

Douglas County, Kansas

Housing and Homeless Stakeholders – *A Place for Everyone*

COMPENSATION AGREEMENT

Compensation Agreement for
Eligible Board and Committee Members

Contingent upon continuous fulfillment of the eligible activities (see Table 2 of Compensation Policy) of the Housing and Homeless Stakeholders and confirmed attendance at meetings, eligible board and committee members are eligible for compensation on a per meeting basis under Douglas County's Lived Experience Compensation Policy.

The compensation rate is \$25.00 per meeting. I understand that attendance taken at each meeting will be used to issue payment. Members will not be compensated for meetings they do not attend. It is their responsibility to confirm their attendance at each meeting or correct any errors in regards to documenting their attendance.

The Policy excludes Douglas County employees and any public agency, or elected or appointed office staff who serve on advisory boards or committees as part of their professional role. Members who 1) work for a contractor or organization holding an active contract with Douglas County and 2) participate or are listed in the contract activities while serving on an advisory body are eligible for advisory body compensation for the duration of the contract. This applies to all contractors, including non-profit organizations and community-based organizations. Once no longer under contract with Douglas County, an advisory board or committee member may receive compensation.

Eligible board members are independent, and no language in this Compensation Agreement shall be construed to create the relationship of agent or employee, as between an eligible board or committee member and Douglas County. Eligible members shall not be or be construed to be, the employees or agents of Douglas County.

I elect to do the following with the compensation I am eligible for as a member of the [insert eligible board or committee]:

☐ Opt-in to receive compensation as part of my term on the eligible board or committee

☐ Opt-out of receiving compensation as part of my term on the eligible board or committee

Member Name

Eligible board or committee

Member Signature

Eligible board or committee administrator
Signature

Date: _____