

Kentucky Peer Advisory Network Letter of Agreement

TO: Kentucky Arts Council

FROM:

DATE:

CC:

RE: Peer Consultancy

This memo is to confirm that _____
will provide _____
with a six-hour consultancy for the following date(s): _____
through the Kentucky Arts Council's Kentucky Peer Advisory Network Program (KPAN).

The consultancy will consist of:

The financial terms of the agreement are as follows:

The KPAN advisor will receive payment for services from the Kentucky Arts Council upon receipt of the KPAN final report. Rates are assessed at \$400 for a six-hour consultancy, not to include travel time.

The applicant will be responsible for reimbursement of travel expenses and incidental costs, and reimbursement for or provision of lodging and meals. The KPAN advisor is to receive reimbursement at the state mileage rate as posted on the website <http://finance.ky.gov/services/statewideacct/Pages/travel.aspx> and a per diem rate of \$36 (\$8 breakfast, \$10 lunch, \$18 dinner). Reimbursement must be made within three weeks of the completion of the consultancy. Consultants should bill applicants directly for their expenses.

The KPAN advisor is an independent contractor and shall not be deemed an employee of the Kentucky Arts Council.

All communication between the applicant and the KPAN advisor shall be held in confidence. The Kentucky Arts Council looks forward to a successful consultancy with the understanding that in no way are specific monetary or project results guaranteed.

Signature: _____

KPAN Advisor

PLEASE SIGN AND MAIL THE ORIGINAL COPY TO
KENTUCKY ARTS COUNCIL
1025 Capital Center Drive
Third Floor
Frankfort, KY 40601
Provide a copy to the applicant