each school must complete a consulting agreement with each vendor, however, the agreement can list multiple dates.)
- W9 FORM IS ATTACHED**
- ACORD CERTIFICATE OF INSURANCE IS ATTACHED**

If you receive an ACORD but it does not show Auto Liability coverage, the vendor must submit a copy of his or her auto insurance card. If the ACORD does not show Workers Comp Liability coverage, then the vendor must notarize and submit the "PTA Workers' Compensation Release Form." If there is no ACORD form submitted at all, you must get both these items:

- COPY OF CONSULTANT'S PERSONAL AUTO INSURANCE CARD IS ATTACHED.**
Only needs to be submitted once per vendor. Check for expiration date. (Not required if ACORD form documents Auto Liability coverage. Not required if consultant is not arriving by car.)
- NOTARIZED WORKERS COMPENSATION RELEASE FORM IS ATTACHED.**
Only needs to be submitted once per vendor, per school year. Form is valid at all Greenwich Public Schools. If you are not attaching the original, attach a copy but note where the original is on file.

LOCATION of ORIGINAL WORKERS COMP FORM

APPROVALS:

PTA SIGNATURE

DATE

PRINCIPAL SIGNATURE

DATE

****ALL FORMS MUST BE SUBMITTED THREE (3) WEEKS PRIOR TO THE
EVENT AND COMPLETED FORMS MUST BE FILED WITH THE BOE
PURCHASING DEPARTMENT AND THE SCHOOL PRINCIPAL****



PTA FORM #2: PTA STANDARD CONSULTING AGREEMENT
For PTA-Sponsored On-Site School Visits and Presentations
*Members of the Council of Greenwich Parent and Teacher Associations
Greenwich Public Schools*

RETAINED CONTRACTOR: _____ **RETAINED BY:** _____

CONTRACTOR NAME

PTA REPRESENTATIVE NAME

COMPANY NAME

LOCATION / SCHOOL NAME

COMPANY ADDRESS

LOCATION / SCHOOL ADDRESS

TOTAL FEE

FEE PAYMENT SCHEDULE

PROGRAM START DATE

PROGRAM END DATE

ASSIGNMENT (PURPOSE AND OBJECTIVE): _____

APPROVALS: _____

CONTRACTOR SIGNATURE DATE

PTA SIGNATURE DATE

Each school must complete a consulting agreement with each vendor. But the agreement can list multiple dates and/or locations.



PTA FORM #3: WORKERS' COMP RELEASE FORM
For PTA-Sponsored On-Site School Visits and Presentations
Members of the Council of Greenwich Parent and Teacher Associations
Greenwich Public Schools

CONSULTANT SECTION:

DATE _____

I, _____, release Members of the Council of Greenwich Parent and Teacher
(PRINT NAME)

Associations and the Town of Greenwich / Greenwich Public Schools of any liability and/or responsibility and hold the Members of the Council of Greenwich Parent and Teacher Associations and the Town of Greenwich / Greenwich Public Schools harmless in the event that I am injured while working or volunteering under a Consulting Services Agreement for the Members of the Council of Greenwich Parent and Teacher Associations for the full term of this agreement during the 20 ____ - 20 ____ school year.

- I am a sole proprietor or single member LLC.
- I am an officer of a corporation, manager of an LLC, or member of a multiple member LLC and have elected to be excluded from coverage by filing form 6B with the State of Connecticut Workers' Compensation Commission.
- Other, explain: _____

CONSULTANT SIGNATURE
(Sign in presence of Notary Public.)

DATE

NOTARY PUBLIC SECTION:

_____ personally appeared before me on this
(PRINT NAME)

_____ day of _____ 20_____
(DATE) (MONTH) (YEAR)

NOTARY PUBLIC

My commission expires

- This original form must be on file with a member of a Greenwich Public Schools PTA. However, a copy may be submitted to a school if you note where the original is on file.
- Once this form is signed, it is valid for the entire school year for all schools in the Greenwich Public Schools District.

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ACORD		CERTIFICATE OF LIABILITY INSURANCE																			
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.																			
		INSUREERS AFFORDING COVERAGE																			
INSURED		INSURER A:																			
		INSURER B:																			
		INSURER C:																			
		INSURER D:																			
		INSURER E:																			
COVERAGES																					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																					
INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS																
	GENERAL LIABILITY COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000.00 PRODUCTS-COMP/OP AGG																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTO: <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.00 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY-EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG																
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$500,000,000.00 AGGREGATE																
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<table style="width:100%; border: none;"> <tr> <td style="width: 10%; border: none;">W/C STATUS:</td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;">OCCUR</td> <td style="width: 10%; border: none;"> </td> </tr> <tr> <td colspan="4" style="border: none;">E.L. EACH ACCIDENT \$500,000.00</td> </tr> <tr> <td colspan="4" style="border: none;">E.L. DISEASE-EA EMPLOYEE</td> </tr> <tr> <td colspan="4" style="border: none;">E.L. DISEASE - POLICY LIMIT</td> </tr> </table>	W/C STATUS:		OCCUR		E.L. EACH ACCIDENT \$500,000.00				E.L. DISEASE-EA EMPLOYEE				E.L. DISEASE - POLICY LIMIT			
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E.L. DISEASE-EA EMPLOYEE																					
E.L. DISEASE - POLICY LIMIT																					
	Professional Liability																				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS																					
Members of the Council of Greenwich Parent and Teacher Associations, The Town of Greenwich/Greenwich Public Schools are named as additional insured for all work performed during the 20XX/20XX school year.																					
CERTIFICATE HOLDER		<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _		CANCELLATION																	
Certificate Holder: Members of the Council of Greenwich Parent and Teacher Association *THEIR ADDRESS*		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS																			
		AUTHORIZED REPRESENTATIVE																			



PTA FORM #4: FIELD TRIP FORM
for PTA-Sponsored Elementary School Field Trips
*Members of the Council of Greenwich Parent and Teacher Associations
Greenwich Public Schools*

- Confirm with school Admin. Asst. that contractor/vendor is in the Town Munis system before booking.
- Submit (with check) to school Admin. Asst. at least one month prior to Field Trip date.
- School Admin. Asst. to submit to GPS Business Office 3 weeks prior to Field Trip date (or sooner if vendor requires advance payment).
- Only a GPS Business Office Purchase Order will guarantee reservation of buses (confirmation sent by bus co. will not).
- Only use buses under contract with GPS Business Office (STA or J&R), or by Business Office approval.
- School Principal must approve all out-of-state Field Trips with Superintendent in advance.
- Do not pay buses or contractor/vendor directly. Make check payable to "Greenwich Public Schools."

DETAILS SUBMIT ALL PAPERWORK WITH CHECK AT LEAST ONE MONTH PRIOR TO TRIP DATE

SCHOOL _____	TRIP DATE(S) _____	NO. OF STUDENTS _____	GRADE/TEACHER _____
SUBMISSION DATE _____	TRIP DESTINATION _____	NO. OF CHAPERONES (including teachers) _____	NO. OF BUSES _____

DEPOSIT MAKE CHECK PAYABLE TO "GREENWICH PUBLIC SCHOOLS"

CHECK AMOUNT _____ CHECK # _____ ADVANCE PAYMENT AMOUNT(S) _____
(if required by contractor/vendor)

IS THIS TRIP FULLY FUNDED BY THE PTA?
 YES NO If NO, provide account # for BOE portion: _____
 If NO, provide \$ amount for BOE portion: _____

Check One: COUNTS TOWARDS GIFT CAP PASS THROUGH ONLY

DISBURSEMENT

VENDOR #1 NAME _____ AMOUNT TO BE PAID TO THIS VENDOR _____ IS THIS CONTRACTOR/VENDOR IN MUNIS? <input type="checkbox"/> YES <input type="checkbox"/> NO* Contractor/Vendor MUNIS # _____ *IF NO, ATTACH CONTRACTOR'S/VENDOR'S: <input type="checkbox"/> W-9 and <input type="checkbox"/> INSURANCE LIABILITY CERTIFICATE <input type="checkbox"/> ADVANCE PAYMENT is required (and is included in check) ADVANCE PAYMENT AMOUNT _____ ADVANCE PAYMENT DUE DATE _____	VENDOR #2 NAME _____ AMOUNT TO BE PAID TO THIS VENDOR _____ IS THIS CONTRACTOR/VENDOR IN MUNIS? <input type="checkbox"/> YES <input type="checkbox"/> NO* Contractor/Vendor MUNIS # _____ *IF NO, ATTACH CONTRACTOR'S/VENDOR'S: <input type="checkbox"/> W-9 and <input type="checkbox"/> INSURANCE LIABILITY CERTIFICATE <input type="checkbox"/> ADVANCE PAYMENT is required (and is included in check) ADVANCE PAYMENT AMOUNT _____ ADVANCE PAYMENT DUE DATE _____
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APPROVALS SIGN AND DATE

PTA SIGNATORY _____	PURCHASING _____
DATE _____	DATE _____
PRINCIPAL _____	BUSINESS OFFICE _____
DATE _____	DATE _____

ATTACHMENTS ATTACH BUS CONFIRMATION, VENDOR CONTRACT, and VENDOR INVOICE (noting any deposit required)