EXHIBIT D

**SERVICES & PAYMENT REQUEST FORM (“SPRF”)**

Literary Arts-Youth Program (“Literary Arts”) will collaborate with School District No. 1J, Multnomah County, Oregon, (“Portland Public Schools” or “District” or “School”) to provide creative writing instructions and events for students under the following terms:

1. **Literary Arts Writers Name(s):**

1. **Class or Workshop Date(s), Time(s), and Location(s):**
2. **Budget:** Insert total cost for each class or workshop listed above
3. **School Name; Contact Name, Telephone, Email:**
4. **Literary Arts Contact Name, Telephone, Email:** Emilly Prado, Interim Director of Youth Programs, Literary Arts-Writers in the Schools, 503.227.2583 x109, *emilly@literary-arts.org*
5. **Workshop Space:** The District shall provide space suitable for teaching the class(es) or workshop(s), including tables, desks, chairs, chalk/white boards, etc. Literary Arts and the School should resolve these needs before the program date.
6. **Validity:** This SPRF shall be considered valid and binding when executed by the authorized representatives from Literary Arts and the School.
7. **Invoices; Payment:**  Literary Arts shall submit its invoice to the School representative listed in Section 4, above. The School representative MUST NOT WRITE A CHECK to Literary Arts. Instead, District Accounting Services will pay Literary Arts on behalf of the School net 30 days. See Exhibit A (Directions and Processing: Services & Payment Request Form) for help.

1. **Master Contract:** This SPRF shall be subject to the terms and conditions of the Master Contract (MSTR95312, “Contract”) entered into between the parties and any subsequent amendments to the Contract. This SPRF may include other terms, conditions, modifications, or deletions to which the parties agree. In all cases of conflict between this Form and the Contract, the Contract shall take precedence over this SPRF’s language.

 **SCHOOL DISTRICT NO. 1J LITERARY ARTS**

 **MULTNOMAH COUNTY, OREGON YOUTH PROGRAMS**

Signature of School Principal for the Executive Director, Literary Arts

account code below

Printed Name of School Principal Date

Date

**SCHOOL PRINCIPAL:**

Your signature above authorizes the Services described in this SPRF and payment for those Services from the account code(s) below. **Please complete the account code.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FUND** | **PROGRAM** | **ACCOUNT** | **SITE** | **CLASS** | **PROJECT** | **DEPT** |  **AMOUNT** |
|       |       |       |       |       |       |       |        |
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|  |  TOTAL AMOUNT |        |

APPROVED BY GRANT ACCOUNTING

(Required only if grant funds are used):

Signature or stamp of Grant Accountant / Date