



Independent Provider Agreement

This is an agreement between the Neenah Joint School District Board of Education (the District) and the Independent Provider listed below for services rendered as indicated.

Provider's Name: _____

Description of Services

The Provider shall provide the following services:

Term

The Provider shall provide services pursuant to this Agreement for a term beginning on _____ and ending on _____.

The Provider will determine the method, details and means of performing the services; however, the Provider agrees to devote a minimum of _____ hours or not to exceed a maximum of _____ hours to performing the services described above.

Payment for Services (check one)

(You must complete an "Independent Provider Payment Request" form for actual payment)

- Compensation will be a flat fee of \$_____ upon completion of the service
- Compensation will be an hourly wage of \$_____ not to exceed \$_____
- Compensation will be _____ monthly payments in the sum of \$_____ for a grand total of \$_____

The Provider shall bear all expenses incurred.

Accounting

This Agreement will be paid from the _____ budget.

Account Number: _____

Disclosure

The Independent Provider is not an employee of the District. The Independent Provider will not represent to be or hold itself out as an employee of the District. The Independent Provider acknowledges no right or entitlement in or to any of the employee benefit programs. The District will not withhold or pay any taxes on payments to Independent Providers. The Independent Provider will receive a 1099-NEC at the end of the calendar year for tax reporting.

The Independent Provider will not at any time or in any manner, either directly or indirectly, use for the personal benefit of the Independent Provider, or divulge, disclose, or communicate in any manner any information that is proprietary to the District. The Independent Provider will protect such information and treat it as strictly confidential. This provision shall continue to be in effect after the termination of this Agreement.

The Independent Provider must be at least 18 years of age.

The Independent Provider must have a current W-9 Form and ACH information on file in the Business Office.

The Independent Provider must have a background check completed before providing services.

Insurance

The Independent Provider will carry any and all necessary general liability, automobile liability, worker’s compensation, and employer’s liability insurance. In the event the Independent Provider fails to carry such insurance it shall indemnify and hold harmless the District, its agents and employees from and against any damages, claims, and expenses arising out of or resulting from work conducted by the Independent Provider and its agents or employees.

Criminal background checks are required on any coaches, volunteers, activity coordinators, chaperones, etc. working directly with students. Please contact the Human Resources Dept. regarding the forms required.

Signed: _____ Date: _____
(Independent Provider)

Approved: _____ Date: _____
(Principal or Supervisor)

Approved: _____ Date: _____
(Director or District Administrator)