

## 2023-24 Statement of Fiscal Procedures for Non-Roster Artists

This document outlines the relationship between Young Audiences of Oregon, Inc. (DBA Arts for Learning Northwest), hereinafter referred to as ALNW, and

. hereina	after referred to as Ar	tist. The relationship between ALNW
and Artist is a fiscal relationship.		γ
Artist agrees to: Indemnify and hold harmless ALNW and its agents and employees from a nature resulting from or arising out of the activities of Artist or the school, the in this document shall be construed as consent to any suit brought against A	eir agents or employe	ees described in their invoice. Nothing
It is mutually understood and agreed that:  Artist is an independent contractor, not an employee of ALNW. As such performance, workshop or other arts related service.	ı, Artist shall bear al	I expenses related to the residency,
Artist is not currently an employee at any school district, either full-time or pa	art-time. If Artist is em	ployed by a school district please give
the district name,	, and the capacity	in which you are employed (including
school names),		·
Payment Information & Schedule Payment of all federal and state taxes and other charges imposed by law including health, liability, unemployment, disability insurance and Worker's payment will be made without an invoice and a completed W-9.  For programs up to 15 days in length, payment will be made in full on the fi	Compensation, shall	be the sole responsibility of Artist. No
days long, 50% of the fee will be paid at the mid-point of the work and the four equal payments will be evenly spaced over four dates, the first payment through the work and the final payment occurring on the first pay date afte here: https://artsforlearningnw.org/fun-for-the-arts/forms	balance upon complet nent occurring on the	tion. For programs over 60 days long, first pay date one-quarter of the way
Invoices for 2023-2024 services are void if not submitted by School or Ar document is valid for all Artists' in-school services during the 2023-2024 sch a change in policy or Artist's information.		
Acknowledged and agreed on date signed:		
Artist's Signature:		Date:
Artist Name (printed):		
Address:		
City:	State:	Zip:
Telephone #	Email:	

Payment cannot be made without a signed copy of this document on file with ALNW. Keep one copy for your records. Return a signed copy to ALNW.