AGREEMENT FOR PROFESSIONAL SERVICES

Contract

THIS AGREEMENT is hereby entered into by the SONOMA COUNTY JUNIOR COLLEGE DISTRICT (1501 Mendocino Ave, Santa Rosa, CA 95401), hereinafter referred to as DISTRICT, and;

_____

PROFESSIONAL SERVICES CONTRACTOR   **attach a W9 (if new vendor)**

_____

MAILING ADDRESS   CITY   STATE   ZIP

hereinafter referred to as CONTRACTOR

CONTRACTOR agrees to provide services to the DISTRICT enumerated in this Agreement as follows for the purpose of:

A.

B.   Service location(s) department and campus:

C.   Time and dates for services:

D.   Payment terms and conditions are: Net 30

E.   1. The DISTRICT shall hold harmless, defend and indemnify the CONTRACTOR, its officers, agents and employees, from and against any liability, claim, action, cost, damage or loss for injury including death to any person or damage to any property arising out of the DISTRICT'S negligence. This obligation shall continue beyond the term of this Agreement as to any act or omission which occurred during or under this Agreement.

2. The CONTRACTOR shall hold harmless, defend and indemnify the DISTRICT, its officers, agents and employees, from and against any liability, claim, action, cost, damage or loss for injury including death to any person or damage to any property arising out of the CONTRACTOR'S negligence. This obligation shall continue beyond the term of this Agreement as to any act or omission which occurred during or under this Agreement.

F.   CONTRACTOR shall provide DISTRICT with a Certificate of Insurance upon request.

G.   Additional terms and conditions are: _____

H.   This agreement may be terminated by either party notifying the other, in writing, at least 30 days prior to the date of termination.

I. DISTRICT contact information:

Department: _____   Contact: _____

Telephone: _____   Fax: _____

THIS AGREEMENT IS ENTERED INTO THIS _____ DAY OF _____ , _____

FOR THE DISTRICT: CONTRACTOR:

_____   _____
Signature   Signature

_____   _____
Kate Jolley   Print Name

_____   _____
Vice President of Business Services (Interim)   Title

_____   _____
Date   Telephone/Fax

                                            _____
                                            Email

                                            _____
                                            Date