

(Your name here)
Memorandum of Understanding
Month, Year

This agreement, entered into on (date) by and between **Your Name** (“Consultant”) and **Client’s full legal name** (hereinafter “Client”), sets forth the terms and conditions of the relationship between Consultant and Client. This agreement covers work occurring between (date) and (date).

Scope of Services: The purpose of this engagement is (select from examples below or create your own description)

- to provide teacher professional development for Client staff and faculty to accomplish goals set out by Client.
- to create and deliver arts-based learning lessons (units of study) for x classrooms, not to exceed ___ students per classroom.
- to partner with x classroom teachers to team teach arts-integrated units of study in grades x, subject matter x.
- to perform x assemblies at Client’s location of _____, followed by question and answer sessions with student audience.
- to?

Consultant’s delivery of services would include but not necessarily be limited to the following:

- Try to break out each piece of what you’ll be doing, so the amount of work it takes is more transparent to the Client (see Sample Invoice for suggestions).
- Create and facilitate customized teacher professional development workshop on (date).
- Design and coordinate a model lesson plan for faculty to complete following the professional development.
- Create and facilitate customized teacher professional development workshop for follow up, date to be determined.
- Document the learning process and provide teachers with a record of student learning.
- Create and disseminate teacher guides for each performance.

In consideration of the services provided stated herein, Client agrees to act in accordance with the protocols of courtesy and professional responsibility, and agrees to facilitate the delivery of services by providing 1) timely access to any and all materials and staff required for planning and delivery of services; and 2) the cooperation of individuals who possess specific knowledge and/or access to information that may be necessary to complete the required objectives. (Client representative/school contact name and title) will be responsible for coordinating Consultant’s scheduled activities, reviewing and approving as needed material prepared by the Consultant, and obtaining any approvals necessary from appropriate officials. Regular contact will be maintained between Consultant and Client designees overseeing the projects defined above.

Your name	Address
Phone	Email

Terms: Service will be billed at a flat rate for each workshop of \$___, unless otherwise approved in writing in advance by Client. Student contact hours will be charged by the classroom session up to 55 minutes at the rate of \$___ per contact hour. Classroom sessions exceeding 55 minutes but less than 75 minutes will be charged a session rate of \$ ___ (contact hour rate x 1.35 or other ratio as you desire).

Billing: Consultant will submit one invoice per workshop on or immediately after each event, not to exceed two invoices per month. Client agrees to pay invoices within 10 days of receipt. Significant delays in payment of invoices may result in suspension of Consultant services until payment is received.

Provision for Cancellation of Agreement: In the event that Client wishes to suspend work, it is obligated to pay only for uncompensated work completed up to the date of notification. A cancellation fee of 30% of expected service fee is due if cancellation occurs within 5 days of scheduled events. Either party to the agreement reserves the right to terminate this Agreement upon (10) days written notice.

In addition, either party may terminate this Agreement immediately in the event of any material breach of this agreement or the obligations established hereunder. In the event of termination or upon expiration of this Agreement, Client shall return to Consultant any and all documents, materials, work product and all copies made thereof, which were obtained by the Client from the Consultant.

Arbitration: Consultant and Client agree to resolve any disputes arising from this agreement through a mutually agreed-upon local service provider of mediation and arbitration programs aligned with best practices as identified by the American Arbitration Association or other professionally recognized arbitration organization mutually agreed to by the Parties. All fees and costs incurred for the mediation/arbitration process shall be shared equally by the parties unless agreed otherwise in a fee agreement or determined otherwise by the arbitrators.

Addenda: Any addenda to this document must be signed and dated by both parties.

Read agreed to by:	
_____	_____
Consultant	Client Representative
Date:	Date:

Your name	Address
Phone	Email