

SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY

4312 Michigan Avenue, Fort Myers, FL 33905

Phone: (239) 334-3897

Main Office Fax: (239) 334-8794

Date: _____

CONSULTANT CONTRACT PROPOSAL

Title of Course Requested: _____

Cost of Course: _____

(Travel expenses/arrangements are the sole responsibility of the consultant)

Total Hours of Course Requested: _____

Time of day Course to be taught: _____

Location of where Course is to be taught: _____

Description of Course: _____

Dates of course to be taught:

1st Choice: _____

2nd Choice: _____

Name of Agency making request: _____

Person from Agency making request: _____

Phone Number: _____

Number of Officers from my department who will attend the course: _____

Maximum number of students the Consultant will teach: _____

*Consultant or Vendor Name: _____

*Social Security Number: _____

*Company: _____

*FEID: _____

Does Vendor have F.D.L.E. Teaching Credentials: YES _____ NO _____

*Teacher's Name & Social Security Number: _____ SS#: _____

*Address of Consultant/Vendor: _____

*Phone Number: _____

*Fax Number: _____ *E-Mail Address: _____

*Address where Consultant fee is to be mailed (if different from above): _____

*Name of Consultant/Vendor Representative authorized to sign contract: _____

***THIS FORM WILL NOT BE PROCESSED WITHOUT THE ABOVE INFORMATION**

Please provide the vendor/consultant with the below listed information.

*Vendor /Consultant we have the right to cancel course one - two weeks prior to class starting. Any course with low registration numbers will be given until the week prior to start before cancellation.

*Payment to the vendor/consultant will be rendered 2-3 weeks after the course is completed with a complete file.

*NOTE: We require 2 months notice for any printing that needs to be done

RETURN FORM TO TODD EVERLY -DIRECTOR