

# 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. Services Provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Service location(s) department and campus: \_\_\_\_\_

C. Time and dates for services: \_\_\_\_\_

D. Payment terms and conditions are: Net 30

E. Contract amount: \_\_\_\_\_

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.

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.

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

H. Additional terms and conditions are: \_\_\_\_\_

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

J. 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, Finance & Administrative Services

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date