

LifeSPAN Facilitator Contract

Date: _____

Name: _____

Dear _____:

We are very pleased to extend a warm welcome to LifeSPAN! Your willingness to be part of our work by acting as a Facilitator will, we are sure, offer you many rewards. For many of us, assisting in the development of relationships has been a true source of inspiration.

As a Facilitator you will act as an independent contractor to LifeSPAN and not as an employee of LifeSPAN. The following are terms of the contract between you and LifeSPAN.

1. As a Facilitator, you will assist individuals and their families to establish a Personal Network. The Services (facilitation) you will provide include the following:
 - (a) Conducting meetings with the individual and his/her family to identify their goals and aspirations;
 - (b) Identifying and contacting potential network members;
 - (c) Facilitating meetings with network members and community contacts;
 - (d) Developing and following six-month work plans (approved by the family, the individual and/or their representatives and LifeSPAN);
 - (e) Attending regular meetings with representatives of LifeSPAN and other facilitators as requested;
 - (f) Providing regular reports and summaries of the process; and
 - (g) Participating in regular reviews of the services you provide, as required by LifeSPAN.
2. You will determine your own schedule for facilitation, according to the needs and availability of the focus person, the family and the potential contacts.
3. LifeSPAN will pay you an hourly rate of \$25.50 per hour, based on the hours you work. You are responsible for all taxes and contributions payable on any income earned from LifeSPAN.

We estimate that you will work approximately two to six hours each month for each individual for whom you are facilitating a Personal Network. You will be responsible to render an account to LifeSPAN for your fees by the 10th of each month, which will be for services performed the previous month.

Because you are not an employee of LifeSPAN, your remuneration is deemed to be a stipend or fee for service. You have furnished us with a Form W-9. As required by law, we will send you a Form 1099 – Miscellaneous Income showing total payments for the year by February 1 of each year. The compensation shown on the 1099 must be reported to the federal government with your annual return for income tax.

Circumstances vary from one individual to the next, so we suggest that you consult Department of the Treasury/IRS Publication 505 “Tax Withholding and Estimated Tax,” the IRS telephone information line, or a professional tax advisor. The publication can be found on the Internet at www.irs.ustreas.gov or can be ordered from the IRS at 1-800-829-3676. Other publications you may find useful are 583 “Starting a Business and Keeping Records” and 533 “Self-employment Tax.”

4. LifeSPAN will obtain a Criminal History check on you from the Washington State Patrol. The results of the Criminal History check must be satisfactory to LifeSPAN before you start to work as a Facilitator.
5. You do not have the authority to commit LifeSPAN to any obligations, contractual or otherwise, or to the payment of any money to any person, firm, corporation or business, except with the prior written permission of LifeSPAN.
6. You will arrange, carry and pay for adequate and proper insurance covering the use of your vehicle while providing the Services.
7. We hope that you will commit to facilitate for at least one year. However, you may terminate this agreement by giving LifeSPAN a minimum of 30 days notice. LifeSPAN can terminate this agreement at any time by giving you one day’s notice.

We are pleased you have chosen to assist us in developing relationships for our members and look forward to supporting you in your work as a Facilitator. A Facilitator Coordinator is appointed to each facilitator to provide support.

Please sign one copy of this letter and return it to LifeSPAN at your earliest convenience.

Sincerely,

Facilitator Coordinator
LifeSPAN
1801 – 130th Avenue NE, Suite 220
Bellevue, WA 98005
(425) 883-9867

Facilitator Signature

Date