CONSULTANT AGREEMENT

I, Frank G. Green dba Keys To Safer Schools.com, have been requested to serve as CONSULTANT/TRAINER for the School Board of Broward County, Florida, on _____ _____
Date(s) Time

for _____ day(s) to perform the following services:

PROJECT/PROGRAM TITLE: Training
COMPONENT TITLE: _____

☐ Develop New Program ☐ Deliver Program ☐ Evaluate Program ☑ Special Project

I understand that this agreement may be terminated if there is insufficient enrollment/attendance in the course assigned.

Component Number	Letter	Signature of Consultant/Trainer	Date
		Frank G. Green	2-17-05

A PRIVATE/NON-BROWARD COUNTY CONSULTANT/TRAINER

My DAILY FEE is $ _____
My HONORARIUM total amount is $ 8250 My estimated expenses are $ 88.00

Upon completion of these services, I will forward the necessary INVOICE and TRAVEL VOUCHER and receipts (airline, hotel, airport parking, etc.) to verify actual expenditures.

Signature of Consultant/Trainer	Social Security Number/EIN	Home Telephone
Frank G. Green	20-0109605	501-315-1509

MAILING ADDRESS:

Street	Apartment #	City	State	Zip Code
PO Box 396		Bryant	AR	72059

REQUESTING ADMINISTRATOR _____ Position/Title _____

Department/School/Center _____ Telephone _____ Date _____

Request for CONSULTANT/TRAINER services is hereby approved in accordance with existing School Board policies.

_____ _____
Signature of Principal/Administrator Date

_____ _____
Signature of Area Superintendent/Deputy Superintendent/Associate Superintendent Date

_____ _____
Signature of Superintendent Date

Expenses will be charged as follows:

Consulting

FUND	CL	FUNCTION	OBJECT	LOCATION	T	U	ACTIVITY
			3 1 6				

Travel

FUND	CL	FUNCTION	OBJECT	LOCATION	T	U	ACTIVITY
			3 3 5				

*Refer to School Board Policy 3400 for limitations of travel expenses.

Form 2007 (Rev 6/98)

Broward County Public Schools