

## Extension District/County Extension Council Personal Service Contract (\$10,000 or less)

This Personal Services Contract for professional services rendered to *(name of your district or council) the First Party* is made and entered into this *(day)* Day of *(month)*, *(yyyy)* by and between:

*(Name of your district board) (the "First Party") (Not UK!)*  
*(Street Address)*  
*(City) (State) (Zip Code)*

*(Name of individual or firm: (the "Second Party")*  
*(Social Security or Federal ID Number)*  
*(Street Address)*  
*(City) (State) (Zip Code)*

### Services

This contract should be used to contract and pay for services that are not provided by Extension staff and for services not provided within the normal staffing patterns of County Extension Offices.

*(name of your district board) the First Party* has determined that personnel are not available to perform the described services or use of personnel would not be feasible. Therefore, *the Second Party* will perform the services described below:

*(describe services)*

### Payment

As fee for the services described, *(name of your district board) the First Party* agrees to pay *the Second Party* a sum NOT to exceed \$ *(dollar amount)* upon receipt of signed invoice(s). No other fees or expenses are authorized unless specifically identified in this contract. Payment will be made as described below:

*(describe method of payment)*

### Other Expenses

*The Second Party* shall be reimbursed for no other expenses of any kind, except as specifically described below:

*(describe any other expenses)*

### Contract Dates

Beginning: *(beginning date)*

Ending: *(ending date)*

Cancellation by either party upon 30 days written notice.

*The Second Party* is an independent contractor for *the First Party*, therefore, *the First Party (name of your district board)* is not liable for Social Security contributions pursuant to Section 418.42 U.S. Code. Furthermore, IRS Form 1099 will be sent at the end of the calendar year if total payments exceed \$600.00.

FIRST PARTY:  
*(Extension District Representative or  
County Extension Council President)*

SECOND PARTY:  
*(Name of individual or firm: the second party)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date