AGREEMENT BETWEEN THE STATE OF LOUISIANA
CAPITAL AREA HUMAN SERVICES DISTRICT

AND

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FOR

□ **Professional Services** □ **Consulting Services** □ **Social Services** □ **Interagency**

1.) Provider/Contractor (Legal Name if Corporation)	**6.) Federal Employer Tax ID# or Social Security # (11 digits)**
2.) Mailing Address	**7.) License or Certification #**
3.) City and State Zip Code	**8.) Contractor Status (Check All Applicable)** □ Sub recipient □ Corporation □ Non-profit □ For Profit □ Publicly Traded
4.) Telephone Number	
5.) FAX Number	**9.) CFDA #**

10.) Brief Description of Services to be Provided

11.) Effective Date	**12.) Termination Date**

13.) This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party, but in no case shall continue beyond the specified termination date.

14.) Maximum Contract Amount	

15.) Terms of Payment (Stipulate rate or standard of payment, billing intervals, invoicing provisions, etc.) **Contractor is obligated to submit final invoices to CAHSD within fifteen (15) days after termination of contract. All invoices are due by the 15th of the following month.**

PAYMENT WILL BE MADE ONLY UPON APPROVAL OF:	**Name:** Jan Kasofsky, Ph.D.	
	Title: Executive Director	**Phone:** 225-922-2700

16.) Special or Additional Provisions which are incorporated herein, if any (if necessary, attach separate sheet and reference)

ATTACHMENT 1: Curriculum Vitae (Resume')
ATTACHMENT 2: Acknowledgement of Drug-Free Workplace Requirements
ATTACHMENT 3: HIPAA Business Associate Addendum
ATTACHMENT 4: W-9
ATTACHMENT 5: Invoice
Contractor's signature on time and attendance report certifies that services reported during time period show do not conflict with services provided and compensated for at another facility or agency.