

ANN ARBOR PUBLIC SCHOOLS
2555 South State Street
Ann Arbor, MI 48104

CONSULTING AGREEMENT

NAME OF CONSULTANT OR FIRM

SOC. SEC. #/BUSINESS ID # - ** copy of SS card *required*

STREET ADDRESS

CITY / STATE / ZIP CODE

AREA CODE/TELEPHONE #

* Gender: Male Female * Racial/Ethnic: _____ * Date of birth: _____

* Will this contract require you to work directly with students? Yes No

If yes, attach proof of criminal history check by the Michigan State Police and FBI (fingerprint receipt).

We agree to perform the services described below, at the cost and time(s) indicated, in accordance with attached school safety legislation, AAPS Policy 4120 Conflict of Interest, Regulation 3050.R.07 Conflict of Interest, and the AAPS Terms and Conditions. This agreement shall not be binding upon AAPS unless and until all required approvals are obtained, evidenced below by signatures and/or annex number as appropriate.

** Description of desired service – attach additional information if needed:

Inflatable rentals from 5:00pm till 7:00pm on Friday Sept. 11

** Duration of services: From _____ To _____

** Total contract amount: \$ _____ (include total fee plus any appropriate and reasonable associated costs)

Board of Education Annex # _____ (Required for contracts over \$100,000)

** Do you have a current contract with other AAPS departments/schools? Yes or No

If yes: Provide the total contract amount(s) \$ _____

Name of school or department _____

**ACCOUNT CODE: _____

Consultant Signature

Date

Budget Manager / Coordinator

Date

Cabinet Level Supervisor (for amounts over \$2,000)

Date

Superintendent (for amounts \$2,001 - \$100,000)

Date

TO BE COMPLETED BY AAPS: To be paid upon receipt of invoice
_____ in installments? yes / no if yes, describe the terms _____
_____ deposit required? yes / no if yes, indicate amount _____

Cc: Human Resource Services

* REQUIRED – by Michigan Department of Education

** REQUIRED – by Ann Arbor Public Schools