

2017-2018 Child Passenger Safety DSS Certification Training Contract

This is the agreement between Children's Trust of South Carolina ("Children's Trust") and _____ ("Contractor") to conduct a Child Passenger Safety Certification Training in _____ (county) for the South Carolina Department of Social Services ("DSS"). This Agreement is offered only to Certified Child Passenger Safety Instructors in good standing and is effective from _____ (today's date) through April 30, 2018.

Contractor agrees to the following:

- Register the certification training as a **controlled class for a DSS specific audience** on cert.safekids.org at least **eight** weeks prior.
- Instruct individuals to register at: <https://childrenstrustofsc.wufoo.com/forms/child-passenger-safety-certification-training/>
- Ensure all appropriate materials are obtained prior to the training including training car seats, certification training booklets, seatbelt systems, etc.
- Collaborate with Children's Trust to identify training site and dates.
- Conduct the certification training **between March 1, 2018 and April 30, 2018.**
- Provide the following information to Katrin Bost at (803) 744-4041 or kbost@scchildren.org as directed:
 - Updated contact information including email, address and phone number;
 - Sign-in sheets for certification training scanned to kbost@scchildren.org **within three days after the training.**

COMPENSATION:

As a child passenger safety contractor in _____ (county) Contractor will receive \$500.00 compensation. Contractor will receive this amount after Contractor's certification training by April 30, 2018. Funds are provided to compensate time, cell phone and travel. **Payment is made to Contractor after Contractor has submitted all necessary documentation. Contractor must submit a W-9 along with this completed contract so Children's Trust can initiate payment.**

Contracted technician(s) or party name: _____

Technician number(s): _____

Technician certification start and end date: _____

County under contract: _____

Address for mailing checks (city/state/zip): _____

Cell phone for contract use: _____

E-mail for contract use: _____

Contractor's Signature

Children's Trust Signature