

**PACIFIC NORTHWEST DISTRICT (PNWD)  
CONSULTING SERVICE AGREEMENT**

This agreement is between \_\_\_\_\_  
(congregation) and the PNWD, which has assigned a consultant to provide  
services as described below.

Lead Consultant: \_\_\_\_\_

Address:

Phone:

Email:

Additional Consultant(s): \_\_\_\_\_

Congregation contact for this consultation: \_\_\_\_\_

Title:

Address:

Phone(s):

Email:

Congregation Mailing Address: \_\_\_\_\_

Office Phone:

Office Administrator:

Email:

Minister: \_\_\_\_\_

Address:

Phone(s):

Email:

***Attach names and contact information for any others to be involved  
with this consultation, who may require contact by Consultant.***

Brief description of services to be provided:

Dates Pertaining to this Agreement:

**Full Fair Share Congregation? PNWD yes/ no**

**UUA yes/ no**

*Please see fee schedule at <http://www.pnwd.org/pubs/currentfeesheet.pdf>*

**Congregation cost sharing estimate** (payable when billed by PNWD):

Anticipated On-Site Consulting: \_\_\_\_\_ hours

Anticipated Off-Site Additional: \_\_\_\_\_ hours

Private Car Mileage: \_\_\_\_\_ miles

Commercial Transportation: \$\_\_\_\_\_

Commercial Lodging: \_\_\_\_\_ nights

Meals: \_\_\_\_\_ # Breakfast \_\_\_\_\_ # Lunch  
\_\_\_\_\_ # Dinner

Miscellaneous (copies, phone, etc): \$\_\_\_\_\_

**The undersigned agree** to the above services and conditions. Changes may be made at any time, but must be made in writing and be agreed upon by the consultant and the congregation. This is the only service agreement between the parties, either oral or written. Either party may terminate this agreement at any time without cause. If the agreement is terminated prior to completion of services, consultation fees for work completed prior to termination will be pro-rated and due upon termination; reimbursable expenses incurred prior to termination will be due at actual receipted costs and payable upon termination. Follow-up consultation by phone or in person upon conclusion of this service agreement will be charged per hour at current PNWD rates unless a new service agreement is negotiated.

**The Congregational Representative** signing below certifies that s/he is fully authorized to enter into this agreement and incur expense on behalf of the congregation, according to the terms detailed above.

**PNWD Consultant/ Lead:**

Date:

**Authorized Congregational Representative:**

Title:

Date: