

Community Education Service Provider Agreement

Duluth Township Community Education
5926 Ryan Rd. Duluth, MN 55804
218-525-0663 ext. 300 or EducCoordinator@duluthtownship.org

_____ (the, "Provider") hereby contracts to provide certain Community Education Services to Duluth Township Community Education, 5926 Ryan Road, Duluth, MN (DTCE) as follows:

1. **SERVICES:** The Provider will furnish to DTCE all necessary services and materials for the following Community Education Course:

Course Name:

Session Name:

2. **PAYMENTS:** DTCE will make payments for the service provided on the following terms:

Amount per student:

Other (as described):

Payments will be mailed after the final class to the provider by the Tuesday following Duluth Township's monthly board meeting.

3. **INDEPENDENT CONTRACTOR:** The Provider and the DTCE acknowledge and agree that the Provider is performing services under this agreement as an Independent Contractor and not as an employee or agent of DTCE. The Provider and DTCE further understand and agree that no deductions, withholding or contributions shall be made by DTCE for income tax, unemployment compensation, social security, worker's compensation, or otherwise, under any federal or state law applicable to the employer-employee relationship.
4. **ENTIRE AGREEMENT:** This agreement, together with the attached Facility Use Agreement Form and Class Proposal, constitutes the entire agreement between the Provider and DTCE, and can be modified only by written agreement of the parties. This agreement terminates, supersedes and revokes all prior agreements, and representations by or between the parties, written or oral.
5. **TERM OF AGREEMENT:** This agreement is effective upon signature of both parties, and shall terminate as of the last scheduled date for the course set forth above. DTCE may also cancel the course and terminate this Agreement for insufficient enrollment, at its discretion.
6. **CRIMINAL BACKGROUND CHECK:** This agreement is further contingent upon the Provider's successful completion of a background investigation and criminal records check pursuant to the Minnesota Child Protection Background Check Act.

Provider Signature: _____ Date: _____

Provider Name: _____ SSAN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DTCE Coordinator Signature: _____ Date: _____

Office Use Only: Amount per student: _____
 Number of students: _____
 Additional Pay: _____
 Net Payment: _____

Payment Date: _____ Check Number: _____ Total: _____ Initials: _____