

(name) CATHOLIC INDEPENDENT SCHOOL COUNCIL

This Agreement is made this _____ day of _____, 20_____.

BETWEEN: (name) Catholic Independent School Council
(address)

AND: _____ (Name of Contractee)

_____ (Address)

_____ (City, Province)

Services for completing a financial review engagement and completing the *Statement of per Student Operating Costs* are required _____(name of school) effective _____, 20_____.

Services required are project-based at a total cost of \$_____ to be paid within 30 days of completion of service.

Requirements:

- Complete required service and paperwork by the deadlines.
- Use the standard format approved and supplied by the auditor of the diocese.
- Meet with School Council chair, finance chair and administration to review the engagement report and the *Statement of Per Student Operating Costs* before the final submission to the required entities.
- Forward the completed and signed *Statement of per Student Operating Costs* to the CISND office by the deadline required.

This Agreement has been read and has been found acceptable by both parties.

(name) Catholic Independent
School Council authorized signatory

(name) Catholic Independent
School Council authorized signatory

COUNCIL DESIGNATE

PASTOR

SIGNED in the presence of Contractor:

Witness

Address

CONTRACTEE

Occupation

ATTACHMENTS (office use only)

_____ Proof of insurance

_____ valid GST number (if charging GST); number _____

_____ valid WCB registration; number _____

_____ details of service requirements (describe in detail, if need be)

_____ Better Business Bureau member

NOTE: Check WCB website (www.worksafebc.com) and Revenue Canada website (www.cra-arc.gc.ca/menu-e.html) to see if company is registered and up-to-date in their premium payments and that there is an adequate amount of insurance. Recommended insurance for liability is \$2,000,000 and for property and loss is the value of the building.