CONTRACT FOR SERVICES AGREEMENT
Converse County, Wyoming
Fiscal Year 2015-2016 (FY 16)

Please submit two originals of this form with your budget request. Page 3, SCOPE OF WORK, must be completed.

Parties: This agreement is made between the Board of Commissioners of Converse County, Wyoming, 107 N 5th St., Suite 114, Douglas, WY 82633-2448 (hereafter "**County**") and Wyoming Child and Family Development, Inc. (hereafter "**Contractor**").

Purpose: This agreement is for the purpose of obtaining resources (funds) from the **County** and using such funds towards those services identified in ***Attachment A: Scope of Work.*** Funds will not be disbursed until the Contractor has completed and returned the Contract for Services Agreement and the County has approved the Contract.

Term: This agreement shall be in effect for a one-year term beginning July 1, 2015 and ending on June 30, 2016.

Payment: The **County** shall pay the **Contractor** in twelve equal monthly installments of $ 500.00 , not to exceed $ 6000.00 in total during the term of this agreement. (Note: the County will insert the budget amounts in this paragraph after the ***final budget*** has been ***approved*** by the Commission on the 3rd Tuesday of July.)

Termination: The **Contractor** may terminate this agreement thirty (30) days after giving notice in writing to the **County** of its intent to terminate. The **County** may terminate this agreement at any time for any breach thereof by **Contractor** or due to lack of sufficient funds in the County Treasury. Termination by either party ceases further obligation on the part of the **County** to make further payments under this agreement and **Contractor** shall be required to reimburse the **County** for any monies paid to **Contractor** under the terms of this agreement which have been paid in advance for services not yet rendered.

Responsibilities of Contractor: Contractor shall:

1. Use the funds solely for those services identified in ***Attachment A: Scope of Work.***
2. Submit to the **County** a copy of its annual financial compilation, review or audit when completed for the end of each fiscal year. This document must be received from the **Contractor** prior to further funding requests.
3. Contractor shall submit invoices monthly, quarterly, biannually or yearly by the County's accounts payable deadline. Invoices shall be submitted by US Mail or by hand delivery to the County Clerk's Office.
4. Any allocation not invoiced by the Contractor for the current Fiscal Year and by the deadline will revert to the County's General Fund and will not be paid to the Contractor.
5. The Contractor shall pay, in a timely manner, all property taxes and any other debts assessed in its name and payable to Converse County. The County may

withhold any debts due and owing from the Contractor's final fiscal year allocation.

Miscellaneous Provisions:

1. The Parties hereby agree that **Contractor** may accumulate monies and need not expend all current funds provided; however, the **Contractor** shall not accumulate funds so as to be liable for any corporate tax.
2. By entering into this Agreement, the **County** does not waive its sovereign immunity or any other defense provided by law.
3. It is understood by both parties the funding provided to the **Contractor** is budgeted through the County's General Fund account; therefore, continued financial support for the **Contractor** after June 30, 2015 is contingent upon on an application form completed by the **Contractor** in the County's specified format; the **Contractor** meeting the ***Scope of Work*** identified in ***Attachment A;*** and, providing all documents and/or records as may be requested by the Board of County Commissioners from this date forward.

Signatures:

Converse County

Richard C. Grant, Jr., Chair, BOCC — Date: 8/4/15

Attest:

Lucile K. Taylor, Converse County Clerk

COUNTY OF CONVERSE SEAL STATE OF WYOMING

{Contractor} Name of Organization: Wyoming Child and Family Development, Inc.

Mailing Address: P O Box 100

City Guernsey State Wyoming ZIP 82214

Phone Number: 307-836-2751

Email address: wcfd@wyomingchild.org

Chairman — Date: 3-18-15

Attest:

Secretary

ATTACHMENT A - SCOPE OF WORK

Instructions to **Contractor**: Please identify and list the services that will be provided to County residents by using bullet points and provide sufficient detail for the Board of Commissioners to understand the project. It is not necessary to go into great detail. The Contractor shall be required to quantify (measure) the services provided prior to being considered for future funding.

Wyoming Child & Family Development, Inc. — 3-18-15
Contractor — Date

Please list those services below or attach your document with the required information:

Supportive services for Converse County children ages birth to five years old:

- Individualized Special Education Services
- Physical Therapy Services
- Occupational Therapy Services
- Speech/Language Therapy Services