

Ref # _____



Texas 4-H Youth Development Foundation

P.O. Box 11020
College Station, Texas 77842-1020

**FORM AND W-9
MUST BE MAILED OR
FAXED TO THE
FOUNDATION**
(DO NOT TRANSMIT VIA EMAIL)

PROFESSIONAL/CONTRACTUAL SERVICES AGREEMENT

Revised: September 2017

Department Manager's Name: _____

Department Manager's Title: _____

Professional/Contractual Service Provider: _____

Social Security or Federal ID Number: _____

Mailing Address: _____

City, State, & Zip: _____

Description of Services to be Performed: _____

Date(s) of Services to be Performed: _____

Dollar Amount of Services: _____

These services will be performed either by me or other persons employed by me. I further understand, agree and verify that:

1. Neither I, nor any person employed by me, will be subject to Worker's Compensation Insurance Act for the Texas 4-H Youth Development Foundation, the Texas A&M Agrilife Extension, Texas A&M University, or The Texas A&M University System.
2. Neither I, nor any person employed by me, is entitled to benefits of Unemployment Compensation from the Texas 4-H Youth Development Foundation, the Texas A&M Agrilife Extension, Texas A&M University or The Texas A&M University System, nor any officer, director, or employee thereof.
3. I have voluntarily assumed all risk of injury and accident in connection with the activities I, or other persons employed by me, have undertaken.
4. No FDIC (withholding), social security benefits, medical coverage, or any other insurance benefits will be provided for me or any other person employed by me under this agreement.
5. I will receive a 1099 MISC from the Texas 4-H Foundation if my income meets or exceeds \$600 in one calendar year.

Signature of Professional/Contractual Services Provider

Date

Signature of Department Manager, verifies adequate account of funds and proper use of funds.

Date

Signature of Foundation Executive Director, verifies fiscal accuracy.

Date

*Initial Contracts must include a completed **W-9** to receive payment.