AGENDA ITEM: Independent Contractor Agreements

Prepared by: Kevin Bulilma, Assistant Superintendent

Consent Board Date January 18, 2017

Information Only

Discussion/Action

Background Information

Per Board Policy 3600 Consultants/Independent Contractor, all Consultant/Independent Contractor Agreements shall be brought before the board for approval.

- Christopher Burkhardt (Inspire, ASB)
- Kathleen Cahill (FVHS)
- Paul Ellcessor (Educational Services)
- Tristan Gunderson (Inspire, ASB)
- Grant Hornbeak (Educational Services)
- Stacy Johnson (Educational Services)
- Mike Mattingly (Educational Services)
- Nice Price (Educational Services)

Educational Implications

Per Board Policy 3600, the Board of Education authorizes the use of consultants/independent contractors to provide expert professional advice or specialized technical or training services which are not needed on a continuing basis and which cannot be provided by district staff because of limitations of time, experience or knowledge. Individuals, firms or organizations employed as consultants may assist management with decisions and/or project development related to financial, economic, accounting, engineering, legal, administrative, instructional or other matters.

Fiscal Implications

Consultant/Independent Contractor Agreement(s) to be paid from accounts noted on approval forms.
ASB Independent Contractor Agreement

Completed By: Daris Luther  Phone: 530-391-3000

1. This Agreement is made by and between Chico Unified School District and:
   Inspire School of Arts and Sciences
   Name: Christopher Buckhardt
   Email Address: christopherbuckhardt651@gmail.com
   Street Address/POB: 1440 Yosemite Drive
   City, State, Zip Code: Chico, CA 95928
   Phone: 916-341-2701
   Taxpayer ID/SSN: [blank]

   This agreement will be in effect From: 1/1/16 To: 11/30/16
   Site Code: 380
   Location(s) of Services: Inspire

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: set work for Scopino

   b. Goal (if applicable): [blank]

3. ASB Account(s) Affected
   a. Production Team - Scopino
   b. [blank]
   c. [blank]

4. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
   $60.00 Hourly Rate X 1.00 # Hours = $60.00 Total for Services
   (For Flat Rate fees, please place the flat rate under “hourly rate” and use “1.00” for number of hours.)

   Additional Expenses (if applicable, in the event of changes to service or other expense types)
   Item: ____________________________ $________
   Item: ____________________________ $________
   $0.00 Total of Additional Expenses
   $________ Grand Total (Services + Additional Expenses)


6. Completed W9 "Request for Taxpayer Identification Number/Certification" form is [ ] On File [ ] Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: [ ] Board authorizing signature:
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Christopher Burkhardt  

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State, and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3315.6, that criminal background checks have been completed as per Board Policy #3315.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of independent Contractor’s negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor’s employee or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an Independent Contractor.

10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

Signature of Independent Contractor

Printed Name

Date

13. RECOMMENDED:

Signature of ASB Advisor

Printed Name

Date

14. APPROVED:

Signature of Site Administrator

Printed Name

Date

15. APPROVED:

Signature of District Administrator, Business Services

Printed Name

Date

16. ASB Approved Purchase Order #

Signature of ASB Accounting Technician

Originating Administrator Signature (Blue Ink)

Date
Independent Contractor Agreement

Completed By: Carol Burns
Phone: (530) 891-3092

1. This Agreement is made by and between Chico Unified School District and:
   Name: Kathleen Cahill
   Email Address: kat_cahill@lolouc.com
   Street Address/POB: 2244 Elm Street
   City, State, Zip Code: Chico, CA 95928
   Phone:
   Taxpayer ID/SSN:

   This agreement will be in effect From: 12/9/16 To: 12/9/16
   Site Code: 030
   Location(s) of Services: FVHS, 230 East Avenue, Chico, CA 95928

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: Kathleen Cahill HIV+ will present required HIV/AIDS information for the Positive Prevention Plus Health curriculum to Fair View High School students needing to fulfill their health requirements for graduation.

   b. Goal (if applicable): Positive Prevention Plus HIV/AIDS required curriculum

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):
   a. Site descretionary Instructional funds
   b. 
   c. 

4. 

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<th>Percent (%)</th>
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</tbody>
</table>

5. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:

   $60.00 Rate X 1.00 Quantity Days = $60.00 Total for Services

   Additional Expenses (if applicable, in the event of changes to service or other expense types)
   Item: ____________________________________________ $_________
   Item: ____________________________________________ $_________
   $60.00 Total of Additional Expenses
   $66.00 Grand Total (Services + Additional Expenses)


7. Completed W9 “Request for Taxpayer Identification Number/Certification” form is [ ] On File [ ] Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.

Board Approval Date:
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Kathleen Cahill

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3315, that criminal background checks have been completed as per Board Policy #3315 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an Independent Contractor.

10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

[Signature]

Signature of Independent Contractor

Date

[Printed Name]

Printed Name

Date

13. RECOMMENDED:

[Signature]

Signature of Originating Administrator

Date

[Printed Name]

Printed Name

Date

14. APPROVED:

[Signature]

Signature of District Administrator OR Director of Categorical Programs

Date

[Printed Name]

Printed Name

Date

15. APPROVED:

[Signature]

Signature of District Administrator, Business Services

Date

[Printed Name]

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

☐ Partial Payment through:

☐ Full or Final Payment

A $.

Amount

DISPOSITION OF CHECK by Accounts Payable:

☐ Check released upon completion of services

☐ Send to Site Administrator (date):

☐ Mail to Independent Contractor

[Originating Administrator Signature (Blue Ink)]

Date

~ 2 ~
Independent Contractor Agreement

Completed By: Kelyn Chink & Barbara Arrieta
Phone: 530-3366

1. This Agreement is made by and between Chico Unified School District and:
   Name: Paul Eliaesfer
   Email Address: pweijr@gmail.com
   Street Address/POB: 9582 Left Road
   City, State, Zip Code: Durham
   Phone: 
   Taxpayer ID/SSN:  
   This agreement will be in effect From: 1/23/17 To: 9/30/17
   Site Code: Various
   Location(s) of Services: Chap, Citrus, McM, ND, Park, Ry, Rose, B, H, H, S, C, H, S

   2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
      a. Scope of Work: Paul will be working in the after school program as the professional golf coach. He will be planning lessons and teaching students the game of golf at each of the 8 sites focusing on life skills, physical skills and rules of the game.
      
      b. Goal (if applicable):

   3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):
      a. PEP Grant (Carol P. White Physical Education Grant)
      b. 
      c. 

   4. 

   5. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
      $ $ 60.00 Hourly Rate X 60.00 # Hours = $ $ 3,600.00 Total for Services
      (For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)

      Additional Expenses (if applicable, in the event of changes to service or other expense types)
      Item: ___________________________ $ $ 0.00
      Item: ___________________________ $ $ 0.00 Total of Additional Expenses
      $ $ 5,000.00 Grand Total (Services + Additional Expenses)


   7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: [ ] On File [ ] Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: ____________________________ Board authorizing signature: ____________________________
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Paul Elcessor

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an Independent Contractor.

10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

Paul Elcessor
Printed Name

Date

13. RECOMMENDED:

John Bohannon
Printed Name

Date

14. APPROVED:

John Bohannon
Printed Name

Date

15. APPROVED:

Signature of District Administrator, Business Services

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

[ ] Partial Payment through: $________

[ ] Full or Final Payment $________

DISPOSITION OF CHECK by Accounts Payable:

[ ] Send to Site Administrator (date):

[ ] Mail to Independent Contractor

Originating Administrator Signature (Blue Ink)

Date
ASB Independent Contractor Agreement

Completed By: Devis Luther  Phone: 991-3090

1. This Agreement is made by and between Chico Unified School District Inspire School of Arts and Sciences and:

   Name: Tristan Gunderson
   Email Address: thalamus22@gmail.com
   Street Address/POB: 1853 Wild Oak Lane
   City, State, Zip Code: Chico, CA 95926
   Phone: 
   Taxpayer ID/SSN: 

   This agreement will be in effect From: 1/1/16 To: 11/30/16
   Site Code: 380 Location(s) of Services: Inspire

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: and work

   b. Goal (if applicable): beautiful arts

3. ASB Account(s) Affected
   a. Production Team - Scapino ASB Account #: 212-7 Percentage: 100.00%
   b. 
   c. 

4. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
   $40.00 Hourly Rate X 1.00 # Hours = $40.00 Total for Services
   (For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)
   Additional Expenses (If applicable, in the event of changes to service or other expense types)
   Item: $ 
   Item: $ 0.00 Total of Additional Expenses $40.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is ☐ On File ☑ Attached

6. Completed W-9 "Request for Taxpayer Identification Number/Certification" form is ☐ On File ☑ Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: Board authorizing signature:
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Tristan Gunderson  

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker’s compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to independent Contractor’s employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.5., that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor’s negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by independent Contractor, and/or the Independent Contractor’s employee or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District’s general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor’s business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an Independent Contractor.

10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of Invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

11. Either party may terminate this agreement, with or without cause, upon 30 days’ written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

[Signature of Independent Contractor]

Printed Name: Tristan Gunderson  
Date: 12/9/16

13. RECOMMENDED:

[Signature of ASB Advisor]

Printed Name: Jasrae Myles  
Date: 12/5/16

14. APPROVED:

[Signature of Site Administrator]

Printed Name: Jerry Crosby  
Date: 12/5/16

15. APPROVED:

[Signature of District Administrator, Business Services]

Printed Name:  
Date: 

16. ASB Approved Purchase Order #

[Signature of ASB Accounting Technician]  
[Originating Administrator Signature (Blue Ink)]  
Date: 

~ 2 ~
Independent Contractor Agreement

1. This Agreement is made by and between Chico Unified School District and:
   Name: Grant Hornebeak
   Email Address: ghornebeak@aol.com
   Street Address/POB: 21 Blackstone Court
   City, State, Zip Code: Chico, CA 95928
   Phone: 
   Taxpayer ID/SSN: 

   This agreement will be in effect From: 1/23/17 To: 8/30/17
   Site Code: Various
   Location(s) of Services: Chico, Citrus, NC, MD, Park, Rod, EHS, C, HS, Sunset Hills

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: Grant will be working in the after school program as the professional golf coach. He will be planning lessons and teaching students the game of golf at each of the 8 sites focusing on life skills, physical skills and rules of the game.
   b. Goal (if applicable):

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):
   a. PEP Grant (Carol P. White Physical Education Grant)
   b. 
   c. 

4. 

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5. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
   $ \$ 50.00 \text{ Hourly Rate} \times 100.00 \text{ # Hours} = \$ 5,000.00 \text{ Total for Services}
   (For flat rate fees, please place the flat rate under “hourly rate” and use “1” for number of hours.)

   Additional Expenses (if applicable, in the event of changes to service or other expense types)
   Item: ____________________________________________________________________________
   $ \$ 0.00 
   Item: ____________________________________________________________________________
   $ \$ 0.00 
   $ \$ 5,000.00 \text{ Total of Additional Expenses}
   $ \$ 5,000.00 \text{ Grand Total (Services + Additional Expenses)}

6. Completed BS10A “Certificate of Independent Consultant Agreement” guideline is: \square On File \checkmark Attached

7. Completed W9 “Request for Taxpayer Identification Number/Certification” form is: \square On File \checkmark Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: ________________ Board authorizing signature: ________________
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Grant Hornebeck  
CA#  

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employees or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an Independent Contractor.

10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

11. Either party may terminate this agreement, with or without cause, upon 30 days written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

[Signature of Independent Contractor]
[Printed Name]
[Date]

13. RECOMMENDED:

[Signature of Originating Administrator]
[Printed Name]
[Date]

14. APPROVED:

[Signature of District Administrator OR Director of Categorical Programs]
[Printed Name]
[Date]

15. APPROVED:

[Signature of District Administrator, Business Services]
[Printed Name]
[Date]

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

[ ] Full or Final Payment

[ ] Partial Payment through:

$ ________________

DISPOSITION OF CHECK by Accounts Payable:

[ ] Send to Site Administrator (date):

[ ] Mail to Independent Contractor

[Originating Administrator Signature (Blue Ink)]
[Date]

~2~
Independent Contractor Agreement

Completed By: Christina Winkle  Phone: (530) 891-3000

1. This Agreement is made by and between Chico Unified School District and:
   Name: Stacy Johnson
   Email Address: 
   Street Address/POB: 2697 White Ave
   City, State, Zip Code: Chico, CA 95923
   Phone: 
   Taxpayer ID/SSN: 

   This agreement will be in effect From: 1/1/17  To: 6/30/17
   Site Code: 
   Location(s) of Services: Johnson House, Butte County Jail, YBC Fea

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: Provide sober living environment for YouthBuild participants - Board approved 08/24/2016

   b. Goal (if applicable): To provide a safe, supportive, healthy and engaging environment for learning to take place, to build off

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):
   a. Byrne Jag Grant
   b. 
   c. 

4. | Percent (%) | Fund | Resource | Project/Year | Goal | Function | Object | Site | Manager |
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5. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
   $13,800.00 Hourly Rate X 1.00 # Hour = $13,800.00 Total for Services
   (For flat rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)

   Additional Expenses (if applicable, in the event of changes to service or other expense types)
   Item: $ 
   Item: $ 0.00 Total of Additional Expenses
   $13,800.00 Grand Total (Services + Additional Expenses)


7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: [ ] On File [ ] Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: Board authorizing signature:
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Stacy Johnson, Johnson House CA#

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker’s compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor’s employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District is being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, that criminal background checks have been completed as per Board Policy #295.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor’s negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor’s employees or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District’s general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor’s business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an Independent Contractor.

10. Independent Contractor shall provide an original Invoice to the Origaining Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

11. Either party may terminate this Agreement, with or without cause, upon 30 days’ written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

Signature of Independent Contractor

13. RECOMMENDED:

Signature of Origaining Administrator

14. APPROVED:

Signature of District Administrator OR Director of Categorical Programs

15. APPROVED:

Signature of District Administrator, Business Services

16. AUTHORIZATION FOR PAYMENT
CHECK REQUIRED
(Printable to accompany payment request):

- Partial Payment through:
- Full or Final Payment

$ __________________________

Amount

DISPOSITION OF CHECK by Accounts Payable:
(check released upon completion of services)
- Send to Site Administrator (date):
- Mail to Independent Contractor

Originating Administrator Signature (Blue Ink) __________________________ Date __________________________
Independent Contractor Agreement

Completed By: Kalyn Quek & Barbara Akiyama
Phone: 891-3066

1. This Agreement is made by and between Chico Unified School District and:
   Name: Mike Matheny
   Email Address: mathenymn@butte.edu
   Street Address/POB: 3167 Lake Mead Court
   City, State, Zip Code: Chico, CA 95973
   Phone: 
   Taxpayer ID/SSN: 

   This agreement will be in effect From: 1/23/17 To: 6/30/17
   Site Code: Various
   Location(s) of Services: Chap, Citrus, McClain, Park View, Rosebud, BJHS, CJS

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: Mike will be working in the after school program as the professional golf coach. He will be planning lessons and teaching students the game of golf at each of the 8 sites focusing on life skills, physical skills and rules of the game.

   b. Goal (if applicable):

3. Funding/Program/Grant Affected (corresponding to accounts listed in Item 4):
   a. PEP Grant (Carol P. White Physical Education Grant)
   b. 
   c. 

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<th>Percent (%)</th>
<th>Fund</th>
<th>Resource</th>
<th>Projec/Year</th>
<th>Goal</th>
<th>Function</th>
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</tbody>
</table>

5. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
   $ \text{Flat Rate} \times \text{# Hours} = \text{Total for Services}
   (For flat rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)

   Additional Expenses (if applicable, in the event of changes to service or other expense types)
   Item: 
   $ \text{Flat Rate} \times \text{# Hours} = \text{Total of Additional Expenses}
   $ \text{Flat Rate} \times \text{Total} = \text{Grand Total (Services + Additional Expenses)}

6. Completed BS10A "Certificate of independent Consultant Agreement" guideline is: \(\square\) On File \(\checkmark\) Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: \(\square\) On File \(\checkmark\) Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: 
Board authorizing signature:
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Mike Mattingly

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.

2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.G., that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor’s negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor shall provide an original invoice to the Origination Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice.

10. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

11. AGREED TO AND ACCEPTED:

Signature of Independent Contractor

Mike Mattingly

Printed Name

Date

12. RECOMMENDED:

Signature of Origination Administrator

John Bohannon

Printed Name

Date

13. APPROVED:

Signature of District Administrator OR Director of Categorical Programs

John Bohannon

Printed Name

Date

14. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

15. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

☐ Partial Payment through:

☐ Full or Final Payment

Amount: $_____

16. DISPOSITION OF CHECK by Accounts Payable:

☐ Send to Site Administrator (date): ________

☐ Mail to Independent Contractor

Originating Administrator Signature (Blue ink) ____________________________

Date

~2~
Independent Contractor Agreement

Completed By: Kalva Quico & Barbara Akimoto
Phone: __891-3066__

1. This Agreement is made by and between Chico Unified School District and:
   
   Name: Nick Price
   Email Address: nickprice33314@yahoo.com
   Street Address/POB: 15 Redemers Loop
   City, State, Zip Code: Chico, CA 95926
   Phone: ___________
   Taxpayer ID/SSN: ___________

   This agreement will be in effect From: 1/23/17 To: 6/30/17
   Site Code: Various
   Location(s) of Services: Chap, Cirrus, McMan, Park V, Rose D, BJHS, CJHS

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):
   a. Scope of Work: Nick will be working in the after school program as the professional golf coach. He will be planning lessons and teaching students the game of golf at each of the 8 sites focusing on life skills, physical skills and rules of the game.
   b. Goal (if applicable):

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):
   a. PEP Grant (Carol P. White Physical Education Grant)
   b. 
   c. 

4. 

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5. Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
   $60.00 Hourly Rate × 60.00 # Hours = $3,000.00 Total for Services
   (For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)

   Additional Expenses (if applicable, in the event of changes to service or other expense types)
   Item: __________________________________________ $__________
   Item: __________________________________________ $__________
   $__________ Total of Additional Expenses
   $3,000.00 Grand Total (Services + Additional Expenses)


7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: [ ] On File [ ] Attached

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: ____________________ Board authorizing signature:
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Nick Price

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.

2. Independent Contractor shall furnish, at its/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page i of this Agreement.

3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.

4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3353-S, that criminal background checks have been completed as per Board Policy #3351-S prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.

6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum $1,000,000 combined single limits of general liability and automobile coverage as required by the District.

7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.

8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

9. The Independent Contractor will be paid by vendor check as an independent Contractor.

10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of invoice and authorization of payment forwarded to the CUSD Accounting department along with the original invoice.

11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

Nick Price

Printed Name

1/9/17

Date

13. RECOMMENDED:

John Bohannon

Printed Name

1/10/17

Date

14. APPROVED:

John Bohannon

Printed Name

1-10-17

Date

15. APPROVED:

Signature of District Administrator, Business Services

DISPOSITION OF CHECK by Accounts Payable:
(check released upon completion of services)

Send to Site Administrator (date):

Mail to Independent Contractor

Originating Administrator Signature (Blue Ink)

Date