

# CONSULTANT AGREEMENT

I, \_\_\_\_\_, have been requested to serve as  
CONSULTANT/TRAINER for the School Board of Broward County, Florida on

2/2, 2/9, 2/16, 2/23, 3/2, 3/9, 3/16 4:30 - 5:30 PM, for 7 day(s) to perform the following services:  
Date(s) Time(s)

PROJECT/PROGRAM TITLE: **MARCHING BAND CLINICIAN**

COMPONENT TITLE: \_\_\_\_\_

Develop New Program     Deliver Program     Evaluate Program     Special Project

I understand that this agreement may be terminated if there is insufficient enrollment/attendance in the course assigned.

|                     |                  |                                 |      |
|---------------------|------------------|---------------------------------|------|
|                     |                  |                                 |      |
| Business Event Type | Business Event # | Signature of Consultant/Trainer | Date |

**TO BE FILLED OUT BY CONSULTANT:**  
PRIVATE/NON-BROWARD COUNTY CONSULTANT/TRAINER

My DAILY FEE is \$ **\$25.00**. My HONORARIUM total amount \$ \_\_\_\_\_. My estimated expenses \$ **\$175.00**  
*(Daily Fees that exceed \$500 a day must have Superintendent's approval)*

(\* Is Consultant or employee(s) of Consultant currently employed by SBBC?  Yes  No (Check appropriate box)  
If Yes, provide complete name of employee and school or department where employee is employed: \_\_\_\_\_

Upon completion of these services, I will forward the necessary INVOICE and TRAVEL INVOICE and receipts (airline, hotel, airport parking, etc.) to verify actual expenditures.

\_\_\_\_\_  
Signature of Consultant/Trainer      Social Security Number/EIN      Home Telephone      Email Address

MAILING ADDRESS:

\_\_\_\_\_  
Street      Apt. #      City      State      Zip Code

REQUESTING ADMINISTRATOR \_\_\_\_\_ Position/Title \_\_\_\_\_

Department/School/Center \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Request for CONSULTANT/TRAINER services is hereby approved in accordance with existing School Board policies. Agreements valued at \$50,000 or higher require School Board Approval.

\_\_\_\_\_  
Signature of Principal/Administrator      Date

\_\_\_\_\_  
Senior Leadership Team Member      Date

\_\_\_\_\_  
Signature of Superintendent      Date

**(\* CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIP:** In accordance with the State of Florida Statute 112.313 (7) (a). No public officer or employee of an agency shall have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of, or is doing business with, an agency of which he or she is an officer or employee, excluding those organizations and their officers who, when acting in their official capacity, enter into or negotiate a collective bargaining contract with the state or any municipality, county, or other political subdivision of the state; nor shall an officer or employee of an agency have or hold any employment or contractual relationship that will create or frequently recurring conflict between his or her private interests and the performance of his or her public duties or that would impede the full faithful discharge of his or her public duties.

**EXPENSES WILL BE CHARGED AS FOLLOWS:**

| Check Request No. | Gross Amount | G/L Account (8) Class + Obj + 0's | Bus. Area (4) | Cost Center (10) BA + T + L + 0 | Fund (4) | Internal Order (12) | WBS Element (16) | Grant (16)   | Functional Area (16) Function + Activity + 0's |
|-------------------|--------------|-----------------------------------|---------------|---------------------------------|----------|---------------------|------------------|--------------|--|
|                   |              | 316                               |               |                                 |          |                     |                  |              |  |
|                   |              | 3350000                           | 0000          | 0000000000                      | 0000     | 000000000000        | 0000000000       | 000000000000 | 0000000000000000                               |

Refer to School Board Policy 3400 for limitations of travel expenses.  
Form 2007 (Rev 10/13)

**W-9 FORM MUST BE RETURNED WITH YOUR COMPLETED CONSULTANT AGREEMENT**