

REQUEST FOR CONSULTANT SERVICES

SYRACUSE CITY SCHOOL DISTRICT

NOTE: All Requests for Consultant Services that will result in the Consultant earning more than \$5,000 in a given year **must** have prior approval by the Board of Education **before** service commences. Consultants earning cumulative totals of \$5,000 or less must be reported to the Board of Education.

From (Requestor): _____

To (Chief): _____

Consultant's Name:	
Address:	
Email:	
Phone:	
W-9	*Must be attached for taxpayer identification number

Dates of Service	Description of Services to be Rendered per attached Consultant Agreement	Quantity	Unit Fee	Total Cost

Reason for using this specific Consultant: _____

To be paid from:

Fund Function Op Unit Account Dept Program Grant

APPROVED for Funding: (A Fund – Chief or F Fund – Director of Special Programs)

Signature

Date

*** Submit signed Attachment A&B, with C signed by Consultant and W-9 to Contract Clerk with **requisition** for BOE. If needed, attach the Pre-authorization for Funding of Travel or Purchased Service.

***The Requestor and Chief will be notified after Board of Education review. The Contract Clerk will obtain additional signatures on Attachment C and submit to Purchasing to have a PO created.

CONSULTANT AGREEMENT

THIS AGREEMENT is made and entered into this _____ day of _____ by and between the Syracuse City School District of Syracuse, New York, hereinafter referred to as the District and _____, hereinafter referred to as the contractor.

Witnesseth: That the contractor, for and in consideration for the sum of _____ dollars to be paid as hereinafter set forth, agrees to perform the following services: _____

The provision of service is to commence _____ and to be completed on or before _____ conditions permitting.

For and in consideration of the services to be performed by the contractor, the District agrees to pay said contractor the sum of _____ as follows: _____

This is the entire agreement of the parties hereto, and it is agreed that any additional charge will be considered only if it is beyond the scope of services herein detailed. Additionally, the parties agree that additional charges for services not herein detailed must be evidenced by a second agreement and supportation thereof.

The contractor has read School Services Division Bulletin No. 16 and understands that he/she is not an employee of the Syracuse City School District. The contractor also understands that he/she is fully responsible for filing the necessary self-employment quarterly tax payments in accordance with federal and state laws, and is fully responsible for insurance coverage such as workers compensation, disability, etc.

The contractor is hereby informed that he/she is not subject to the direction or control of the Syracuse City School District. The District does not issue instructions, set the hours of work, nor set the sequence or pattern of work. The contractor is free to follow their own schedule and their own method(s).

THE SYRACUSE CITY SCHOOL DISTRICT

CONTRACTOR/CONSULTANT

*Signature**

Signature

Title

Title

Date

Date

*Only the Chief Financial Officer or Superintendent are authorized to sign consultancy agreements on behalf of the District after review by the BOE.

Superintendent's Signature
(required if this consultancy is over \$5,000)

Date

*(To be submitted to Special Programs or Fiscal Services
by Consultant when work is completed and payment is to be claimed)*

Consultant's Name: _____

Dates	Description of Services	Quantity	Unit Price	Amount
TOTAL				

CLAIMANT'S CERTIFICATION:

I, _____ certify that the above account in the amount of \$ _____ is true and correct, and that the labor or services, merchandise, materials, articles, or disbursements charged were actually performed, delivered, or made on the dates stated for the CITY SCHOOL DISTRICT OF THE CITY OF SYRACUSE; THAT THE SUMS CHARGED THEREFORE ARE REASONABLE AND JUST; that no setoff exists; that no part has been paid or satisfied or claim assigned to other parties except such as are included or referred to in such account; THAT TAXES FROM WHICH THE SCHOOL DISTRICT IS EXEMPT ARE NOT INCLUDED; that the provisions of the New York State Labor Law have been complied with; and that the amount claimed is actually due.

Consultant's Signature

Date _____

Verified Services Rendered:

Signature of Administrator who Requested Services

Date

Approved for Payment:

A Fund – Chief F Fund – Director of Special Programs

Date

***** Submit approved Attachment D to Contract Clerk *****

Pre-Authorization for Funding of Travel or Purchased Services

(Please type or print clearly!)

Requestor's Name: _____

Building/Department: _____ Phone _____

Request Date: _____

Activity Name: _____

Activity Date(s): From _____ to _____

Funding Source or Grant Name:

Staff Travel: (Please include Excused Absence Form and applicable Purchase Requisitions.)

Location: _____ Person(s) Attending: _____

Activity Type: ☐ Conference ☐ Workshop ☐ In-District Mileage ☐ Site-Visit ☐ Meeting ☐ Other

Please check ☒ method of payment:

	Amount	Purchase Order		Reimbursement	Total
Registration	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Airfare/Train/Bus	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Mileage	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Lodging	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Meals	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Tolls	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Ground Transportation	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Parking	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____
Other: _____	\$ _____	<input type="checkbox"/>	or	<input type="checkbox"/>	\$ _____

Total Cost for Staff Travel Initiative: \$ _____

Student Travel: (Please include Field Trip Packet and applicable Purchase Requisitions.)

Location: _____ Transportation/Bus Costs: \$ _____

Purpose: _____ Admission/Site Rental Fee: \$ _____

Description of Students Attending: _____ Other Cost: \$ _____

_____ Other Cost: \$ _____

Total Cost for Student Travel Initiative: \$ _____

Purchased Services/Consultants: (Please include Consultancy Packet or Purchase Requisition.)

Activity Type: ☐ Consultancy ☐ Contract ☐ Site License ☐ Rental ☐ Performance ☐ Other

Service Provider Name(s): _____

Brief Description of Service: _____

Total Cost for Purchased Service/Consultancy: \$ _____

Signatures for Approval:

Building/Department Administrator: _____ Date: _____

Special Programs/General Fund Authorization: _____ Date: _____

Budget Number: _____ Initials: _____