

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
 FINANCIAL SERVICES DEPARTMENT
 1960 LANDINGS BLVD. -- SARASOTA, FL 34231-3331
 PHONE (941) 927-9000 -- FAX (941) 927-4017

CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTORS
(See reverse side for definition of independent contractor)

NAME Charlotte County Public Schools	VENDOR # _____
STREET/BOX 1445 Education Way	
CITY/STATE/ZIP Port Charlotte, FL 33948	CONTRACT # _____

LAST 4 DIGITS OF SS# _____ FEDERAL IDENTIFICATION # _____
 CONTACT PERSON Katie Graber CONTACT PHONE Ext 34745

DESCRIPTION - COST STRIP - APPROVAL

SERVICES RENDERED: The School Board of Sarasota County, Florida, hereinafter called the School Board, and the above named Independent Contractor, agree as follows:

The School Board shall pay the Independent Contractor for the following services:
FDLRS Child Find Specialist - Charlotte County 2012-13 - Cindy DeGilio

To be performed during the following time period:
July 1, 2012 to June 30, 2013

Payment shall be made (with submission of request for payment form 066-80-FIN) as follows:
Upon Invoicing

I have read the reverse side of this document, and I certify that I am not an employee of the School Board of Sarasota County, Florida and that I will perform the duties as indicated above. I shall provide evidence of the services performed to the cost center head indicated below. I agree to release and hold the School Board of Sarasota County, Florida and/or its employees, agents and volunteers harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injury or property damage resulting from my performance of the services specified in this contract. The State of Florida and its political subdivisions are governed by FS 768.28(18)

Signature of Acceptance by Independent Contractor [Signature] Date _____

COST STRIP:

Line	Fund Source	Function	Object	Cost Center	Project	Amount
1	4421	6400	310	0292	6303	76000.00
2			310			
Total **						76,000.00

[If more than 2 cost strips attach addendum]

For fund source 4421 see reverse side for special instructions, provisions & procedures.
 If total amount is over \$50,000 please indicate:
 SCHOOL BOARD APPROVAL DATE _____ AGENDA ITEM # _____

FINGERPRINTING:
 Do the duties associated with this contract involve direct contact with students, access to school grounds when students are present or access to District funds? YES NO If yes, you must report to Human Resources for fingerprinting at your expense. Fingerprints were taken and criminal history was reviewed on _____ This person is approved to contract with the District.
 Human Resources Executive Director _____ Date _____

APPROVALS:
 I certify that this contract is essential and that the services are not available within the School District.
 Cost Center Head/Director [Signature] DATE: 10/11/12
 Supervisor of Above [Signature] DATE: 10/27/12
 Financial Services/Treasurer _____ DATE: _____

INSTRUCTIONS
 This contract must be signed and approved by all parties before the services may commence. If the independent contractor is to receive payment for travel, the payment cannot exceed the travel allowances permitted under Florida Statute 112.061. This contract must be approved by the School Board of Sarasota County, if it is in excess of \$50,000. The dividing contracts in order to circumvent the \$50,000 limit will result in notification to the School Board.

W-9 IRS Form 1099 will be issued for all transactions covered by Federal regulation.