GANADO INDEPENDENT SCHOOL DISTRICT
210 S. 6th Street
Ganado, TX 77962

Contract Transmittal Form

Please attach this form to your proposed contract when you submit it for approval.

Ganado I.S.D.:	***CONTRACTING PARTY:***
Contact Person:	Organization:
Department: s	Contact Person:
Phone No.:	Address:
	Phone No.:

PROPOSED AGENDA SUBMISSION DATE: *(if applicable) N/A*

Have you reviewed the GISD Travel Expense Guidelines for Consultant Services which are listed on the back of the *Consultant Invoice for Fees and Expenses* with the consultant so the consultant is aware of reimbursement limitations and requirements and the method for submitting appropriate receipts and forms?	**Yes**		**N/A**	
Have you discussed personnel and insurance liability issues *(i.e., substitutes, new employees, insurance policies, etc.)* with the Business Manager?	**Yes**		**N/A**	
Do you have an existing budget code to pay this cost? *Questions have been discussed with the Business Manager.* Budget Code:	**Yes**		**N/A**	
Have you discussed campus and building requirements (i.e., heating/air conditioning, building open on non-work day or after hours, food service requirements, security, installation of circuits, etc.) with appropriate department:	**Yes**		**N/A**	

REVIEWED AND APPROVED: 1. Operations/Program/Technology Director:	_____ Date:
2. Business Manager:	_____ Date:
3. Superintendent:	_____ Date:

GANADO INDEPENDENT SCHOOL DISTRICT

CONSULTANT SERVICE CONTRACT

The Ganado Independent School District, hereinafter referred to as "District," and independent contractor, , hereinafter referred to as "Consultant," enter into a contract on this the ___day of _____ for the provision of consultant services.

1. District agrees to engage Consultant, and Consultant agrees to perform personally, in a manner satisfactory to District, the following services:

   Describe the services to be performed in this space including the days/hours to be worked, the service to be performed and any other specific requirements of the engagement.

2. Unless discontinued earlier by District, the services are to be performed at the following times and places:

   Describe the days/hours to be worked and the location where the work will take place.

District agrees to pay Consultant a fee of $ _____ per hour/flat fee *[circle one]* for a total fee not to exceed $ ____, as compensation for services rendered, plus allowance expenses for transportation, lodging, meals, and materials, upon submission of appropriate receipts for such expenses. **All reimbursements for expenses associated with consultant services shall be made in accordance with the GISD TRAVEL EXPENSE GUIDELINES FOR CONSULTANT SERVICES. Consultant shall not be paid in advance.**
This agreement shall be in effect from _____to_____, unless terminated by either party at any time, with or without cause. In the event of termination by District or Consultant prior to completion of the contract, compensation shall be prorated on the basis of hours actually worked, and Consultant shall only be entitled to receive just and equitable compensation for any satisfactory work completed and expenses incurred up to the date of termination.

Consultant may not assign this contract to a third party without the written consent of the District. Consultant must conduct a criminal background check, at the Consultant's expense, of all employees employed under this contract, except District employees.

Consultant is not an employee of District, and is not entitled to fringe benefits, pension, workers compensation, retirement, etc. District shall not deduct Federal income taxes, FICA (Social Security), or any other taxes required to be deducted by an employer, as this is the responsibility of Consultant.

Consultant agrees to hold District harmless from any and all liability incurred by District by reason of Consultant's negligence or breach of contract, including, without limitation, damages of every kind and nature, out-of-pocket costs, and legal expenses.

IN WITNESS WHEREOF, Ganado Independent School District and Consultant have executed this contract, effective the date first herein written.

GANADO INDEPENDENT SCHOOL DISTRICT

By: _____
Superintendent or designee

Date:_____

CONSULTANT --

By: _____

Date: _____

Social Security/Federal Tax ID Number:_____

Signature of GISD Staff Contact Person:_____

Phone Number:_____

Date of Board approval:_____
(for contracts of $50,000 or more)

GANADO INDEPENDENT SCHOOL DISTRICT

CONSULTANT INVOICE FOR FEES AND EXPENSES

Name:		Date:	
Address:			
City/State/Zip:			

FEES:

_____ days @ $ _____ per day	$____
_____ hours @ $ _____ per day	$_____
Private conveyance: _____ miles @ $.____ (IRS rate) per mile	$_____
Plane, bus, train	$_____
Taxi	$_____
Lodging	$_____
Meals (not to exceed $____ per day maximum GSA)	$_____
Materials, if applicable	$_____
TOTAL DUE	$_____

Original receipts are required and must be attached to document all expenditures listed above.

_____ _____

Signature of Consultant | Social Security/Federal Tax ID Number

_____ _____

Signature of Contact Person Requesting Consultant Services | Date

GISD Travel Expense Guidelines
For Consultant Services

The Ganado Independent School District **<u>will not pay for preparation days or times.</u>** Consultant charges shall be for time actually spent in the District performing the service agreed to in the contract; except, however, District employees providing consultant services may be eligible to receive compensation for preparation time if previously approved.

The District shall reimburse travel expenses per the following guidelines:

1. **MILEAGE** – ._____cents per mile. Reimbursement is based on Official State Mileage Guide if a personal automobile is used.

2. **AIR TRAVEL** - Reimbursed at coach fare rates only.

3. **MEALS** - Reimbursement may be claimed for a maximum of $____ per day (GSA rate). Receipts are required for reimbursement of meal expenditures for the consultant only.

4. **GRATUITIES** - Reimbursed at a maximum of 15% for meals-local funds only.

5. **PHONE CALLS** - No reimbursement allowed (local or long distance).

6. **HOTEL ACCOMMODATIONS** - Reimbursed at a single room rate in a moderately priced hotel.

7. **CAR RENTAL** - No reimbursement allowed. Taxi fare shall be allowed to and from the airport, the hotel, and the service site (receipts are required).

8. **ALCOHOLIC BEVERAGES** - No reimbursement allowed.

9. **OTHER EXPENSES** - Expenses which are considered reasonable and necessary shall be reimbursed upon presentation of proper documentation. These expenses may not include items for personal convenience such as valet service and other personal hotel expenses. Documentation of parking and taxi expenses is required.

10. **DIRECT BILLING** - Direct bills shall not be accepted.

The District reserves the right to reject any reimbursement claim that it deems not reasonable and/or unnecessary. **Original receipts must be submitted in order to be eligible for reimbursement.**

Travel expense claims must be submitted to the designated GISD staff person on a *Consultant Invoice for Fees and Expenses* worksheet with original receipts as required.

GANADO INDEPENDENT SCHOOL DISTRICT

Consultant Evaluation

Name of Consultant:_____

School/Department Contracting the Services:_____ Dates:_____
Description of Services Rendered:_____

_____

_____

Mark the point on the scale which best describes the services rendered:

A. Presentation relevant to purpose

1 2 3 4 5
Not Relevant *Very Relevant*

B. Effectiveness

1 2 3 4 5
Not Relevant *Very Relevant*

C. Evidence of Preparation

1 2 3 4 5
Not Prepared *Well Prepared*

D. Amount of Interaction (in relation to the type of service)

1 2 3 4 5
Low *High*

E. Reception by Participants

1 2 3 4 5
Not Well Received *Very Well Received*

Staff member comments:_____

_____

GISD Staff Contact Person's Signature: _____ Date:_____

File this with copy of consultant contract.