

CONTRACT REQUIREMENTS FOR CONSULTING AGREEMENTS for TITLE I, II, OR IV

Name of the individual/company providing service

Has this person/company done business with School District 11?

If **NO** we need a Tax ID *or* Social Security #

If **NO** the individual/company will need to complete a substitute W9 form

W9 Form Attached

Requesting School/Dept

Location this will take place?

Beginning Date

End Date

of days

estimated # of hours

of participants

Intended Audience

How will this service be provided?

What is the need for this consultant to come to D11?

Describe in detail what the consultant will be covering in the presentation.

Attach an agenda if available

Goals to be accomplished

Are supplies and materials included in the contract?

If **NO** please list supplies that will be purchased with Title I funds and **attach** a requisition form. *If not using Title I funds -N/A*

What equipment will the presenter need in order to perform their given task.

PAYMENT INFORMATION (choose one)

Hourly Rate	<input type="text"/>	estimated # hours per day	<input type="text"/>	# of days	<input type="text"/>	TOTAL	<input type="text"/>
Daily Rate	<input type="text"/>	# of days	<input type="text"/>			TOTAL	<input type="text"/>

OTHER EXPENSES

Hotel	<input type="text"/>	# of days	<input type="text"/>	TOTAL	<input type="text"/>
Meals	<input type="text"/>	# of days	<input type="text"/>	TOTAL	<input type="text"/>
Car rental	<input type="text"/>	# of days	<input type="text"/>	TOTAL	<input type="text"/>
Airport Parking	<input type="text"/>	# of days	<input type="text"/>	TOTAL	<input type="text"/>
Ground Transport	<input type="text"/>	# of days	<input type="text"/>	TOTAL	<input type="text"/>
Estimated TOTAL Cost					<input type="text"/>
<i>minus Title I supplies and materials expense</i>					<input type="text"/>

After services have been provided, send an **itemized invoice** from the individual/company to the Title I office so payment can be processed. For services covering multiple months, send monthly invoices.

Name of School Contact	<input type="text"/>	Phone #	<input type="text"/>
Title of Contact Person	<input type="text"/>	Email	<input type="text"/>

Title I Office Only

ACCOUNT NUMBER	<input type="text"/>
Contract not to exceed	<input type="text"/>

 Tamara Forrest - Director Title I Date

 Business Manager Date