

Compensation Agreement

Sobriety And Me, INC.

770-873-4712

wvinnie@att.net

sobrietyandme.org

This Compensation Agreement (hereinafter referred to as "agreement") is entered into as of **(Date)** _____ by and between Sobriety And Me and **(Company)** _____, collectively referred to as the "Parties," both of whom agree to be bound by this Agreement until terminated by either party.

This compensation and all information included are in reference to fundraising efforts to compensate organizations who conduct COVID-19 tests.

Compensation. In accordance with this compensation agreement, **(Company)** _____ will be paid _____ for each COVID-19 test collected. Compensation will be paid by check twice per month to assigned facility.

Termination. If either party of this agreement decide to end the ongoing contract, the agreement can be dissolved at any time provided one week's written notice through email/fax or verbal acknowledgement with Sobriety And Me.

Governing Law. The parties agree that this Agreement shall be additionally governed by the laws of Georgia.

The two parties agree to the terms and conditions set forth above as demonstrate by the signatures below.

Sobriety And Me: Vinnie White, President

Name: _____

Signed: _____

Date: _____

COMPANY NAME:

Name: _____

Signed: _____

Date: _____

