Consultant Contract

Nyack Union Free School District • 13A Dickinson Avenue•Nyack, •NY• 10960

PND # _____ **Account code: _____**

Name of Consultant:_____ Phone Number:_____

Address:_____

Type(s) Service:_____

Scope and Description of Services:_____

_____

_____

_____

Date(s):_____Total Fee:_____

Consultant agrees to provide the above-described services as an independent contractor and to provide Nyack UFSD with the material and services requested above. Consultant acknowledges and agrees that if Consultant will have direct contact with a student(s), Consultant must be cleared by NYSED to provide services in a school following the submission of fingerprints for a criminal background check. Consultant further agrees to defend, indemnify and hold harmless Nyack UFSD, its Board of Education and its employees from and against any and all liability, loss, damage, claim or action (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of operations performed or services provided by the Consultant under this contract.

If Consultant will receive personally identifiable student information, data or educational records or confidential APPR data concerning any teacher or principal of Nyack UFSD, the Consultant must agree to a Data Security and Privacy Plan that will be attached to this contract as an Addendum. Consultant also must sign and comply with Nyack UFSD's Insurance Agreement for Professional Consultants. Consultant agrees to provide certificates of insurance demonstrating compliance with the Insurance Agreement. Nyack UFSD reserves the right to require a W9 form and other documents as may be appropriate. Nyack UFSD reserves the right to terminate this contract at any time.

Payment: Consultant must submit an itemized invoice upon completion of service. Payments will be made in accordance with Nyack UFSD's accounting schedule which can be found at www.nyackschools.org (under Business Department) for services satisfactorily rendered pursuant to this contract. No pre-payments will be made.

Consultant: _____ **SS#/Federal Tax ID #:**_____**Date**: _____
(Signature)

Contract Administrator: _____**Date**:_____
(Signature)

Contract Approval: _____ **Date**: _____
Lizzette Ruiz-Giovinazzi, Superintendent of Schools or Designee

Purchasing Agent Approval: _____**Date**: _____
Enrique Catalan, Assistant Superintendent for Finance & Operations