

Susan Hentz & Associates

AGREEMENT FOR SERVICES

Agreement is made on the 5th day of June by and between and Susan Hentz & Associates, an educational consulting corporation and Mountain View Whisman School District, an educational organization.

This speaker agreement serves as a binding contract between Susan Hentz, consultant, and this educational organization.

Contact:

Arianna Mayes

650.526.3530 ext. 1162 office

Susan Hentz will provide professional development for Mountain View Whisman School District on August 9, 2019 at the all inclusive rate of \$4,500.00. The balance is due on the seminar date, payable to: Susan Hentz & Associates. If additional services are rendered, an addendum to this contract may be made or another agreement will be provided to the district.

The educational institution will provide audio-visual equipment including a LCD projector, power strip, extension cord, sound system, cordless lapel microphone, and the meeting facility.

RESCHEDULING POLICY

If the educational institution reschedules the seminar at any time after airfare is purchased, airfare change fees associated with the travel will be added to the fee.

CANCELLATION POLICY

If the educational institution cancels the course from the date of this contract to 30 days before the seminar, an amount of 15% of the contract fee will be paid by the educational institution. Deposit will be refunded if date of seminar has been rebooked.

If the educational institute cancels from 29 days to 48 hours before the seminar date, an amount of 25% of the contract fee will be paid by the educational institution.

If the educational institution cancels the course less than 48 hours prior to the expected start time of the course, the total contract fee must be paid by the educational institution.

AUTHORIZED REPRESENTATIVE OF
EDUCATIONAL INSTITUTION

Consultant

By (Name): _____

By: Susan Hentz

Signature: _____


Date: 6/6/19

Date: _____

Susan Hentz & Associates Seminar Quick Facts

Seminar Hours

- 8:00-3:00 (times can be revised based on school needs)
- Morning break, hour for lunch

Fees (includes seminar fee, travel related expenses, and supplies)

- Daily rate \$4,500, up to 100 participants
- Coaching rate \$4,000
- Virtual Coaching \$3,000 (if independent of seminar)
- Consecutive Day Discount:
- 2nd day \$4,000
- Any additional days \$3,500
- Total days can be divided between contracts for the school year
- Can share costs with other districts and schools (feel free to invite neighboring counties or organizations to attend the seminar days)

Payment is due on or before seminar date.

Participants

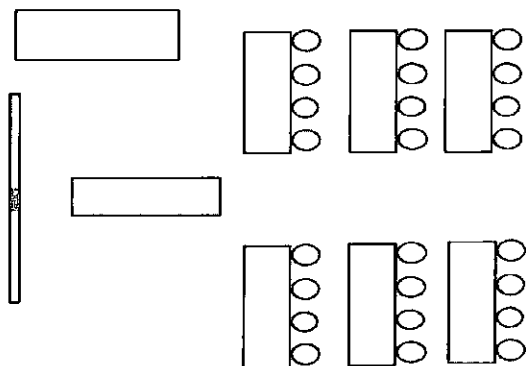
- All educators must be able to see and hear the presentation
- Audiences range from 20-1,000 (keynote)
- Optimal size for interactive training seminar is around 150

Supplies

- We ship supplies in advance for participants to utilize during the engaging seminar
- Recommended Supplies if you have them available: mini post it notes, highlighters, chart paper and markers

Arrival Room and Seminar/AV Needs

- Arrival- 30-60 min before start time to be sure technology is in place for the seminar
 - It is best to have room arranged in advance.
 - Screen
 - 2 tables at least 6ft long, 1 for projector and 1 for display.
 - It is best if participants are seated in tables as they will be actively involved in the learning process.
- Please be sure all cords are secured for safety. The participants will be moving around the room throughout the seminar.



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Susan Hentz & Associates

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1415 2nd Street #1005 Mailing Address: 242 Washington Blvd #304

6 City, state, and ZIP code

Sarasota, FL 34236

Sarasota, FL 34236

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			

OR

Employer identification number									
2	7	-	5	2	3	2	7	5	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

Susan Hentz

Date ► 10/4/2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**Century Surety
Company**

550 Polaris Parkway, Suite 300
Westerville, Ohio 43082
614-895-2000
www.centurysurety.com

CERTIFICATE OF INSURANCE

Named Insured: Susan Hentz and Associates

Address: 1415 2nd St #1005

City, State Zip: Sarasota, FL 34236

This Certificate is provided only for information purposes and confers no rights upon the certificate holder. It does not amend, extend, reduce or otherwise alter the coverage afforded by the policy shown below, nor does it constitute a contract between this insurance company, or its authorized representative or producer, and the certificate holder.

IMPORTANT: If the Certificate holder is an additional insured, the policy must be endorsed.

<p>Producer: Name: Richard F. Jones Jr., Agent/Broker Address: 3130 Broadway City, State Zip: Kansas City, Missouri 64111</p>	<p>Policy No.: PED0935556 Policy Effective Date: 11-07-2018 Policy Expiration Date: 11-07-2019 Tab No.: 56440</p>
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Coverages: This certifies that the policy of insurance shown below was issued to the Named Insured above for the policy period stated herein, commencing with the policy effective date and concluding with the policy expiration. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of such policy in spite of any requirement, term or condition of any other contract or document with respect to which this Certificate may pertain. The Limit of Liability shown below may have been reduced by paid Claims.

<p style="text-align: center;">Private Educators Professional Liability (Claims Made)</p> <p>Limit of Liability: \$ 1,000,000 Per Claim Limit of Liability \$ 3,000,000 Aggregate Limit for all Claims Deductible: \$ 1,000</p>	<p style="text-align: center;">Off Premises Liability</p> <p>Limit of Liability: \$ N/A Per Claim Limit of Liability \$ N/A Aggregate Limit for all Claims Deductible: \$ N/A</p>
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<p>Certificate Holder: HUSD 1791 West Acacia Avenue Hemet, CA 92545 Eff 4/1/19</p>	<p>Cancellation: In the event the above described policy is cancelled before the expiration date shown above, notice of cancellation will be delivered in accordance with the policy provisions.</p> <p style="text-align: right;"><i>Richard F. Jones Jr.</i></p>
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Date Issued: 4-29-19

Authorized Representative