

**THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
FINANCIAL SERVICES DEPARTMENT  
1950 LANDINGS BLVD. - SARASOTA, FL 34231-3331  
PHONE (941) 927-9000 - FAX (941) 927-4017**

**CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTORS**

<b>NAME</b> Charlotte County Public Schools	<b>VENDOR #</b> _____
<b>STREET</b> BOX 1445 Education Way	<b>CONTRACT #</b> _____
<b>CITY/STATE</b> Fort Charlotte, FL 33848	

**LAST 4 DIGITS OF SSN** \_\_\_\_\_ **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:  
**FOLPS Child Find Specialist Charlotte County 2013-2014 - Cindy DeGillo**

To be performed during the following time period:  
**July 1, 2013 to June 30, 2014**

Payment shall be made (with submission of request for payment form (00-80-F13)) 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 subcontractors 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 officials are governed by F.S. 218.30(1)

Signature of Independent Contractor: [Signature]  
 Date: 11/6/13

**COST STRIP:**

Line	Fund Source	Function	Object	Cost Center	Project	Amount
1	4421	3400	310	0292	6304	76000.00
2			310			
Total **						76,000

[ If more than 2 cost strips attach addendum ]

(\*) For fund source 44-1 use 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:**

Notify this independent contractor of the terms and conditions of this contract by the School Board.  
 Cost Center Coordinator: [Signature] DATE: 11/5/13  
 Supervisor of Above \_\_\_\_\_ DATE: \_\_\_\_\_  
 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. The 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.

An IRS Form 1099 will be issued for all transactions covered by Federal regulation.