

# TECHNICAL ASSISTANCE FORM & AGREEMENT

Training and Technical Assistance

Staff Contact: Chris Zeitner: 541-726-3706 / Fax: 541-736-1021

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1. Company Name (Requestor): \_\_\_\_\_
- 1 a. Address: \_\_\_\_\_  
\_\_\_\_\_
2. Contact Person: \_\_\_\_\_
- 2 a. Phone #: ( ) \_\_\_\_\_ ext. \_\_\_\_\_
3. Type of Service Provided (Required): \_\_\_\_\_  
\_\_\_\_\_
4. Date Requested: \_\_\_\_\_ 5. Date Needed: \_\_\_\_\_
6. Reason for Contracting Service with the City: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. CAD (AutoCAD R12, R13, R14, 2000 or other), GIS or Image Processing Software to be Trained in.  
\_\_\_\_\_
8. Cost for Providing Requested Assistance.
- 8 a. Cost of travel (see attached Travel Form): \_\_\_\_\_
- 8 b. Number of students to be trained: \_\_\_\_\_ 8c. Cost per student: \_\_\_\_\_ 8d. Total (8b X 8c) \_\_\_\_\_
- 8 e. Billable Hours (\$60.00 per hour): \_\_\_\_\_
- 8 f. **TOTAL COST** (add lines 8a, 8d, and 8e): \_\_\_\_\_

## TERMS OF AGREEMENT

The parties to this agreement are the agency or business firm requesting the service who is also the recipient of the assistance identified in this agreement (referred to as Requestor) and the City of Springfield. Requestor agrees to be bound by the terms of this agreement. Requestor agrees that the City of Springfield's liability whether in contract, in tort (including negligence), in strict liability or otherwise shall not exceed the return of the total costs, mentioned above on line 8e, and under no circumstances shall the City of Springfield be liable for any special, incidental or consequential damages, including data loss, personal injury, property damage, damage or loss of equipment, lost profit or revenue, cost of renting replacement and other additional expenses, even if the City has been notified of the possibility of such damages. Use of the educational materials provided with the assistance program identified above, is limited to use on the project specified in this agreement. Any other use for additional projects and/or training must be agreed to by the City of Springfield.

9. Project Manager (name and title) : \_\_\_\_\_
10. Signature (required) : \_\_\_\_\_ Date : \_\_\_\_\_

BILL \_\_\_\_\_

\_\_\_\_\_ PAY