



## CONTRACT FOR PROFESSIONAL SERVICES

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\_\_\_\_\_  
Contractor Name

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

Contractor shall finish performing the Contract 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):

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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

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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 Dir. or Committee Chair)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**LACC FOUNDATION**

Signature: \_\_\_\_\_

Title: LACCF Chairman

Name: Robert Schwatz

Date: \_\_\_\_\_