**Project Stork Inc.**

Serving Orleans & Genesee Counties of WNY

**Contract Agreement**

This agreement sets forth the terms and conditions of the relationship between Consultant and Client.

**Project Stork, Inc. Consultant**: Jenny Staebell BHSG, MSEd

**Client**:

**(school representative contact name and title)**

**Scope of Services**: Consultant shall provide the Services to Client as completed below. Please check all that apply.

* Primary K-5 Health & Wellness Workshops
  + See special opportunity below
* Middle School 6-8 Health & Wellness Workshops
* High School 9-12 Health & Wellness Workshops
* High School 9-12 Risk Reduction & Pregnancy Prevention Workshops

**Consultant’s delivery of services** includes the following:

1. Lesson/workshop materials
2. Lessons/Workshops provided by a Certified NYS Health Educator
3. Availability to meet with at risk/pregnant/parenting teens outside of the school day to provide resources for material needs/mental and emotional health as well as on-going goal setting support to promote a successful future
4. If your District participates in the K – 8 Health and Wellness Classes you are entitled to a total of 6 days of High School Risk Reduction & Pregnancy Prevention classes free of charge. Please provide High School contact name and email below if you wish to take advantage of this opportunity:

In consideration of the services provided stated herein, **Client agrees to facilitate the delivery of services by providing**:

1. The cooperation of individuals who possess specific knowledge and/or access to information that may be necessary to complete the required objectives.
2. A safe and clean classroom environment that contains necessary hardware (computer, audio-visual equipment, whiteboard, etc.) as discussed by the Consultant and Client representative.
3. Regular contact between Consultant and Client designees overseeing the projects defined above.
4. Client, school representative as determined above will be responsible for coordinating Consultant’s scheduled activities and obtaining any approvals necessary from appropriate school officials.

**Terms:** Client and Consultant agree to contract for days of the services requested above.

These days may be implemented in full or half-day increments as decided by the Client and Consultant. One day equals 6 hours of contact time; half-day equals 3 hours of contact time. It is the responsibility of the Client to contact Consultant to determine specific dates of service.

Service for a half-day will be billed at $90.

Service for a full day will be billed at $180.

Hours of Service that are less than a half-day will be billed at $35 per hour and must be approved in writing in advance by the Client and Consultant .

**Billing**: Consultant will submit one invoice monthly. Client agrees to pay invoices within 20 days of receipt.

**Provision for Cancellation of Agreement**: Either party to the agreement reserves the right to terminate this Agreement upon (10) days written notice of the date the agreement is signed.

In addition, either party may terminate this Agreement immediately in the event of any material breach of this agreement or the obligations established hereunder. In the event of termination or upon expiration of this Agreement, Client shall return to Consultant any and all documents, materials, work product and all copies made thereof, which were obtained by the Client from the Consultant.

**Arbitration:** Consultant and Client agree to resolve any disputes arising from this agreement through a mutually agreed-upon local service provider of mediation and arbitration programs aligned with best practices as identified by the American Arbitration Association or other professionally recognized arbitration organization mutually agreed to by the Parties. All fees and costs incurred for the mediation/arbitration process shall be shared equally by the parties unless agreed otherwise in a fee agreement or determined otherwise by the arbitrators.

Addenda: Any addenda to this document must be signed and dated by both parties.

Read and agreed to by:

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Client Representative Consultant

Date: Date: