

**SERC Contracted Services Request Form**

 Please complete every section.

<b>School Name</b>	
<b>School Address, City, State, Zip</b>	
<i>Person Authorized to Sign Acknowledgment</i>	<i>Contract Coordinator</i>
<b>Name</b>	<b>Name</b>
<b>Phone</b>	<b>Phone</b>
<b>Email</b>	<b>Email</b>
<b>Organization or Provider Legal Name:</b>	<b>Organization or Provider email:</b>
<b>Payee:</b>	<b>Organization or Provider Signatory:</b>
<b>Organization or Provider Address City, State, Zip Code:</b>	<b>Signatory Title/Position:</b>
<b>Organization or Provider Phone:</b>	<b>Signatory's Email:</b>
<b>Purpose of Contract (i.e. To address the impact of learning loss due to COVID-19):</b>	<b>Term of Service (i.e. October 1, 2021 - June 30, 2022):</b>
<b>Description of Services to be Provided - Outline of deliverables (ie. counseling 3 times a week, small group interventions etc.)</b>	
<b>Rate (Hourly or Fee for service):</b>	
<b>Estimated Hours, if applicable:</b>	
<b>Total Contract Amount:</b>	