Independent Contractor Agreement

Low Intensity Support Services (LISS) Fiscal Intermediary: Maryland Community Connection Independent Contractor Name: LISS Funding Recipient: The Low Intensity Support Services (LISS) Funding is contracted by Developmental Disabilities Administration (DDA) of Maryland to the LISS Fiscal Intermediary to distribute funding for eligible individuals and services per COMAR 10.22.14. As an Independent Contractor, you have agreed to perform the following work for a LISS Funding Recipient. The role of Maryland Community Connection is limited to providing financial management services on behalf of the LISS Funding Recipient. As such, Maryland Community Connection has not hired you as an employee, set the payment, rate or hours of service. The LISS Fiscal Intermediary assumes no other responsibility for the services rendered except the expectation that the LISS Funding Recipient and/or their representative receive satisfactory and quality results. You are agreeing to perform the work described in an attached section(s) of your contract, or as stated below:			
		As an Independent Contractor, you will perform this work and all details connected with the performance of the work based on the direction of the LISS Funding Recipient and/or their representative.	
		As an Independent Contractor, you will be responsible for a Insurance obligations including, but not limited to, the filing U.S. Internal Revenue Service.	all taxes, Unemployment and Worker's Compensation g of business or self-employment income tax returns with the
		As an Independent Contractor, you are not eligible for prote limited to, employment discrimination and anti-retaliation l prevailing wage laws, and/or wage and hour laws.	
		As an Independent Contractor, if you hire employees to perform work, you will be responsible as an employer for all tax, Unemployment Insurance, and Worker's Compensation Insurance obligations on behalf of those employees.	
As an Independent Contractor, you are required to provide t Security card, (driver's license or State identification card), to the work to be performed.	to the LISS Fiscal Intermediary with copies of W-9, Social and any licenses or registrations issued to you that are related		
Signed:			
Independent Contractor	Date		
Witness (To Independent Contractor's Signature)	Date		
LISS Fiscal Intermediary (Maryland Community Connection)	Date		