

LAKE WORTH INDEPENDENT SCHOOL DISTRICT  
6805 TELEPHONE RD  
LAKE WORTH, TEXAS 76135



## *Professional Services (Consultant) Contract Transmittal Form*

*Please attach this form to your proposed contract when you submit it for approval.*

<b>Lake Worth I.S.D.:</b>	<b>CONTRACTING PARTY:</b>
Contact Person:	Organization:
Department:	Contact Person:
Phone No. or ext:	Address:
	Phone No.:
<b>PROPOSED AGENDA SUBMISSION DATE:</b> (if applicable for Board approval) _____ N/A	
Have you reviewed the LWISD Travel Expense Guidelines for Consultant Services so the consultant is aware of any reimbursement limitations and requirements and the method for submitting appropriate receipts and forms?	<b>Yes</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Have you discussed personnel and insurance liability issues (i.e., substitutes, new employees, insurance policies, etc.) with the Executive Director of Business Services?	<b>Yes</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Do you have an existing budget code to pay this cost? <i>Questions have been discussed with the Business Manager or the Executive Director of Business Services.</i> Budget Code:	<b>Yes</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Have you discussed any campus and/or building requirements (i.e., heating/air conditioning, building open on non-work day or after hours, food service requirements, security, installation of circuits, technology needs, etc.) with appropriate department:	<b>Yes</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>REVIEWED AND/OR APPROVED:</b>	
1. Operations/Program/Technology Director:	_____ Date: <u>    </u> N/A
2. Executive Director of Student Services:	_____ Date: <u>    </u> N/A
3. Executive Director of Teaching/Learning:	_____ Date: <u>    </u> N/A
4. Executive Director of Business Services:	_____ Date: _____
5. Superintendent (if applicable):	_____ Date: <u>    </u> N/A

# LAKE WORTH INDEPENDENT SCHOOL DISTRICT

## CONSULTANT SERVICE CONTRACT

The Lake Worth Independent School District, hereinafter referred to as "District," and independent contractor, \_\_\_\_\_, hereinafter referred to as "Consultant," enter into a contract on this the \_\_\_ day of \_\_\_\_\_ for the provision of consultant services.

1. District agrees to engage Consultant, and Consultant agrees to perform personally, in a manner satisfactory to District, the following services:

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*(Describe the services to be performed in this space including the days/hours to be worked, the service to be performed and any other specific requirements of the engagement.)*

2. Unless discontinued earlier by District, the services are to be performed at the following times and places:

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*(Describe the days/hours to be worked and the location where the work will take place.)*

District agrees to pay Consultant a fee of \$ \_\_\_\_\_ per hour, per day, or flat fee [*circle one*] for a total fee not to exceed \$ \_\_\_\_\_, as compensation for services rendered, plus allowance expenses for transportation, lodging, meals, and materials, upon submission of appropriate receipts for such expenses. **All reimbursements for expenses associated with consultant services shall be made in accordance with the LWISD TRAVEL EXPENSE GUIDELINES FOR CONSULTANT SERVICES. Consultant shall not be paid in advance.**

This agreement shall be in effect from \_\_\_\_\_ to \_\_\_\_\_, unless terminated by either party at any time, with or without cause. In the event of termination by District or Consultant prior to completion of the contract, compensation shall be prorated on the basis of hours actually worked, and Consultant shall only be entitled to receive just and equitable compensation for any satisfactory work completed and expenses incurred up to the date of termination.

Consultant may not assign this contract to a third party without the written consent of the District. Consultant must conduct a criminal background check, at the Consultant's expense, of all employees employed under this contract, except District employees.

Consultant is not an employee of District, and is not entitled to fringe benefits, pension, workers compensation, retirement, etc. District shall not deduct Federal income taxes, FICA (Social Security), or any other taxes required to be deducted by an employer, as this is the responsibility of Consultant.

Consultant agrees to hold District harmless from any and all liability incurred by District by reason of Consultant's negligence or breach of contract, including, without limitation, damages of every kind and nature, out-of-pocket costs, and legal expenses.

IN WITNESS WHEREOF, Lake Worth Independent School District and Consultant have executed this contract, effective the date first herein written.

LAKE WORTH INDEPENDENT SCHOOL DISTRICT

By: \_\_\_\_\_  
*Superintendent or designee*

Date: \_\_\_\_\_

CONSULTANT --

By: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security/Federal Tax ID Number: \_\_\_\_\_

Signature of LWISD Staff Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**LAKE WORTH INDEPENDENT SCHOOL DISTRICT**

**CONSULTANT INVOICE FOR FEES AND EXPENSES**

Name:		Date:	
Address:			
City/State/Zip:			

**FEES:**

\_\_\_\_\_ days @ \$ \_\_\_\_\_ per day ..... \$ \_\_\_\_\_

\_\_\_\_\_ hours @ \$ \_\_\_\_\_ per day ..... \$ \_\_\_\_\_

Private conveyance: \_\_\_\_\_ miles not to exceed state rate per mile \$ \_\_\_\_\_

Plane, bus, train ..... \$ \_\_\_\_\_

Taxi ..... \$ \_\_\_\_\_

Lodging ..... \$ \_\_\_\_\_

Meals (not to exceed \$46.00 per day) ..... \$ \_\_\_\_\_

Materials, if applicable ..... \$ \_\_\_\_\_

**TOTAL DUE** ..... \$ \_\_\_\_\_

*Original receipts are required and must be attached to document all expenditures listed above.*

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Social Security/Federal Tax ID Number

\_\_\_\_\_  
Signature of Contact Person Requesting  
Consultant Services

\_\_\_\_\_  
Date

# LWISD Travel Expense Guidelines For Consultant Services

The Lake Worth Independent School District **will not pay for preparation days or times.** Consultant charges shall be for time actually spent in the District performing the service agreed to in the contract; except, however, District employees providing consultant services may be eligible to receive compensation for preparation time if previously approved.

The District shall reimburse travel expenses per the following guidelines if agreed upon in contract:

1. **MILEAGE** – \_\_\_ or not to exceed state rate per mile. Reimbursement is based on Google Maps if a personal automobile is used.
2. **AIR TRAVEL** - Reimbursed at coach fare rates only.
3. **MEALS** - Reimbursement may be claimed for a maximum of \$46 per day. Receipts are required for reimbursement of meal expenditures for the consultant only.
4. **GRATUITIES** - Reimbursed at a maximum of 15% for meals if using 199 funds.
5. **PHONE CALLS** - No reimbursement allowed (local or long distance).
6. **HOTEL ACCOMMODATIONS** - Reimbursed at a single room rate in a moderately priced hotel.
7. **CAR RENTAL** - No reimbursement allowed. Taxi fare shall be allowed to and from the airport, the hotel, and the service site (receipts are required).
8. **ALCOHOLIC BEVERAGES** - No reimbursement allowed.
9. **OTHER EXPENSES** - Expenses which are considered reasonable and necessary shall be reimbursed upon presentation of proper documentation. These expenses may not include items for personal convenience such as valet service and other personal hotel expenses. Documentation of parking and taxi expenses is required.
10. **DIRECT BILLING** - Direct bills shall not be accepted.

The District reserves the right to reject any reimbursement claim that it deems not reasonable and/or unnecessary. **Original (detailed) receipts must be submitted in order to be eligible for reimbursement.**

Travel expense claims must be submitted to the designated LWISD staff person on a *Consultant Invoice for Fees and Expenses* worksheet with original receipts as required.

**LAKE WORTH INDEPENDENT SCHOOL DISTRICT**

***Consultant Evaluation***

Name of Consultant: \_\_\_\_\_

School/Department Contracting the Services: \_\_\_\_\_ Dates: \_\_\_\_\_

Description of Services Rendered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mark the point on the scale which best describes the services rendered:

A. Presentation relevant to purpose  
1 2 3 4 5  
*Not Relevant* *Very Relevant*

B. Effectiveness  
1 2 3 4 5  
*Not Relevant* *Very Relevant*

C. Evidence of Preparation  
1 2 3 4 5  
*Not Prepared* *Well Prepared*

D. Amount of Interaction (in relation to the type of service)  
1 2 3 4 5  
*Low* *High*

E. Reception by Participants  
1 2 3 4 5  
*Not Well Received* *Very Well Received*

Staff member comments: \_\_\_\_\_

\_\_\_\_\_

LWISD Staff Contact Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*File this with copy of consultant contract.*