

GEER ARP EANS Contracted Services Request Form

 Please complete every section.

Your School Name	
School Address, City, State, Zip	
<i>Primary Contract Contact</i>	<i>Secondary Contract Contact</i>
Name	Name
Phone	Phone
Email	Email
Service Provider Legal Name*:	Service Provider email:
Service Provider Payee:	Service Provider Signatory:
Service Provider Address City, State, Zip Code:	Signatory Title/Position:
Service Provider Phone:	Service Provider Signatory's Email:
Purpose of Contract (e.g. To address the impact of learning loss due to COVID-19):	Term of Service (e.g. July 1, 2023 - June 30, 2024):
<i>*Please contact service provider for contract and payment details.</i>	
Description of Services to be Provided - Outline of deliverables (ie. counseling 3 times a week, small group interventions etc.) <u>Specific days and hours required.</u>	
Rate (Hourly or Fee for service):	
Estimated Hours/sessions	
Total Contract Amount:	