Williamsburg County School District

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

REQUEST FOR CONSULTANT SERVICES

School/Office Making Request: _____

Name of Consultant/Presenter: _____

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

Telephone Number: _____ Fax Number: _____

Social Security Number: _____ or Employer Identification Number(EIN): _____

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: _____

_____

_____

_____

_____

FUNDING SOURCE: _____

Principal/Director (Requester): _____ Date: _____

Executive Director of Federal Programs (If applicable): _____ Date: _____

Assistant Superintendent:_____ Date: _____

Superintendent: _____ Date: _____

Executive Director of Professional Development & Instructional Support: _____ Date:_____

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CONTRACT FOR SERVICES

This agreement is entered this _____ day of _____ 20_____ by and between Williamsburg County School District and _____, hereinafter referred to as the Consultant.

1. The Consultant will provide consulting/workshop services for the Williamsburg County School District on the date(s) of:

a. _____ c. _____

b. _____ d. _____

2. The services to be provided by the Consultant are:

a. _____

b. _____

c. _____

d. _____

3. The Williamsburg County School District agrees to compensate the Consultant the sum of $_____ for these services.

Question 4 is for Third-Party Consultants Only

4. Williamsburg County School District agrees to compensate _____, as a Third-Party Provider, at a rate of $_____ per hour for the duration of the contract term. Payment shall be based on the actual hours worked in accordance with the terms and conditions of the contract.

Williamsburg County School District

Authorized Signature:_____ Position:_____ Date:_____

Consultant Signature:_____ Date:_____

Social Security Number: _____ or Employer Identification Number (EIN): _____

If this agreement is contracted with more than one Consultant (or Firm), then all must sign.

Consultant: _____Social Security No. or EIN: _____

Consultant: _____Social Security No. or EIN: _____

****Note:** **Consultant also refers to Consulting Firm (if applicable)**

****Return One Copy of Executed Agreement By:** Date: _____

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.

_____ _____

Director/ Administrator (Signature) Date

_____ _____

Assistant Superintendent (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.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

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

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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

Requester's name and address (optional)

6 City, state, and ZIP code

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

	–							

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
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, 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** **Date**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they