



Provider Commitment Form

Contact Information

Full Name: _____ Company Name: _____

Service Provided: _____

Current Address: _____

Phone Number: _____ Email Address: _____

Service Description:

Please describe the services you will be providing to Brave Hearts Foundation:

Please specify your rate or price for the services if there are any: _____

Terms and Conditions:

Scope of Work: The service provider agrees to perform the services described above in a professional and timely manner.

Payment Terms: Payment terms will be as agreed upon between Brave Hearts Foundation and the service provider.

Confidentiality: The service provider agrees to maintain the confidentiality of any sensitive information obtained during the provision of services.

Term: This agreement shall commence on [start date] _____ and shall continue until [end date] _____, unless terminated earlier by either party.

Termination: Either party may terminate this agreement with [30] days' written notice to the other party.

Independent Contractor: The service provider acknowledges that they are an independent contractor and not an employee of Brave Hearts Foundation Inc.

Governing Law: This agreement shall be governed by and construed in accordance with the laws of Florida.

Signature: By signing below, the service provider agrees to the terms and conditions outlined in this agreement.

Agreed and Accepted by:

Provider Signature: _____ Date: _____

BHF Representative Signature: _____ Date: _____