

SCHOOL BOARD OF CLAY COUNTY
Consultant Services Agreement

Date 4-1-14
~~XXXXXXXXXXXX~~ Rebecca Gauntlett

(A Consultant@) AGREES TO PROVIDE CONSULTANT

SERVICES FOR INSERVICE TRAINING ACTIVITY TITLED Trauma / Self Defense
(Title of Workshops/Activity)

TO BE HELD AT SEDNET 4 Region ON As needed before
(Location of Workshop/Activity) (Dates) June 30, 2014

SEDNET Region 4 THE CONSULTANT FEE IS SET AT \$ 75 PER HOUR/DAY PLUS \$
(Times) FOR MILEAGE FOR A TOTAL CONSULTANT FEE AMOUNT OF \$.

It is the intent of the parties to this agreement that a minimum of () attendees attend this training activity. In the event that attendance falls below the minimum number, the amount of the consultant fee shall be reduced by for each unfilled available attendee position below the minimum attendance level set forth above. In the event that attendance is less than attendees, this agreement may be cancelled by SBCC at any time prior to commencement of the presentation with no obligation for payment of the consultant fee.

This information is necessary for those who will be interacting with students using demonstrations of materials, etc.
Liability Insurance: Yes Policy # No Not Necessary

LIABILITY INSURANCE CARRIER

POLICY LIMITS

MAILING ADDRESS: 9745 Touchton Rd. #1728
Jacksonville, FL 32246

E-MAIL ADDRESS: rebecca.mccarren@gmail.com

TELEPHONE NUMBERS: HOME: 904 383 6771 BUSINESS: 904 642 9158 FAX:
ext. 269

Consultant shall indemnify the School Board of Clay County, Florida (A School Board@) and hold and save it harmless from and against any and all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatsoever kind and nature including attorney=s fees, whether incurred under retainer or salary or otherwise, which the School Board shall or may at any time sustain or incur by reason of this Agreement, or which it may sustain or incur in connection with any litigation, investigation or expenses incident to such provision of this Agreement, including any suit instituted to enforce the obligations of this agreement of indemnification, and Consultant shall pay to School Board all sums of money, with interest which School Board shall or may loan, advance pay or cause to be paid, or become liable to pay on account of or in connection with this Agreement. In addition, Consultant shall pay to any party directed by the School Board for any loss, claim, damage or expense incurred by the School Board arising out of this Agreement. Consultant shall furnish to the School Board receipts of all claims, expenses, liabilities, damages paid by Consultant as a result of the Agreement.

Consultant, or any employees or volunteers employed or utilized by Consultant shall, at their own expense, undergo and pass a Level 2 background screening as required by sec. 1012.465 Florida Statutes prior to entering upon any School Board public school campus while students are present.

PLEASE SIGN, DATE AND RETURN THIS CONSULTANT SERVICES AGREEMENT WITHIN TEN WORKING DAYS KEEPING THE PINK COPY FOR YOUR RECORDS.

Rebecca Gauntlett
(TYPE OR PRINT CONSULTANT NAME)

Rebecca Gauntlett
(CONSULTANT SIGNATURE)

4-1-14
(DATE)

Outside Consultants must attach IRS form W9

SCHOOL BOARD OF CLAY COUNTY
Consultant Services Agreement

Date 4/16/14

Nelson Willis, LCSW (A Consultant@) AGREES TO PROVIDE CONSULTANT SERVICES FOR INSERVICE TRAINING ACTIVITY TITLED Mental Health / Trauma
(Title of Workshops/Activity)

TO BE HELD AT SEDNET REGION 4 ON 2014 is needed before
(Location of Workshop/Activity) (Dates) June 30, 2014

THE CONSULTANT FEE IS SET AT \$ 75 PER HOUR/DAY PLUS \$ —
(Times)
FOR MILEAGE FOR A TOTAL CONSULTANT FEE AMOUNT OF \$ —

It is the intent of the parties to this agreement that a minimum of 5 () attendees attend this training activity. In the event that attendance falls below the minimum number, the amount of the consultant fee shall be reduced by — for each unfilled available attendee position below the minimum attendance level set forth above. In the event that attendance is less than — attendees, this agreement may be cancelled by SBCC at any time prior to commencement of the presentation with no obligation for payment of the consultant fee.

This information is necessary for those who will be interacting with students using demonstrations of materials, etc.
Liability Insurance: — Yes — No — Not Necessary
Policy # —

LIABILITY INSURANCE CARRIER —

POLICY LIMITS —

MAILING ADDRESS: 3090 Aaca Cove Court
Jacksonville, FL 32224

E-MAIL ADDRESS: nelsonswillis@yahoo.com

TELEPHONE NUMBERS: HOME: (904) 655-7028 BUSINESS: (904) 781-0600 FAX: () —

Consultant shall indemnify the School Board of Clay County, Florida (ASchool Board@) and hold and save it harmless from and against any and all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatsoever kind and nature including attorney=s fees, whether incurred under retainer or salary or otherwise, which the School Board shall or may at any time sustain or incur by reason of this Agreement, or which it may sustain or incur in connection with any litigation, investigation or expenses incident to such provision of this Agreement, including any suit instituted to enforce the obligations of this agreement of indemnification, and Consultant shall pay to School Board all sums of money, with interest which School Board shall or may loan, advance pay or cause to be paid, or become liable to pay on account of or in connection with this Agreement. In addition, Consultant shall pay to any party directed by the School Board for any loss, claim, damage or expense incurred by the School Board arising out of this Agreement. Consultant shall furnish to the School Board receipts of all claims, expenses, liabilities, damages paid by Consultant as a result of the Agreement.

Consultant, or any employees or volunteers employed or utilized by Consultant shall, at their own expense, undergo and pass a Level 2 background screening as required by sec. 1012.465 Florida Statutes prior to entering upon any School Board public school campus while students are present.

PLEASE SIGN, DATE AND RETURN THIS CONSULTANT SERVICES AGREEMENT WITHIN TEN WORKING DAYS KEEPING THE PINK COPY FOR YOUR RECORDS.

Nelson Willis, LCSW
(TYPE OR PRINT CONSULTANT NAME)

[Signature]
(CONSULTANT SIGNATURE)

4-16-14
(DATE)

Outside Consultants must attach IRS form W9