



INDEPENDENT CONSULTANT AGREEMENT

This agreement is between the Public Schools of the Tarrytowns, located at 200 North Broadway, Sleepy Hollow, NY 10591 (hereinafter referred to as "TARRYTOWN UFSD") and _____ (hereinafter referred to as the "CONSULTANT").

WHEREAS, TARRYTOWN UFSD has sought professional services in accordance with the provisions of 104-b of the New York State General Municipal Law, and

WHEREAS, TARRYTOWN UFSD has need of the professional services of an individual or organization with particular training, ability, knowledge, experience, and/or expertise, it is agreed that:

1. TARRYTOWN UFSD will pay the CONSULTANT according to the following rate schedule

a. Daily Rate \$ _____ # of Days Contracted: _____ Total: \$ _____

OR

b. Hourly Rate \$ _____ # of Hours Contracted: _____ Total: \$ _____

OR

c. Task Rate \$ _____ Tasks: _____ Total: \$ _____

OR

d. Blended Rate \$ _____/Day # of Days Contracted: _____ Total: \$ _____

\$ _____/Hour # of Hours Contracted: _____ Total: \$ _____

\$ _____/Task Tasks: _____ Total: \$ _____

Blended Rate Contract Total will not exceed \$ _____ for the fiscal year as determined by signed district requests.

The above rate is for the following services:

Services To Be Provided: _____

Location: _____

Dates: _____

2. The category of expense subject to reimbursement shall be determined on a mutual basis between TARRYTOWN UFSD and the CONSULTANT. Supporting documentation including itemized receipts must be attached to all invoices submitted for expense reimbursement.



Public Schools of the Tarrytowns

Assistant Superintendent of Business, 200 North Broadway, Sleepy Hollow, New York 10591

\$ _____ Amount or Maximum Allowance for: Travel \$ _____ Materials \$ _____

3. The CONSULTANT is retained only for the purpose and to the extent set forth in this agreement. This agreement will begin _____ and ends on _____ unless otherwise specified.
4. The CONSULTANT is solely responsible for the payment of state and federal income taxes applicable to payments received under this agreement. TARRYTOWN UFSD will report payments made as a result of this agreement on the appropriate form(s) for income tax purposes.
5. The CONSULTANT shall not be entitled to health insurance, workers' compensation insurance, unemployment insurance, disability insurance, or any other benefits.
6. The CONSULTANT shall carry Commercial General Liability Insurance in the minimum amount of one million dollars (\$1,000,000.00) covering all of the activities related to this agreement. The Certificate of Insurance must be provided to TARRYTOWN UFSD as evidence of the required coverage prior to commencing services pursuant to this agreement. Requests to waive these insurance requirement must be approved by the Superintendent.
7. The CONSULTANT will provide TARRYTOWN UFSD with all payment information, all applicable invoices and reimbursement requests including all original receipts within 30 days of providing the service or incurring the expense. All invoices must coincide with the rate schedule listed above.
8. This agreement may be terminated by either party at any time upon two (2) weeks' written notice prior to the start of service.

Public Schools of the Tarrytowns offers equal educational and employment opportunities without regard to age, religion, race, creed, color, national origin, sex, disability, marital status, military status, sexual orientation, gender identity, predisposing genetic characteristics, domestic violence victim status, or criminal history as defined by New York State Human Rights Law. The District prohibits discrimination and harassment of students on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation or gender (including gender identity and expression) as defined in the New York State Dignity for All Students Act. Inquiries regarding the Public Schools of the Tarrytowns' nondiscrimination policies may be directed to the District Clerk, 200 North Broadway, Sleepy Hollow, NY 10591, Telephone: (914) 631-9404. The District Clerk will provide information, including policies and complaint procedures to any citizen, student or employee who feels that s/he or her/his rights under Title VI, VII, IX/EEO, Section 504/Americans with Disabilities Act (ADA) have been violated by the District or it's officials. All complaints are sent to Ms. Rebecca Lloyd, Director of Personnel, who will route the complaint to the appropriate compliance officer. Her office is located at 200 North Broadway, Sleepy Hollow, NY 10591, Telephone: (914) 333-5994.

CONSULTANT

Signature: _____

Date: _____

Print Name: _____

SS# / Tax ID: _____

Company: _____

Insurance Waiver Request: ☐ Yes ☐ No

Mailing Address: _____

Home Phone: _____

Email: _____

Work Phone: _____

Mobile Phone: _____

PUBLIC SCHOOLS OF THE TARRYTOWNS

Completed by: _____

Date: _____

Administrator: _____

Asst. Supt for Business: _____

Waiver Approval:
(if applicable)

☐ Yes ☐ No

Budget Code: _____

Superintendent: _____