



Port Arthur Independent School District

CONSULTANT AGREEMENT FORM

THIS AGREEMENT, entered into this ____ the day of _____, 20____, by and between the Port Arthur Independent School District, hereinafter referred to as the "District", and _____, hereinafter referred to as the "Consultant", is as follows:

1. The Consultant shall, in a satisfactory and proper manner as determined by the District, perform the services shown in the Consultant proposal and attached as Exhibit A to this contract. All proposals shall state specific deliverables and timelines for performance.
2. The Consultant shall commence performance of the Agreement on the ____ day of _____, 20____, and shall complete performance to the satisfaction of the District no later than the ____ day of _____, 20____. If the Consultant firm does not perform to the satisfaction of the District, the District may terminate this agreement by providing written notice to the Consultant firm by first-class mail at the address shown below, or by oral notice.

Campus: _____		<u>FEES AND BUDGET</u>	
Consultant Fees			
	hours at	\$ _____ per hour	\$ _____
	days at	\$ _____ per day	\$ _____
Transportation <i>(Receipts Required)</i> <i>(Lesser of the State Rate or Board Policy for Mileage)</i>			\$ _____
Lodging <i>(Receipts Required)</i>			\$ _____
Meals <i>(Receipts Required)</i>			\$ _____
Miscellaneous <i>(List)</i>			\$ _____

TOTAL FEES			\$ _____

FUND	FUNC	OBJECT	SUB-OBJ	ORG	FISC	PROG	LOCAL OPT CODES 3,4,5	P.O. #:

NOTICE TO CONSULTANT: Any changes made in provisions above will nullify agreement.

PORT ARTHUR INDEPENDENT SCHOOL DISTRICT

Signature (Consultant)

NOTE: Consultant is to sign this form and return it along with Suspension and Debarment and Scope of Work.

If \$25,000 (or over):
Board Agenda # _____ Date _____

Requestor _____ Date _____

Administrator with Signature Authority
(School & Department Budgets Only) _____ Date _____

Deputy Superintendent _____ Date _____

Comptroller _____ Date _____

Superintendent _____ Date _____

Type of Business (Check One)

Sole Proprietor or Individual

Partnership

Corporation

Minority/Women-Owned Business:

Yes No

If Individual, give Social Security Number.

If Corporation, give Tax Id Number.

SSN or TIN: _____

(Name Typed) _____

Address: _____

By: _____ Date _____
Consultant

Suspension and Debarment Certification Form

SUSPENSION AND DEBARMENT CERTIFICATION

Federal Law (A-102 Common Rule and OMB Circular A-110) prohibits non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement contracts for goods or services equal to or in excess of \$25,000 and all non-procurement transactions (e.g., sub-awards to sub-recipients).

Contractors receiving individual awards of \$25,000 or more and all sub-recipients must certify that their organization and its principals are not suspended or debarred by a federal agency.

Before an award of \$25,000 or more can be made by your firm, you must certify that your organization and its principals are not suspended or debarred by a federal agency.

I, the undersigned agent for the firm named below, certify that neither this firm nor its principals are suspended or debarred by a federal agency:

VENDOR'S NAME:

Signature of Company Official:

Date Signed: _____

Printed name of company official signing above:
