LACC
LOS ANGELES CITY COLLEGE
FOUNDATION

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 Dir. or Committee Chair)

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Name: Dr. Amanuel Gebru

Title: LACC President

Date: _____

LACC FOUNDATION

Signature: _____

Name: Martha C. Esparza

Title: LACCF Executive Director

Date: _____