



Professional Services Contract/Agreement

Between

Kansas City Kansas Public Schools, Unified School District No. 500 and

(Name of Individual/Organization)

1. **Fees:** The fees and/or expected payment schedule for this service is \$_____ (hour/day).
 - a. This Agreement is subject to the terms and provisions of the Kansas Cash Basis Law K.S.A. 10-1101. Specifically, the client is obligated only to pay periodic payments or monthly installments under the Agreement as may lawfully be made from funds budgeted and made available from any lawfully operated revenue producing source.

2. **Term:** This Agreement shall commence and become effective _____ (mm/dd/yyyy) and when it is accepted and approved by either the Chief Financial Officer or the Superintendent of Schools, and shall end on _____(mm/dd/yyyy). The term of the Agreement may be terminated before the expiration date pursuant to paragraphs 7 or 8. Renewal of the contract is based on both parties and should be done annually.

3. **Locations:** Please list other schools you are working within the district:

Please Route ALL Contracts to Dr. Kelli Mather's Office for Council Approval.

Approved: _____

4. **Services:** Provide explanation of services, including but not limited to specific goals that will be accomplished throughout the service and how is it connected to the School Improvement Plan (IIP)?
 - a. Goal 1:

 - b. Goal 2:
 - a. Outcome(s) or the "How" you will accomplish the Goals set forth:

5. **Vendor's Responsibility:** Please describe the responsibilities of the vendor throughout the term of the services:

6. **District Responsibility:** Please describe the responsibilities of the District throughout the term of the services:

7. **Termination for Convenience:** Either party shall have the right to terminate this Agreement for its convenience upon sixty (60) calendar days advance written notice. Termination under this Section is without liability except for undisputed payment obligations for Services performed prior to the date of termination

8. **Termination for Cause:** Either party may terminate this Agreement upon thirty (30) calendar days written notice if the other party materially breaches this Agreement and fails to cure the breach within the 30 day notice period.

9. **Non-Discrimination:** the parties agree that they shall not discriminate against anyone on the basis of race, age, gender, national origin, religion, or disability with respect to the obligations under this Agreement.

10. Notice: All notices sent to USD No. 500 must be in writing and (i) hand delivered, (ii) sent by first class mail postage prepaid, or (iii) sent by overnight delivery service, to:

Kansas City Kansas Public Schools / USD 500
ATTN: Dr. Kelli Mather, CFO
2010 North 59th Street, 3rd Floor
Kansas City, Kansas 66104

11. All notices sent to professional services contractor must be in writing and (i) hand delivered, (ii) sent by first class mail postage prepaid, or (iii) sent by overnight delivery service, to:

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement.

SIGNED:

**KANSAS CITY KANSAS PUBLIC SCHOOLS/USD
500**

(CONSULTANT)

BY: _____
NAME: _____
TITLE: _____
DATE _____

BY: _____
NAME: _____
TITLE: _____
DATE: _____

CONSULTANT AND PROFESSIONAL SERVICES CONTRACT

Consultant

Company Name: _____
 Consultant Name: _____
 Address: _____
 City, State, Zip _____
 Federal Tax ID or SSN: _____
 Telephone Number: _____
 W9 on File at KCKPS? _____ Yes / No
 Briefly describe services to be performed (including all dates of service): _____

School District

Kansas City Kansas Public Schools
 2010 N. 59th Street
 Kansas City, KS 66104
 District Representative Overseeing Work: _____

Rate: \$_____ per _____ (Hour, Day, etc...). Maximum billable amount for the services: \$_____

Independent Consultant Designation: Internal Revenue guidelines discourage consulting services agreements to individuals or organizations that conduct their businesses in a manner consistent with an employer/employee relationship. The answers to the following questions will assist in determining compliance with the Internal Revenue Code. NOTE: Not all answers must be "NO" to be considered an independent consultant. Indicate "Yes" or "No" by initialing the appropriate column.

	Yes	No
1. I am an employee of the District?	_____	_____
2. I am required to receive significant district training before commencing work?	_____	_____
3. My work is the same as/very similar to the work of other District employees?	_____	_____
4. The District has complete control over when, where, and how the work is performed?	_____	_____
5. The District has others who assist me in meeting the scope of their work?	_____	_____
6. The scope of work is not for a definite period of time?	_____	_____
7. Is the work to be performed on District property?	_____	_____
8. Is payment based upon the amount of time worked (versus fixed rate for the job)?	_____	_____
9. Is the District required to reimburse expenses related to the job?	_____	_____
10. Does the District provide most of the tools and equipment used by the consultant?	_____	_____
11. Does the consultant have a significant investment in facilities & equipment relative to the contact?	_____	_____
12. Does the consultant spend more than 75% of his/her professional year working on District projects?	_____	_____
13. Does the District have the right to discharge the consultant prior to completion of the scope of work?	_____	_____
14. I correspond and invoice on my own letterhead and have my own business card.	_____	_____
15. I have the right to the means and methods of accomplishing the result.	_____	_____
16. I am not engaged in an occupation distinct from that of the school district.	_____	_____
17. I am not engaged in work that is a regular component of the school district business.	_____	_____
18. I supply the facility, instruments, materials, tools and place to do the work.	_____	_____
19. I do not have to have a special skill to provide this service.	_____	_____
20. My opportunity to profit or loss does not depend on my own management skill.	_____	_____
21. I am not paid by the job.	_____	_____
22. I have established an account with the Department of Revenue or other agency that collects taxes.	_____	_____
23. I do not have any other customers for my services.	_____	_____
24. I have a W9 form on file with the District at this time (if no, must be submitted).	_____	_____

To Be Completed at Time of Request: I do declare and affirm that the answers listed above are a true and accurate reflection of the services to be performed by myself (under penalty of perjury).

Requester	Date	Budget Administrator	Date	
_____ Requester	_____ Date	_____ Superintendent (if fee is greater than %500 per day)	_____ Date	

Budget Number: _____

Fund	Responsibility	Location	Function	Object
_____	_____	_____	_____	_____

Complete the information below upon completion of the services (Copy-Purchasing Dept.).

I certify that above individual performed the duties as outlined. Contract is authorized for payment. Is billing attached? (Circle)
 Yes / No

Requester	Date	Budget Administrator	Date	
_____	_____	_____	_____	

Purchase Order / Contract Number: _____ [Send Original to Purchasing]

Directions for Consultant and Professional Services

1. Type or legibly print consultant information. The company name, address and federal identification or social security number will be used for IRS information reporting and **must** be supplied.
2. Indicate the District Representative who will be overseeing the work of the consultant.
3. Briefly describe the services to be performed.
4. Identify the remuneration to be received by the consultant. There are three blanks available. The first two relate to work that is paid according to the actual time spent. If applicable, report the dollar amount and time period for the payment. The third blank is for a fixed dollar amount. If all three blanks are completed, the payment will be based upon the lower of actual time spent times the rate or the fixed maximum billing amount. Indicate N/A for any blank that is not applicable.
5. The "Independent Consultant Designation" section is used to comply with IRS guidelines relating to whether a person should be paid as an employee or a consultant. Appropriate determination cannot be made without answering these questions. You may need to confer with the consultant before answering the questions or send the form to them and ask that they complete this section.

When answering the question, please initial the appropriate "Yes/No" column. If the consultant is answering the question, please ask that they use their initials to record their answers. In the event the District is audited, follow up can be pursued with the appropriate person.

6. Note that an IRS form W9 must be on file with the District from the consultant before services are to be rendered. Copies of this form can be printed from the internet at www.kckps.org/purchasing.
7. Signature lines are available for the requestor, budget administrator, consultant, and superintendent. The only signatures at the time of remittance are the budget administrators and the consultants.

For services having a dollar amount of \$500.00 or more per day or more, the superintendent of schools must approve. For services a dollar amount greater equal to or greater than \$20,000.00, the Board of Education must approve the contract. The form will be routed to the appropriate people after it is submitted to the Purchasing Department.

8. Record the account number to be charged.
9. Pages one of the form, with the original signatures, should be sent to the Purchasing Department when complete, including the purchase order number. A copy of the completed consultant form should be retained by the building or department originating the request. If information is incomplete, it will be returned requesting additional information be completed. No commitment should be made to the consultant until the purchase order is issued.
10. When the consultant performs the service, the purchase order should be received on line and the invoice submitted to the Accounts Payable Department for payment.