

ONEONTA CITY SCHOOL DISTRICT
Business Office
31 Center Street
Oneonta, NY 13820
Phone: (607)433-8230 ext. 1302 Fax: (607)433-8290

MEMORANDUM

TO: INDEPENDENT CONTRACTOR/CONSULTANT
FROM: LISA J. WEEKS, BUSINESS MANAGER
DATE: March 3, 2016
RE: CONSULTANT SERVICES CONTRACT

Enclosed is a Consultant Services Contract. Please complete and return to the administrator who requested your services.

INSTRUCTIONS

Contracts must be approved prior to rendering service to the school district.

IMPORTANT: If the contractor is expected by the school district to provide services which involve direct contact [meaning in person, face-to-face communication or interaction with students under the age of twenty-one (21)] more than five (5) days in a school year, fingerprinting clearance is required in advance of services being rendered. Fees associated with the fingerprinting process shall be paid by the contractor. For more information, please call the Personnel Office at (607) 433-8226, ext. 1304.

A. (For claims UP TO AND INCLUDING \$1,000)

1. Complete and sign contract and Form W-9.
2. Submit to administrator for approval.
3. Administrator forwards contract to the business official for approval.
4. Upon approval of contract by the business official, a claim form will be sent to you with a copy of the contract.
5. On the day of service, complete, sign and submit the claim form to the administrator who requested your services for approval.
6. Please itemize your payment requests. Total shall not exceed the maximum sum of the contract.
7. Administrator forwards claim form to business official for approval.
8. A check will be issued upon completion of services and after approval by business official.

B. (For claims OVER \$1,000)

1. Complete and sign contract and Form W-9.
2. Submit to administrator for approval.
3. Administrator forwards contract to the business official.
4. The Board of Education must approve all contracts over \$1,000. The Board meets on the second Wednesday of each month, except as noted in the annual listing of meeting dates. To insure timely approval and payment, submit a signed contract at least two (2) weeks before a scheduled meeting.
5. Upon approval of the contract by the Board of Education, a claim form will be sent to you with a copy of the contract.
6. On the day of service, complete, sign and submit the claim form to the administrator who requested your services for approval.
7. Please itemize your payment requests. Total shall not exceed the maximum sum of the contract.
8. A check will be issued upon completion of services and after approval by business official.

C. (For the Medicaid Rider in Paragraph 10.)

1. In the event no Medicaid services are involved "X" out the entire paragraph and contractor needs to initial by "X" out area.
2. If Medicaid services are involved, leave the paragraph as is and contractor must submit the signed rider.