

CONSULTING AGREEMENT

Agreement entered into March 27, 2025 [date], by and between **SPRINGFIELD SCHOOL DISTRICT NO. 186** ("District"), and DPCP Corporation; c/o Don Parker ("Consultant") whereby the parties hereto agree as follows:

1. Term of Agreement. This Agreement shall commence effective June 1, 2025 [date] and shall end on June 30, 2025 [date] unless earlier terminated as hereinafter provided. The initial term may be extended by written addendum of the parties. All consultants shall be approved in advance by the Superintendent or his designee. Fees that exceed \$500 per day or a maximum of \$2,000 must have prior approval of the Board of Education.
2. Consultant Services. During the initial or any extended term hereof, Consultant shall provide the following services (**describe services in detail or attach supporting documentation**) on behalf of District at time and locations approved by District:

Discusses the characteristics of challenging students and the difficulties they face in building trusting relationships with adults in the school setting.

3. Compensation. District shall compensate Consultant for services hereunder at the rate of \$ n/a per n/a time. Consultant must complete the Contractual Service Statement in order for payment to be made. District shall pay within 30 days of receipt of all completed paperwork unless otherwise agreed to by the parties. If travel and miscellaneous expenses are to be included, please indicate what specific expenses are agreed to by both parties:

4. Non-assignability. This Agreement is for personal services to be performed by Consultant, and shall not be assignable by Consultant without the prior written consent of District.
5. Entire Agreement. This Agreement constitutes the entire agreement between the parties and supersedes all prior oral or written proposals, agreements or understandings in connection with services rendered or to be rendered by Consultant to District.
6. Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois.

[O V E R]

7. Compliance with Policies and Administrative Rules. In the performance of consulting services hereunder, Consultant shall conform to the policies and administrative rules of District. Failure to do so shall constitute grounds for immediate termination of this Agreement.
8. Early Termination. This Agreement may be terminated by either party, with or without cause, by giving the other party at least 60 days advance written notice thereof.
9. Status of Consultant. In rendering services hereunder, Consultant shall be acting as an independent contractor and not as an employee of District. As an independent contractor, Consultant shall have no authority, express or implied, to commit or obligate District in any manner whatsoever, and nothing contained in this Agreement shall be construed or implied to create a partnership, agency or joint venture relationship between Consultant and District. Consultant shall be liable for the payment of all taxes applicable to any compensation paid to Consultant by District hereunder, and it is expressly understood that District shall not be required to withhold or pay any federal, state or local income, FICA, unemployment or workers' compensation taxes relative to such compensation.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate on the date and year first above written.

SPRINGFIELD SCHOOL DISTRICT NO. 186

By: _____
Superintendent [Or His/Her Designee]

CONSULTANT

Dr. Don Parker
Name

8817 S. Talman, Evergreen Park, IL 60805
Office Address

708-655-5679 N/A
Phone Number Fax Number

DrDonParker@DrDonParker.com
E-Mail Address

Soc. Sec. No. E
Or
FEIN Number 20-5240975

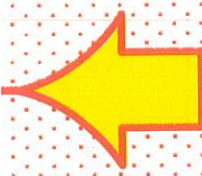
District No. 186 Contact Person:

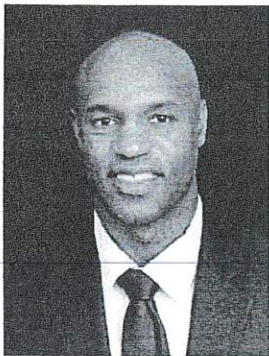
Larry McVey
Name

3063 Fiat Avenue, Springfield, IL 62703
Office Address

217-525-3037
Phone Number Fax Number

lmcvey@sps186.org
E-Mail Address





Proposal to provide Professional Development to: Southeast High School

DPCP Corporation
8817 S. Talman
Evergreen Park, IL 60805
Dr.DonParker@comcast.net
1-708-655-5679
FEIN # 205240975

Date: March 15, 2025



Services will be provided to:
Southeast High School
c/o Mr. Cody Trigg – Principal
Springfield, IL 62703
217-525-3130

Payment will be mailed to:
DPCP Corporation
c/o Dr. Don Parker
Evergreen Park, IL 60805
708-655-5679

Product: *Building Trusting Relationships with Students*

This workshop discusses the characteristics of challenging students and the difficulties they face in building trusting relationships with adults in school settings. As a result of attending this workshop and engaging in group work and hands-on activities, participants will be able to:

1. Use connection strategies necessary to build meaningful relationships with students
2. Decode the true meaning of behavior to prescribe the correct intervention
3. Foster a Relationship Building Mindset with adults so they won't give up on their students
4. Techniques to diffuse challenging students' misbehavior
5. Give students hope to set goals and strive for a brighter future

Date of Service Provided: Tuesday, June 24, 2025

Full-Day live training, course material handouts, live Q&A Session, facilitated discussion, opportunity for self-reflection and growth, multimedia clips, cutting edge research and practical strategies.

Cost: \$7,500

DATE: June 24, 2025

Time: 8:30am – 3:00pm

Cost = \$7,500 (Check to DPCP Corporation will be paid on day of service)

This proposal becomes a contract for services after signing and returning to Dr. Don Parker.

Dr. Don Parker
Provider Signature

Approver's Signature

March 15, 2025
Date

Date



**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Donald M. Parker II	
	2 Business name/disregarded entity name, if different from above. DPCP Corporation	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 8817 S. Talman Ave.	Requester's name and address (optional)
6 City, state, and ZIP code Evergreen Park, IL 60805		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number								
			-				-	
OR								
Employer identification number								
2	0	-	5	2	4	0	9	7

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person Donald M. Parker II	Date January 13, 2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they