# CONSULTING AGREEMENT

This CONSULTING AGREEMENT ("Agreement") is dated on and effective as of DATE, 2024 – June 30,2025 ,\_between Name ("Consultant") located at Address and Informed Families/The Florida Family Partnership, Inc. ("IF") with offices located at 2490 Coral Way, Miami, Fl 33145.

1. **TERM:** The term of this Agreement shall commence on DATE and will terminate on June 30, 2022 ("Term").
2. **SCOPE:** IF agrees to engage Consultant during the Term of this Agreement to provide parent peer group services at local public schools and community centers. Such schools and community centers include but are not limited to Orange County, Florida. Consultant agrees that the Consulting Services to be provided under this Agreement will be conducted in a timely and professional manner in accordance with industry standards and in good faith.

Consultant shall provide Parent Peer Group sessions as follows:

Job Description:

Identify 8 parents for Parent Peer Group sessions

Complete a total of at least 50 minutes each session per agenda

* + Parent Peer Group sessions consist of: o Agenda 1 - Brain Development
    - Agenda 2 - Harmful Media
    - Agenda 3 - Social Norms

o Agenda 4 - Parent Peer Group

* + 6-8 parents must complete the Parent Peer Group training cycle

IF have final say in deciding when work is completed in a satisfactory manner, according to reasonable industry standards. The IF liaison for this contract is Christine Stilwell, Program Director, 321-231-0587.

**Ill. COMPENSATION:** IF agrees to pay a fixed stipend of$ 200.00 upon completion of Parent Peer Group training cycle as stated in Scope section of contract. Payment for services must be submitted on Mondays prior to the week of the 15th and 30th of every month. Any requests for payment submitted more than 30 days after the due date will not be fulfilled. Final payment shall be rendered upon satisfactory completion of the scope of work. The Consultant acknowledges that this will be payment in full for the scope of services and no ancillary fees or out-of-pocket expenses will be paid by the Agency.

1. **PROPERTY OF INFORMED FAMILIES:** Consultant acknowledges and agrees that all written work created, including drafts and revisions, related to the Consulting Services (the "Materials") conceived, developed or prepared by Consultant alone, or with others, during the term of this Agreement in any form, are the property of IF and its successors or assigns, and all rights, title and interest therein shall vest in IF and its successors or assigns, and all Materials shall be deemed to be works made for hire and made in the course of Consultant's Agreement with IF, and that IF will own, for purposes of copyright, all rights in such Materials. Consultant grants and assigns solely and exclusively to Informed Families and its successors and representatives the right to publish, sell, or

cause to be published or sold, all written work produced by Consultant under this Agreement throughout the world. Consultant may keep copies of such Materials as writing samples, but may not share them with third parties without prior written permission of Informed Families.

1. **CONFIDENTIALITY:** The Consultant must not disclose any information regarding the participants in any IF programs to any third parties including parents or guardians. This confidentiality agreement is pursuant to Florida Statutes§§ 394 and 397. Consultant further understands that violation of this agreement shall be grounds for termination of agreement and may result in criminal prosecution.
2. **TERMS AND CONDITIONS:** The relationship of the Consultant to IF is, and at all times shall be deemed to be, that of an independent contractor. IF is not responsible for any insurance or other fringe benefits, e.g., social security, income tax withholding, retirement or leave benefits, for the Consultant or employees of the Consultant that are normally available to direct employees of IF. The Consultant assumes full responsibility for the provision of all insurance and fringe benefits to himself and to employees retained by the Consultant in order to satisfy the scope of services of this Contract. The Consultant accepts responsibility and liability for their exposure to injury. The Consultant will be responsible for insurance coverage. In the event IF is required by the State to add Consultant on their Workers' Compensation Policy, the Consultant agrees to reimburse the Agency for those actual costs.
3. **ASSIGNABILITY:** This Agreement is particular to the Consultant and may not be assigned to any other party.
4. **NOTICE:** All notices and other communications provided for in this Agreement shall be in writing and personally delivered or sent certified mail, return receipt requested, addressed as follows:

**IF to Consultant:** Peggy B. Sapp President & CEO 2490 Coral Way

Miami, FL 33145

**Consultant to IF:** Name Address Address

# IN WITNESS WHEREOF, the parties have executed this Consulting Agreement

Agreed to:

Peggy B. Sapp President & CEO

Informed Families/The Florida Family Partnership, Inc. Date:---------

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

Name

Date

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