DARLINGTON COUNTY SCHOOL DISTRICT
STAFF DEVELOPMENT/TRAINING/EDUCATION PROVIDER CONTRACT

TO AUTHENTICATE ORIGINALITY – PLEASE USE ONLY BLUE INK

Name of Person/Company or Organization (Note: Retired Educators With SC Retirement Are Required To Complete a Part Time Packet Via DCSD Human Resources Dept. and Will Be Paid Through Payroll)	
Mailing Address	
Social Security or Federal ID#	
Title of Workshop or Inservice	
Who Will Be Attending Workshop (Target Audience)	
How Many People Are You Planning to Attend?	
Give the Date(s) of the Workshop or Inservice	
Is There a Specified Time for this Workshop or Inservice?	

Consultant Fee Rate is by: Day @ $_____ per day x _____ Days = $_____

Hour @ $_____ per hour x _____ Hours = $_____

Anticipated Expenses not included in Consultant Fee – list and explain. ***All expenses that are requested to be reimbursed require original itemized receipts be attached to this contract at time of submission for approval for payment.***

_____ $_____

_____ $_____

_____ $_____

TOTAL COST OF CONTRACT INCLUDING ANTICIPATED EXPENSES DESCRIBED ABOVE BUT NOT TO EXCEED $_____

This is a contract which requires the delivery of described services by the person or company listed above to the Darlington County School District.

In order for this to be recognized as a valid and binding contract by the Darlington County School District:

1. This form must be completed to include all information requested and the signature of the educational provider listed above, the signature of the Assistant Superintendent for Curriculum and Instruction, and the signature of the District Superintendent. These signatures are required to be in place and dated before the beginning of the services described above.
2. The person/company listed above must be an active vendor in the vendor files for DCSD with a current W-9 on file prior to the date of delivery of service represented by this contract.

All state and federal taxes are the responsibility of the vendor. In the case of an individual person as the vendor using a social security number and not a federal identification number, the DCSC will issue a Federal 1099 at the end of the calendar year for services amounting to more than $600 for the year.

Signature of Contract Provider _____ Date _____

*REQUIRED: Account Number _____ Vendor # _____

Signature of Principal/Administrator _____ Date _____

_____ _____

Signature Asst. Supt. Curriculum & Instruction Date Signature Superintendent Date

Complete Reverse Side for Payment of Contract

Revised 07/01/2015

APPROVAL FOR PAYMENT

To be submitted for payment only when completion of a portion or the whole contract is agreed upon by the contract provider and the principal/administrator.

REQUEST FOR PAYMENT – A timesheet may be substituted and attached for this portion of documentation but the approval portion below must be completed as approval for payment.

Consultant Fee:	Number of Days/Hours Completed	Fee Rate	Total Consultant Fee Requested
	_____	_____	_____

Expenses: Applicable Only if Listed on Contract		
_____	Total Expense Requested Original Itemized Receipt Attached	_____
_____	Total Expense Requested Original Itemized Receipt Attached	_____
_____	Total Expense Requested Original Itemized Receipt Attached	_____

Date:

Signature of Provider: _____

TOTAL REQUESTED FOR PAYMENT _____

I verify that the provider has completed the services represented in the request above including the documentation (if applicable) and approve for payment the following:

Approved for Payment $_____

Account Number _____

Vendor Number _____

Signature of Principal/Administrator _____ **Date** _____

Total Requested or Approved Cannot be More that the Sum Total of the Contract on Page 1

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Instruction Sheet

This form is a binding contract and is to be used whenever a person and/or persons not on payroll with the Darlington County School District or a professional company is being contracted to do staff development and/or training for teachers and staff within the DCSD. This training can be either at the district or school level. Persons/companies being paid using this contract will be paid by Accounts Payable and 1099 rules and regulations are required.

1. **This form is required to be completed and pre-approved prior to any work being done by the consultant/s within the district.**
    a. The front page of the form should be completed providing all information requested before submitting to the Assistant Superintendent of Curriculum and Instruction for approval. This includes the vendor number and a purchase services account number that the funding will come from to pay for the consultant and the consultant's signature.
    b. All signatures must be dated at the time of signing.
    c. Once the Asst. Superintendent of Curriculum and Instruction has reviewed and approved, she/he will send to the Superintendent for her/his approval.
    d. If the Superintendent approves the contract, it will be returned to the school/office.

2. **Approval for Payment should be done immediately upon completion of the staff development and/or training.**
    a. The reverse side of the contract should be completed appropriately.
    b. Please note this requires the signature of the consultant saying that the consultant is in agreement with what is being submitted for payment so you need to complete this prior to the consultant leaving the premises. This will also insure a timely completion of the payment process.
    c. If the services provided are one day or a series of days together in a row then you will complete the back of the original form including the principal or responsible administrator's signature giving approval to pay the consultant the amount listed on the information in the "Approval for Payment" section.
    d. If the services are over a span of time, the contract original should be photocopied and completed each time a portion has been completed making sure to note on the original contract the date and amount being paid for this individual portion. You will do this as many times as needed until the contract is completed. The final portion fulfilled on the contract will require that you complete the "approval for payment" section on the original contract and submit the original for the final payment on the contract.

- **The contract cannot be altered in any way without going back through the approval process to have the changes initialed by the educational provider, principal/administrator, the Asst. Superintendent for Curriculum and Instruction and the Superintendent. This process would have to be approved prior to services being provided.**

- **The total requested and approved for payment cannot be more than the sum total as stated on the front page of the contract.**