

# Mount Vernon School District

## Personal Services Contract Instructions

Personal Service Contracts require specific forms to be completed PRIOR to forwarding to the Business Office. Forms are attached.

### NOTES:

An individual who is contracted for personal services "CAN NOT " be an employee of the Mount Vernon School District in any capacity, which includes being on the substitute list. Please verify before you complete the paperwork that they are not employees.

An individual who is contracted for personal services "CAN NOT" be told WHAT or HOW to do the services.

The amount listed on the personal service contract and the purchase order is to be listed as a TOTAL amount for services. Do not break down expenses, but do note that expenses are reimbursable.

In order to process a personal service contract, the following forms must be completed PRIOR TO SERVICES BEING RENDERED:

Personal Service Contract

Request for approval of Independent Contractor  
Completed by individual  
School or Department completes portion of form as noted

District Purchase Order

W-9 Form  
Only if new vendor

Fingerprint Card  
If having unsupervised access to children

Sexual Misconduct Disclosure Release Form  
If having unsupervised access to children

Personal service contracts are required for any person or a company that provides workshops, assemblies, interpretation services, training, consulting, speaking engagements, or any other service.

Mount Vernon School District No. 320

Purchase Order # _____
Account Code: _____

## CONTRACT FOR SERVICES

Contract Dates: Beginning and Ending: \_\_\_\_\_

Payment is to be made at the following rate: \_\_\_\_\_ and WILL/WILL NOT included reimbursements for out-of-pocket expenses. A total payment will not exceed \$\_\_\_\_\_.

THE FOLLOWING, DETAILED SERVICES ARE EXPECTED TO BE FURNISHED to the Mount Vernon School District by the undersigned individual/company representative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ACCEPTANCE OF CONTRACT

**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 positions). 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.

**The vendor shall invoice the district after the terms of this contract are fulfilled. All invoices should reference the purchase order number and be billed to:**

Mount Vernon School District • ATTN: Accounts Payable • 124 E. Lawrence St • Mount Vernon, WA 98373

_____	_____	_____	_____
Vendor Signature	Date	School Principal/Budget Manager Signature	Date

\_\_\_\_\_  
Vendor Name (Please print)

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Social Security # or Tax ID# (REQUIRED)

MOUNT VERNON SCHOOL DISTRICT NO. 320  
Request for Approval of Independent Contractor/Educational Consultant Status  
For Personal Services Providers

**This section to be completed by Contractor/Educational Consultant**

Name of individual providing service (type or print) \_\_\_\_\_

Social Security Number (attach copy of card and W-9) \_\_\_\_\_

Please check "Yes"  if the following statements are true regarding your independent contractor/educational consultant status: (please note that items 1-4 must be checked "Yes" in order to qualify as an independent contractor/educational consultant)

*The following statements are true regarding my independent contractor/educational consultant status:*

1. I am free from the direction and control of Mount Vernon School District No. 320 as to the performance of service to be provided.  Yes  No
2. I will be providing a service which is outside the scope of duties and/or beyond the expertise of Mount Vernon School District employees.  Yes  No
3. I am independently established in my own business and offer my services to the general public.  Yes  No
4. I maintain a separate set of business records and file a schedule of expenses with the Internal Revenue Service.  Yes  No
5. I have registered with the Washington State Department of Revenue and other appropriate state agencies as required by Washington State Law.  Yes  No (If you check "No"  on Item 5, you must be able to check "Yes" on item 6-8 in order to qualify as an Independent Contractor/Educational Consultant)

Washington State Unified Business Identification Number (UBI) \_\_\_\_\_

6. My gross annual income in the State of Washington as an independent contractor is less than \$12,000.  Yes  No
7. I do not sell any items at retail.  Yes  No
8. I do not repair, install, alter decorate, clean, construct or improve any real or personal property.  Yes  No

\_\_\_\_\_  
Contractor/Educational Consultant Signature \_\_\_\_\_ Date

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**This section to be completed by School or Department**

Describe the service this independent contractor/educational consultant will provide: \_\_\_\_\_

Will contractor/educational consultant have unsupervised access to children? Yes  No   
(If "yes" fingerprinting and a background check are required prior to contractor providing service.)

\_\_\_\_\_  
Requesting School or Department \_\_\_\_\_ Authorizing Signature

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**For Central Office Use**

\_\_\_\_\_  
Classified Personnel/Business Office Signature \_\_\_\_\_ Date  Approved  Denied

Rational for Approval or Denial: \_\_\_\_\_