REQUEST FOR CONSULTANT SERVICES

School/Office Making Request:				·
Name of Consultant/Presenter:				
Address:	City:		State:	Zip:
Telephone Number:		Social Security No:		
Why Needed (Goals/Objectives)?				
Date(s) To Be Utilized:				
Who Will Provide Follow-Up (If Needed)?				
When Will Follow-Up Be Provided?				
Total Cost: \$				
Please Specify:				
SOURCE OF FUNDING:				
Principal/Director (Requester):				Date:
Deputy Superintendent of Federal Programs (If applicable):				Date:
Assistant Superintendent:				Date:
Superintendent:				Date:
Executive Director of Professional Development & Instructional St	upport:			Date:

Revised: 07/31/2023



Williamsburg County School District



500 N. Academy Street | Kingstree, SC 29556 | Phone: (843) 355-5571 | Fax: (843) 355-3213

CONTRACT FOR SERVICES

This agreement is entered this	day of	20 b	y and between Williamsburg County
School District and			, hereinafter referred to as the
Consultant.			
 The Consultant will provid District on the date(s) of: 	le consulting/worksho	op services for the V	Villiamsburg County School
a		c	
b		d	
2. The services to be provide	ed by the Consultant a	re:	
a			
b			
c.			
 The Williamsburg County for these services. Williamsburg County School Die 		to compensate the	Consultant the sum of \$
Authorized Signature:		Position:	Date:
Consultant Signature:			Date:
Social Security Number:			
If this agreement is contracted wi	th more than one Co	nsultant (or Firm), t	hen all must sign.
Consultant:	Soci	al Security Number:	
Consultant:	Socia	al Security Number:	
**Note: Consu	ultant Also Refers to C	Consulting Firm (if a	pplicable)
**Return One Copy of Exec	cuted Agreement By:	Date:	

Revised: 07/31/2023

Williamsburg County School District

Verification of Suspension and Debarment Status Form

Prior to committing to any sub-award, purchase, or contract that is a covered transaction, the Procurement Officer at the District level or principal at the school level will check the online federal System for Award Management (SAM) to determine whether any relevant party is subject to any suspension or debarment restrictions. The website is **SAM.gov**.

NAME OF ENTITY/PERSON	DATE OF VERIFICATION	DESCRIPTION OF RESULTS	SIGNATURE OF PERSON PHYSICALLY VERIFYING INFORMATION

Prior to committing to any sub-award, purchase, or contract that is a covered transaction, the Procurement Officer at the District level or principal at the school level will check the online state System for procurement to determine whether any relevant party is subject to any suspension or debarment restrictions. The website is **procurement.sc.gov**.

NAME OF ENTITY/PERSON	DATE OF VERIFICATION	DESCRIPTION OF RESULTS	SIGNATURE OF PERSON PHYSICALLY VERIFYING INFORMATION

I certify that the above information is correct and current.				
Administrator (Signature)	 Date	_		
Chief Academic Officer (Signature)	 Date	_		
Chief Financial Officer (Signature)	 Date			

This form must be submitted to the District Office with the Contract for Services. If it is not submitted at that time, the Contract for Services will not be considered or approved.



Request for Taxpayer Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
Print or type. Specific Instructions on page 3.	following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
pe.		Exempt payee code (if any)
Print or type.	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	Exemption from FATCA reporting code (if any)
F iji	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(4-1:-4-110)
bed	Outer (see instructions) F	(Applies to accounts maintained outside the U.S.) and address (optional)
See S	Viduress (number, street, and upt. of state no.) see institutions.	ia address (optional)
Ō	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	t I Taxpayer Identification Number (TIN)	
	your fire in appropriate box. The fire provided material in hame given on the avoid	urity number
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 <i>How to get a TIN</i> , later.		- -
	in the decedant le in more than one harrie, eee the metractione for into 117 ties eee 177 at 74 and and	dentification number
Numb	er To Give the Requester for guidelines on whose number to enter.	
Par	Certification	
Unde	penalties of perjury, I certify that:	
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issunt not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been now vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) to onger subject to backup withholding; and	otified by the Internal Revenue
3. I ar	n a U.S. citizen or other U.S. person (defined below); and	
1 The	EATCA code(a) entered on this form (if any) indicating that I am exempt from EATCA reporting in correct	

4. 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,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,