



Sequim School District No. 323

Engage Empower Thrive

503 N Sequim Ave, Sequim, WA 98382

Telephone: (360) 582-3260, FAX: (360) 683-6303

Contract for Personal Services

(Form must be completed and signed by all parties below PRIOR to providing services)

A W-9 form must be completed and turned into the Sequim School District business office. 1099 forms will be mailed no later than January 31. Tax Liabilities are the Contractor's responsibility.

- ☐ The contractor providing the services described below will not have unsupervised access to children and thus does not require a record check through the Washington state patrol criminal identification system.
- ☐ The contractor providing the services described below will have regularly scheduled unsupervised access to children and therefore does require a record check through the Washington state patrol criminal identification system. The record check shall include a fingerprint check using a complete Washington state criminal identification finger print card. The cost of the fingerprint check is the responsibility of the Contractor.
- ☐ Sequim School District has valid fingerprints and background check on this contractor.

NOTICE TO VENDOR: SUSPENSION & DEBARMENT: The parties to the Agreement certify, and each relies thereon in execution of this Agreement, that their entity nor its Principals are presently debarred, suspended, proposed for debarment, or declared ineligible, or voluntarily excluded for the award of contracts by any Federal governmental agency or department. "Principals", for the purposes of this certification, mean officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g.: general manager; plant manager; head of subsidiary, division, or business segment; and similar position). Further, each party agrees to provide the other(s) immediate written notice if, at any time during the term of this Agreement, including any renewals hereof, it learns that its certification was erroneous when made or has become erroneous by reason of changed circumstances. Each party's certification via the execution of this Agreement is a material representation of fact upon which each party has relied in entering into this Agreement. Should either party determine, at any time during this Agreement, including any renewals hereof, that this certification is false, or should it become false due to changed circumstances, it may terminate this Agreement in accordance with the terms and conditions therein.

This contract is made and entered into by the Sequim School District #323 and

Name: _____ **Social Security Number:** _____

Mailing Address: _____ **Cell/Home Phone:** _____

Starting Date: _____ **Ending Date:** _____

(All contracts **must** be renewed annually, prior to the ending date of prior contract, if applicable).

Rate of Pay: _____

Payment for services will be made on the last business day of the month following satisfactory completion of said services. An invoice must be submitted by the 20th of the month to ensure end of the month payment.

Contractor's Signature

Date

Supervisor's Signature

Date

Director of Business Operations and Finance Signature

Date

Superintendent's Signature

Date

Account # _____