LACC
LOS ANGELES CITY COLLEGE
F O U N D A T I O N

CONTRACT FOR PROFESSIONAL SERVICES

_____
Contractor Name

1. **Performance Dates:** Contractor shall begin performing the Contract on _____, 20____.
   (Month/Date)

   Contractor shall finish performing the Contact on _____, 20____.
   (Month / Date)

2. **Types of Services:** Check the appropriate box.
   ☐ Consulting
   ☐ Technical Support
   ☐ Speaking/Facilitating/Presenting
   ☐ Teaching/Instruction Services
   ☐ Other _____

   2.1. **Specific Services:** In detail, describe the Services or attach a description to this Form, identifying the program or project, if applicable; the need for the Services; what will be done; and any deliverables (such as reports, analyses, designs):

   _____
   _____
   _____
   _____

   2.2. **Licenses/Certifications.** _____

   2.3. **Location.** Contractor will perform the Services at: _____

3. **Fees / Payments for Services Provided.**

   $_____ Per Hour   Total Hours_____
   $_____ Per Day
   $_____ Per Month
   $_____ Per Year

   Total $_____

   NOTE: Amounts paid to any individual in excess of $600 in a calendar year will result in a Form 1099 being issued and reported by law to the individual and the Internal Revenue Service as miscellaneous income.

4. **Method and Time of Payment.**
   To be paid, Contractor **must submit an itemized invoice.** The invoice must specify the Services provided, which must match the description in Paragraph 2.1; the dates of and work performed during the billing period; and the specific dollar amount. **Contractor shall be paid at the end of the Contract** unless a schedule of progress

   _____

   Invoices for progress payments must specify the actual work performed.

5. **Certification. Contractor certifies that it is an independent contractor.**

   I understand contractors are not employees of the LACC Foundation.

   I understand I am not paying into unemployment, thereby I will not be eligible for unemployment benefits when I complete my contract with the LACC Foundation.

CONTRACTOR

Signature: _____ Tax ID No.:_____

Name: _____ Phone No.: _____

Title: _____ Fax No. : _____

Date: _____ Address: _____

Contractor is a: ☐ Corporation   ☐ LLC   ☐ Partnership   ☐ Sole Proprietorship (an individual)

LOS ANGELES CITY COLLEGE (Dean, Dept. Chair, Project Director or Committee Chair)

Signature: _____   Signature: _____

Name: _____   Name: _____

Title: _____   Title: _____

Date: _____   Date: _____

LACC FOUNDATION

Signature: _____

Name: Lisa_Nashua

Title: Executive   Director

Date: _____