



# Ben Franklin PTA- Vendor Contract Form

Independent Contractor Services: to be filled out by Vendor

Dated: \_\_\_\_\_

Class Description: \_\_\_\_\_

Class Location: \_\_\_\_\_ Estimated Class Size: \_\_\_\_\_

Class Schedule/Include Days of the week and time:-  
\_\_\_\_\_

## Rules of use (materials, space, cleaning up, etc.):

- Vendor will provide all materials required for the class for students registered in the class.
- Use of space is conditional on making sure the classroom is kept tidy and all tables and chairs are kept clean after class is done.
- Vendor is not allowed to use any materials belonging to the classroom, including the white boards, computers and other materials.

**Cancellation Policy:** \_\_\_\_\_

Note: contractor will be held liable for any district property that is damaged during contractual time. PTA is not liable for such damages. Please initial here: \_\_\_\_\_

Independent Contractor Fee: \_\_\_\_\_

Student Tuition Fee: Per weekly class: \_\_\_\_\_ OR Per Session: \_\_\_\_\_

Contact Name, phone and email of the instructor(s) who will be providing the service described above:  
\_\_\_\_\_

Contractor services will be provided: Starting \_\_\_\_\_ Ending \_\_\_\_\_

## Contractor information:

Tax ID Number No (attach w-4): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

As a before and/or after school vendor, I certify that I have provided truthful information and that this contract is in binding agreement with the Ben Franklin PTA for the instruction of the above mentioned classes.

Is the above instructor currently cleared with the LWSD to work with children (current Background Check, through LWSD)? \_\_\_Yes \_\_\_No.

**PTA fees:** The PTA requires a fee of \_\$10\_ for each session (not class). This fee will be added to the per session fee listed above and will be the final charge to our participants. All participant fees are to be paid to the Ben Franklin PTA. Ben Franklin PTA will pay for vendor services by invoice or bill, provided by vendor. Initial here: \_\_\_\_\_

**Attendance Policy:** If a vendor is sick or has an emergency, the vendor needs to find a replacement instructor for the class and contact the school main office and the ASP chair, Jill Pierson at [afterschool@mybenfranklinpta.org](mailto:afterschool@mybenfranklinpta.org). If school is cancelled due to inclement weather, the vendor is not obligated to offer a make-up class. Late arrivals of the instructors will be marked and if we have two or more late class starts, contracts will be terminated. Please initial here: \_\_\_\_\_

**End of Class Dismissal:** The PTA has a policy of only releasing student to parents or those people authorized by parents in their registration form to pick-up their child after school activities. To this end, we have instituted a check in/check out system which will be handled by our chaperones. Parents need to come into the building and check out their child. Parents will not be allowed to stay in their car and have their children walk out to the drive up. For parents that show up late, they will be called to pick up their child. If they are more than 10 mins late more than twice, their child will be dropped from the class with no refund.

**Registration and Invoicing:** All registrations and fee payment will be handled through the Ben Franklin PTA, Afterschool VP. A roster of enrolled students will be given to the vendor before the class session begins. Invoices should be submitted to the PTA Afterschool VP by the third week of class. Invoices can be emailed to [afterschool@mybenfranklinpta.org](mailto:afterschool@mybenfranklinpta.org) Payment can be expected within 21 business days of receipt of the invoice.

**Required Forms:**

W-9 \_\_\_\_\_ Copy of Business License: \_\_\_\_\_

Copy of Vendor Liability Insurance: \_\_\_\_\_ Approved LWSD Safety check: \_\_\_\_\_

Signed Contract from Vendor: \_\_\_\_\_

I have read the above policies and agree to the terms presented:-

Independent Contractor: \_\_\_\_\_ Dated: \_\_\_\_\_

PTA AfterSchool VP: \_\_\_\_\_ Dated: \_\_\_\_\_

PTA President: \_\_\_\_\_ Dated: \_\_\_\_\_