



This Non-Exclusive Professional Services Agreement is made this _____ day of _____, 20_____.
by and between the University of Montevallo (“University”) and _____ (“Contractor”). The
agreement is subject to the conditions as indicated below.

Description of Services Rendered:

Dates Payment Amount of Service (Contract Period):

Contractor is an independent contractor and is not an employee of the University. Contractor is responsible for its’ own liability insurance and tax filings. Contractor will indemnify, defend, and hold harmless the University and its officers, employees, and trustees from and against any and all claims, suits, judgments, and damages arising out of Contractor’s acts or omissions in the performance of the services provided in this agreement. Contractor may not subcontract any portion of the work without prior written approval from the University.

Contractor is committed to diversity and inclusiveness and to providing a hostile free work environment for the well-being of members of the University community and will abide by University policies, including but not limited to the Harassment Policies, and the Drug Free Workplace Policy. If applicable the Contractor agrees to provide and maintain adequate safeguards to protect covered information in compliance with the University’s Information Security Policy, the Gramm-Leach-Bliley (GLB) Act, the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), and the Fair and Accurate Credit Transactions Act (FACTA).

If the compensation provided under this agreement exceeds \$5,000, Contractor agrees to complete the attached Vendor Disclosure Statement and return it with the signed agreement. The agreement is not valid without the Disclosure Statement.

Either the University or the Contractor may terminate this professional services agreement at any time with or without cause upon written notification to the other party. In such an event, Contractor will be paid for the work performed to the date of termination.

This non-exclusive agreement shall be interpreted in accordance with the laws of the State of Alabama.

Signature

Susan F. Hayes, MBA
CFO/Treasurer

Printed Name

Address:

Budget Account Number:

Social Security Number (required): _____ - _____ - _____

Montevallo, Alabama 35115 Telephone: 205.665.6000

The University of Montevallo is an affirmative action-equal opportunity institution.