

CONSULTANT AGREEMENT

I, _____, have been requested to serve as
CONSULTANT/TRAINER for the School Board of Broward County, Florida on

_____ Date(s), _____ Time(s) for _____ day(s) to perform the following services:

PROJECT/PROGRAM TITLE: _____

COMPONENT TITLE: _____

Develop New Program Deliver Program Evaluate Program Special Project

I understand that this agreement may be terminated if there is insufficient enrollment/attendance in the course assigned.

| | | | |
|---------------------|------------------|---------------------------------|------|
| | | | |
| Business Event Type | Business Event # | Signature of Consultant/Trainer | Date |

TO BE FILLED OUT BY CONSULTANT:
PRIVATE/NON-BROWARD COUNTY CONSULTANT /TRAINER

My DAILY FEE is \$ _____. My HONORARIUM total amount is \$ _____. My estimated expenses \$ _____

(*)Is Consultant or employee(s) of Consultant currently employed by SBBC? Yes No (Check appropriate box)
If Yes, provide complete name of employee and school or department where employee is employed. _____

Upon completion of these services, I will forward the necessary INVOICE and TRAVEL INVOICE and receipts (airline, hotel, airport parking, etc.) to verify actual expenditures.

Signature of Consultant/Trainer Social Security Number/EIN Home Telephone Fax Number Email Address

MAILING ADDRESS:

Street Apt. # City State Zip Code

REQUESTING ADMINISTRATOR _____ Position/Title _____

Department/School/Center _____ Telephone _____ Date _____

Request for CONSULTANT/TRAINER services is hereby approved in accordance with existing School Board policies. **Agreements valued at \$50,000 or higher require School Board Approval.**

Signature of Principal/Administrator Date

Senior Leadership Team Member Date

Signature of Superintendent Date

(* CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIP: In accordance with the State of Florida Statute 112.313 (7) (a), No public officer or employee of an agency shall have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of, or is doing business with, an agency of which he or she is an officer or employee, excluding those organizations and their officers who, when acting in their official capacity, enter into or negotiate a collective bargaining contract with the state or any municipality, county, or other political subdivision of the state; nor shall an officer or employee of an agency have or hold any employment or contractual relationship that will create or frequently recurring conflict between his or her private interests and the performance of his or her public duties or that would impede the full faithful discharge of his or her public duties.

EXPENSES WILL BE CHARGED AS FOLLOWS:

| Check Request No. | Gross Amount | G/L Account (8) Class +Obj+0's | Bus. Area (4) | Cost Center (10) BA+T+L+0 | Fund (4) | Internal Order (12) | WBS Element (16) | Grant (16) | Functional Area (16) Function +Activity+0's |
|-------------------|--------------|--------------------------------|---------------|---------------------------|----------|---------------------|------------------|--------------|---|
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Please retrieve the latest version of the W-9 form from the IRS website listed below:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

This form can be filled out online and printed for signature.

Also [Click Here](#) to Register in the new eProcure Online Supplier Portal