
CONTRACT FOR SERVICES AGREEMENT

Converse County, Wyoming
Fiscal Year 2019-2020 (FY 20)

Please submit one (1) original of this form with your budget request. Page 3, SCOPE OF WORK, must be completed. For your records, a scan will be available on the County's website after the budget request is approved.

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 ___ Converse County Aging Services, 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*. This form shall be submitted with the Budget Request. No funds will be disbursed until this contract is approved by the Board of County Commissioners.

Term: This agreement shall be in effect for a one-year term beginning July 1, 2019 and ending ~~June 30, 2020.~~ *December 31, 2019. Jkt*

Payment: The County shall pay the Contractor in ~~twelve~~ *6* equal monthly installments of \$ *7500*, not to exceed \$ *90,000.00* 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 submitted by the Contractor along with the current budget funding request.
3. Contractor shall submit invoices monthly, quarterly, or biannually 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 of funds 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.

- 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:

- 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.
- By entering into this Agreement, the **County** does not waive its sovereign immunity or any other defense provided by law.
- 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, 2019 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


 Robert Short, Chair, BOCC

8/6/2019
 Date

Attest: 
 Lucile K. Taylor, Converse County Clerk



ORGANIZATION: Obtain Signatures, complete ALL blanks.

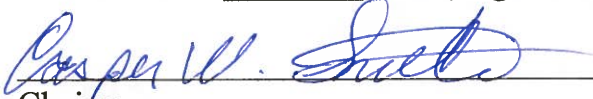
{Contractor} Name of Organization: Converse County Aging Servies, Inc

Mailing Address: PO Box 192

City Douglas State WY ZIP 82633

Phone Number: 307-358-4348

Email address: ccaswy1@gmail.com


 Chairman

04/09/19
 Date

Attest: 
 Secretary (Treasurer)

(The next page [3], Attachment A, Scope of Work is REQUIRED.)

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.

__Converse County Aging Services, Inc_____ 04/09/19_____
Contractor Date

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

Converse County Aging Services, INC provides services for seniors 60 and older, and disabled adults. The centers are in the communities of Douglas, & Glenrock.

- Nutrition
- Health Education
- Loan Closet
- Socialization
- Exercise groups
- Supportive services
- Wyoming Home Services
- Community outreach

NOTE

Fees for our services is based on suggested donation