

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
fax 891-3220
www.ChicoUSD.org

Independent Contractor Agreement

Completed By: Kim Hernandez Phone: _____

1. This Agreement is made by and between Chico Unified School District and:

Name: Lynne Ann Bercau
Email Address: lbercau@csuchico.edu
Street Address/POB: 16 Commonwealth Ct
City, State, Zip Code: Chico, CA 95973
Phone: 530-345-5885
Taxpayer ID/SSN: _____

This agreement will be in effect From: 2/24/16
Site Code: 570

To: 4/20/16
Location(s) of Services: District

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: Three sessions of PD on Co-Teaching, partnership between CSUC and CUUSD.
- b. Goal (if applicable): Building strong partnerships with co-teachers.

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

- a. Title II - Staff Development
- b. _____
- c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	0.00%	<u>10000</u>	<u>01</u>	<u>4035</u>	<u>0</u>		5800	<u>570</u>	<u>16700</u>
2	0.00%						5800		
3	0.00%						5800		

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:
\$ 45.00 Hourly Rate X 3 # Hours = \$ 0.00 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
\$ 0.00 135.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☐ Attached

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: _____

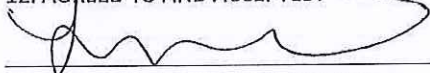
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name:

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 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 #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:



Signature of Independent Contractor

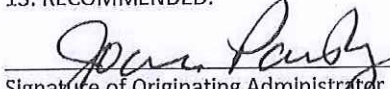
Lynne A. Bercau

Printed Name

2-24-16

Date

13. RECOMMENDED:



Signature of Originating Administrator

Joanne Parsley

Printed Name

2-24-16

Date

14. APPROVED:



Signature of District Administrator OR
Director of Categorical Programs

John Bohannon

Printed Name

5-23-16

Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

- ☐ Partial Payment through: _____
☐ Full or Final Payment

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)

- ☐ Send to Site Administrator (date): _____
☐ Mail to Independent Contractor

\$ _____
Amount

Originating Administrator Signature (Blue Ink)

Date

CA# _____



Administrative Offices
1163 E. Seventh Street
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530/891-3000
fax 891-3220
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Diana Burdine, Account Tech Phone: 895-4110

1. This Agreement is made by and between CUSD - MJHS ASB and:

Name: Brandon Entertainment
Email Address: brandonentertainment@gmail.com
Street Address/POB: 6223 Kilgard Crt
City, State, Zip Code: Magalia, CA 95954
Phone: (530) 899-8429
Taxpayer ID/SSN: 26-473057

This agreement will be in effect From: 8/18/16 To: 6/9/17
Location of Services: _____

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

- a. Scope of Work: DJ services for dances, club after school parties and reward celebrations during the school day.
Sound system for various school events and 8th grade promotion ceremony.
- b. Goal (if applicable): To promote student camaraderie and school spirit.

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Various ASB clubs</u>	<u>Various ASB</u>	\$ <u>\$2,400.00</u>
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:
\$ \$ 300.00 Hourly Rate X 8.00 # Hours = \$ \$ 2,400.00 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: NOTE THAT HIS PRICES VARY BETWEEN \$100 - \$400 DEPENDING ON THE EVENT \$ _____
Item: \$ _____
\$ \$ 0.00 Total of Additional Expenses
\$ \$ 2,400.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
6. Completed W9 "Request for Taxpayer ID 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: Brandon Walters

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 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 #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:

Brandon Walters
Signature of Independent Contractor

Brandon Walters
Printed Name

5.25.16
Date

13. AGREED TO AND ACCEPTED:

Lisa Reynolds
Signature of ASB Advisor

Lisa Reynolds
Printed Name

5/23/16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

Jay Marchant
Printed Name

5/24/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # MSHS-ASB

PO# 202754

Kiley Rechs
SIGNATURE OF ASB OFFICER

Kiley Rechs
PRINTED NAME AND TITLE

5/23/16
DATE

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

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www.ChicoUSD.org

Independent Contractor Agreement

Completed By: Pam Jackson / John Shepherd Phone: (530) 891-2831

1. This Agreement is made by and between Chico Unified School District and:

Name: Sergio Contreras
Email Address: scontreras10@mail.csuchico.edu
Street Address/POB: 700 Nash Rd.
City, State, Zip Code: Hollister, CA 95023
Phone: 831-537-5671
Taxpayer ID/SSN: _____

This agreement will be in effect From: 8/1/16 To: 5/31/17
Site Code: 020-2020 Location(s) of Services: Pleasant Valley High School

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: Providing athletic training services.

b. Goal (if applicable): _____

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. _____
b. _____
c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100.00%	01	9125	0	1110	1000	5800	020	2020
2	0.00%						5800		
3	0.00%						5800		

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:

\$ \$35,000.00 Hourly Rate X 1.00 # Hours = \$ \$35,000.00 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: _____ \$ _____
\$ \$0.00 Total of Additional Expenses
\$ \$35,000.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached

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: Sergio Contreras

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 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

Sergio Contreras
Printed Name

05/27/16
Date

13. RECOMMENDED:


Signature of Originating Administrator

John Shephard
Printed Name

5/31/16
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):

- ☐ Partial Payment through: _____
☐ Full or Final Payment

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)

- ☐ Send to Site Administrator (date): _____
☐ Mail to Independent Contractor

\$ _____
Amount

Originating Administrator Signature (Blue Ink)

Date

CA# _____

**Administrative Offices**
 1163 E. Seventh Street
 Chico, CA 95928-5999

530/891-3000

fax 891-3220

www.ChicoUSD.org

ASB Independent Contractor AgreementCompleted By: Kim Keyawa-MusselmanPhone: (530) 520-5072**1. This Agreement is made by and between CUSD - CHS ASB and:**Name: Deserae DahlgrenEmail Address: mlesdesabraham@gmail.comStreet Address/POB: 4 Trieste WayCity, State, Zip Code: Chico, CA 95926Phone: (530) 864-5997

Taxpayer ID/SSN: _____

This agreement will be in effect From: 6/13/16To: 6/29/16Location of Services: CHS field**2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services:****a. Scope of Work:**

Assistant director of summer camp fund-raiser. Help plan drills, activities, and manage camp gift. Be the position coach for beginning and advanced goalies. Referee camp scrimmages.

b. Goal (if applicable): _____**3. ASB account name(s) paying for services:**

ASB account #:

Amount:

a. Field hockey625\$ \$200.00

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:\$ \$ 10.00 Hourly Rate X 20.00 # Hours = \$ \$ 200.00 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

\$ \$ 200.00

Grand Total (Services + Additional Expenses)

Completed BS10A "Certificate of Independent Consultant Agreement" guideline is:

☐ On File☒ Attached

Completed W9 "Request for Taxpayer ID Number/Certification" form is:

☐ On File☒ Attached

DELIVERED JUN - 8 2016

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:

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 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 #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:

Deserae Dahlgren
Signature of Independent Contractor

Deserae Dahlgren

Printed Name

6/8/16
Date

13. AGREED TO AND ACCEPTED:

Kim Kujawa-Musrelman
Signature of ASB Advisor

Kim Kujawa-Musrelman
Printed Name

6/8/16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

Mark H. Beh
Printed Name

6/8/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # _____

SIGNATURE OF ASB OFFICER

PRINTED NAME AND TITLE

DATE

CA# _____



Administrative Offices
 1163 E. Seventh Street
 Chico, CA 95928-5999

530/891-3000
 fax 891-3220
 www.ChicoUSD.org

Independent Contractor Agreement

Completed By: Denise HughesPhone: 891-3066

1. This Agreement is made by and between Chico Unified School District and:

Name: Bill Delgado

Email Address: _____

Street Address/POB: 5502 Anita RoadCity, State, Zip Code: Chico, CA 95973Phone: (530) 570-2606

Taxpayer ID/SSN: _____

This agreement will be in effect From: 4/28/16To: 4/28/16Site Code: 060Location(s) of Services: Chico Jr. High School

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: Bill moved a piano from the home of Jim Hanlon to Chico Jr. High School.

b. Goal (if applicable): _____

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. Chico Jr. High Admin. account

b. _____

c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100.00%	01	0009	0	1110	2700	5800	060	2060
2	0.00%						5800		
3	0.00%						5800		

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:

\$ \$ 200.00 Hourly Rate X 1.00 # Hours = \$ \$ 200.00 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

\$ \$ 200.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached

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: Bill Delgado

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 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:

Bill Delgado
Signature of Independent Contractor

Bill Delgado

Printed Name

5/12/16

Date

13. RECOMMENDED:

Pedro Caldera
Signature of Originating Administrator

Pedro Caldera

Printed Name

5/13/16

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):

- ☐ Partial Payment through: _____
☒ Full or Final Payment

\$ \$ 200.00

Amount

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)

- ☐ Send to Site Administrator (date): _____
☒ Mail to Independent Contractor

Pedro Caldera
Originating Administrator Signature (Blue Ink)

5/13/16
Date

CA# _____



Administrative Offices
 1163 E. Seventh Street
 Chico, CA 95928-5999

530/891-3000
 fax 891-3220
 www.ChicoUSD.org

Independent Contractor Agreement

Completed By: John BohannonPhone: (530) 891-3000

1. This Agreement is made by and between Chico Unified School District and:

Name: Anita Homesley
 Email Address: ahomesley@chicousd.org
 Street Address/POB: 707 Earl Ave
 City, State, Zip Code: Chico, Ca 95928
 Phone: _____
 Taxpayer ID/SSN: _____

This agreement will be in effect From: 7/1/16
 Site Code: _____

To: 6/30/17
 Location(s) of Services: Various Secondary Locations

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: Consultant providing support for the Career Technical Education Incentive Grant. Will provide support to CTE teachers in full-filling their 11 elements defined by Perkins

b. Goal (if applicable): _____

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. Career Technical Education Incentive Grant (CTEIG)
 b. _____
 c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100.00%	01	6387	0	3800	1000	5800	570	6700
2	0.00%						5800		
3	0.00%						5800		

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:

\$ \$ 15,000.00 Hourly Rate X 1.00 # Hours = \$ \$ 15,000.00 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: _____ \$ _____

\$ \$ 0.00 Total of Additional Expenses

\$ \$ 15,000.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached

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: Anita Homesley

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 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

Anita Homesley

Printed Name

Date

13. RECOMMENDED:

Signature of Originating Administrator

John Bohannon

Printed Name

Date

14. APPROVED:

Signature of District Administrator OR
Director of Categorical Programs

Joanne Parsley

Printed Name

Date

15. APPROVED:

Signature of District Administrator,
Business Services

Kevin Bultema

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

- ☐ Partial Payment through: _____
- ☐ Full or Final Payment

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)

- ☐ Send to Site Administrator (date): _____
- ☐ Mail to Independent Contractor

\$ _____
Amount

Originating Administrator Signature (Blue Ink)

Date

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
Fax 891-3220
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Kim Keyawa-Musselman Phone: (530) 520-5072

1. This Agreement is made by and between CUSD - CHS ASB and:

Name: Kim Keyawa-Musselman
Email Address: kimkeyawa@gmail.com
Street Address/POB: 1339 Yosemite Drive
City, State, Zip Code: Chico, CA 95928
Phone: (530) 520-5072
Taxpayer ID/SSN: _____

This agreement will be in effect From: 6/13/16 To: 6/29/16
Location of Services: _____

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

- a. Scope of Work: Director of summer camp. Main contact for parents and players. Leads drills and camp agenda. Field player coach and referee.
- b. Goal (If applicable): _____

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Field Hockey</u>	<u>625</u>	\$ <u>\$250.00</u>
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:
 $\$12.50 \text{ Hourly Rate} \times 20.00 \text{ \# Hours} = \$250.00 \text{ Total for Services}$
 (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:	\$ _____	
Item:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>250.00</u>	Grand Total (Services + Additional Expenses)

- Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached
- Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

DELIVERED JUN - 8 2016

BP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
 Board Approval Date: _____ Board authorizing signature: _____

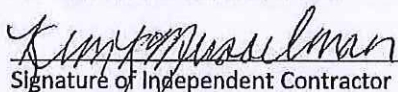
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name:

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 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

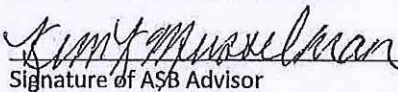
Kim Keyawa-Musselman

Printed Name

Date



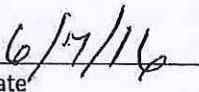
13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

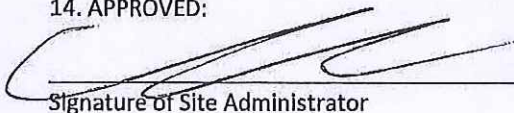
Kim Keyawa-Musselman

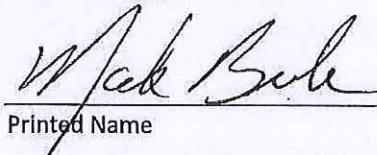
Printed Name

Date



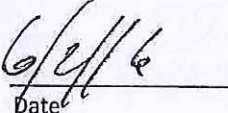
14. APPROVED:


Signature of Site Administrator


Printed Name

Printed Name

Date



15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # _____

SIGNATURE OF ASB OFFICER

PRINTED NAME AND TITLE

DATE

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
fax 891-3220
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Doris Luther Phone: 891-3090

1. This Agreement is made by and between Chico Unified School District **ASB** and:

Name: Olivia Jolley
Email Address: livjolley@gmail.com
Street Address/POB: 1237 Citrus Ave #2
City, State, Zip Code: Chico, CA 95926
Phone: (530) 966-5456
Taxpayer ID/SSN: _____

This agreement will be in effect From: 5/19/16 To: 5/21/16
Location of Services: Inspire School of Arts and Sciences

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

a. Scope of Work: focusing and general lighting work for dance showcase

b. Goal (if applicable): great lighting

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Choreography Club</u>	<u>210</u>	\$ <u>\$100.00</u>
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:

\$ \$ 100.00 Hourly Rate X 1.00 # Hours = \$ \$ 100.00 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:	\$ _____	
	\$ <u>\$ 0.00</u>	Total of Additional Expenses
	\$ <u>\$ 100.00</u>	Grand Total (Services + Additional Expenses)

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

6. Completed W9 "Request for Taxpayer ID 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: Olivia Jolley

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 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.

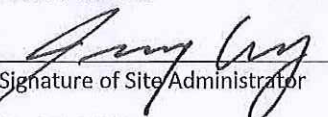
12. AGREED TO AND ACCEPTED:

	Olivia L. Jolley	5/31/16
Signature of Independent Contractor	Printed Name	Date

13. AGREED TO AND ACCEPTED:

_____ Signature of ASB Advisor	_____ Printed Name	_____ Date
-----------------------------------	-----------------------	---------------

14. APPROVED:

	Jerry Crosby	5/31/16
Signature of Site Administrator	Printed Name	Date

15. APPROVED:

_____ Signature of District Administrator, Business Services	_____ Printed Name	_____ Date
--	-----------------------	---------------

ASB APPROVED PO # _____

SIGNATURE OF ASB OFFICER

PRINTED NAME AND TITLE

DATE

CA# _____

**Administrative Offices**
 1163 E. Seventh Street
 Chico, CA 95928-5999

530/891-3000

fax 891-3220

www.ChicoUSD.org

Independent Contractor AgreementCompleted By: Denise McKeonPhone: (530) 891-3080**1. This Agreement is made by and between Chico Unified School District and:**Name: Marcus F. Mitchinson

Email Address: _____

Street Address/POB: PO box 257City, State, Zip Code: Hornbrook, CA 96044Phone: (530) 340-1926

Taxpayer ID/SSN: _____

 This agreement will be in effect From: 5/19/16
 Site Code: 050

 To: 5/20/16
 Location(s) of Services: Room 209
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: Positive speaker health presentation for all BJHS 7th grade science students.

 b. Goal (if applicable): To promote awareness and empathy for persons living with HIV/AIDS, and to provide current info related to the virus.
3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):a. Science Instruction - Site Discretionary ADA Recoveryb. 11.0 balance

c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100.00%	01	0029	0	1110	1000	5800	050	2050
2	0.00%						5800		
3	0.00%						5800		

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:
 $\$700.00$ Hourly Rate X 1.00 # Hours = $\$700.00$ 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

\$ \$ 700.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached7. 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: _____

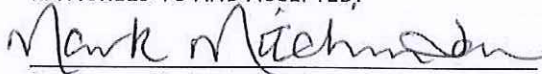
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Mark 'Markus' F. Mitchinson

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 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 #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:


Signature of Independent Contractor

Mark Mitchinson
Printed Name

05/17/2016
Date


13. RECOMMENDED:


Signature of Originating Administrator

Judi Roth
Printed Name

5-18-16
Date

14. APPROVED:


Signature of District Administrator OR
Director of Categorical Programs

DAVID MCKAY, DIRECTOR
Printed Name

5-19-16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

- ☐ Partial Payment through: _____
☒ Full or Final Payment

\$ 700.00
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



Administrative Offices
 1163 E. Seventh Street
 Chico, CA 95928-5999

530/891-3000
 fax 891-3220
 www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Tim Voth Phone: (805) 570-1050

1. This Agreement is made by and between CUSD - CHS ASB and:

Name: Christina Ordorica
 Email Address: christina.ordorica@gmail.com
 Street Address/POB: 337 West 1st Ave.
 City, State, Zip Code: Chico, CA 95926
 Phone: (530) 520-1106
 Taxpayer ID/SSN: _____

This agreement will be in effect From: 6/6/16 To: 6/9/16
 Location of Services: Chico High Lincoln Gym

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

a. Scope of Work: Volleyball individual skills camp trainer.

b. Goal (if applicable): _____

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Volleyball</u>	<u>675</u>	\$ <u>\$320.00</u>
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:

\$ \$ 10.00 Hourly Rate X 32.00 # Hours = \$ \$ 320.00 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
 \$ \$ 320.00 Grand Total (Services + Additional Expenses)

Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached

Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

DELIVERED JUN - 8 2016

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

Board Approval Date: _____ Board authorizing signature: _____

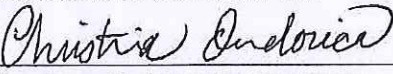
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Christina Ordorica

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 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.

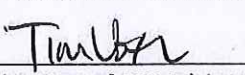
12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

Christina Ordorica
Printed Name

6/2/16
Date

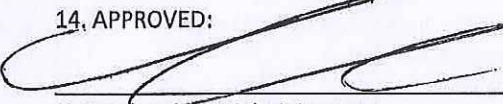
13. AGREED TO AND ACCEPTED:

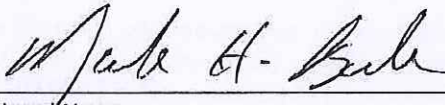

Signature of ASB Advisor

Timothy Voith
Printed Name

6/2/16
Date

14. APPROVED:


Signature of Site Administrator


Printed Name

6/2/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # _____

SIGNATURE OF ASB OFFICER

PRINTED NAME AND TITLE

DATE

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
fax 891-3220
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Tim Voth Phone: (805) 570-1050

1. This Agreement is made by and between CUSD - CHS ASB and:

Name: Isabella Sagely
Email Address: izzy.sagely@yahoo.com
Street Address/POB: 11013 Red Barn Road
City, State, Zip Code: Camarillo, CA 93012
Phone: (805) 657-9106
Taxpayer ID/SSN: _____

This agreement will be in effect From: 6/6/16 To: 6/9/16
Location of Services: Chico High Lincoln Gym

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

a. Scope of Work: volleyball individual skills camp trainer.

b. Goal (if applicable): _____

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Volleyball</u>	<u>675</u>	\$ <u>\$320.00</u>
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:

\$ 10.00 Hourly Rate X 32.00 # Hours = \$ \$ 320.00 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:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>\$ 320.00</u>	Grand Total (Services + Additional Expenses)

Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached

Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

DELIVERED JUN - 8 2016

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

Board Approval Date:

Board authorizing signature:

Chico Unified School District * 1163 East Seventh Street * Chico, CA 95928

T: (530) 891-3000 * F: (530) 891-3220

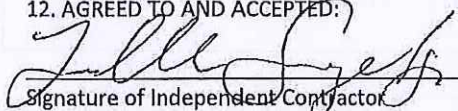
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Isabella Sagely

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 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 #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:

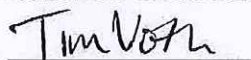

Signature of Independent Contractor

Isabella Sagely

Printed Name

6/2/16
Date

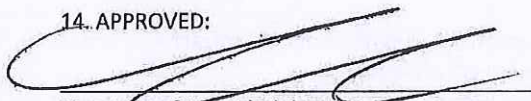
13. AGREED TO AND ACCEPTED:

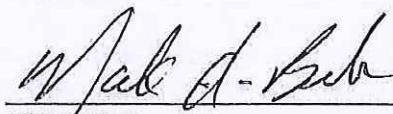

Signature of ASB Advisor

Timothy Voth
Printed Name

6/2/16
Date

14. APPROVED:


Signature of Site Administrator


Printed Name

6/4/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # _____

SIGNATURE OF ASB OFFICER

PRINTED NAME AND TITLE

DATE

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
fax 891-3220
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Diana Burdine Phone: (530) 891-3066

1. This Agreement is made by and between CUSD CJHS ASB and:

Name: Jorge Salas, DBA: Pura Vida DJ Productic
Email Address: jsalas@chicousd.org
Street Address/POB: 2 Griffith Park Lane
City, State, Zip Code: Chico, CA 95928
Phone: (530) 591-7848
Taxpayer ID/SSN: _____

This agreement will be in effect From: 8/18/16 To: 6/9/17
Location of Services: 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:

a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 school year.

b. Goal (if applicable): To promote student camaraderie and school spirit

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>ASB ~ General</u>	<u>320</u>	\$ <u>\$1,800.00</u>
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:
\$ \$ 300.00 Hourly Rate X 6.00 # Hours = \$ \$ 1,800.00 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:	\$ _____	
	\$ <u>\$ 0.00</u>	Total of Additional Expenses
	\$ <u>\$ 1,800.00</u>	Grand Total (Services + Additional Expenses)

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

6. Completed W9 "Request for Taxpayer ID 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: Jorge Salas

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 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 #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:

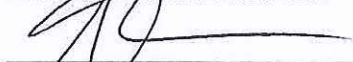

Signature of Independent Contractor

Jorge Salas

Printed Name

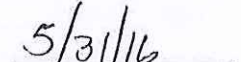

Date

13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Andy Wahl

Printed Name

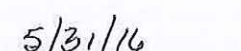

Date

14. APPROVED:


Signature of Site Administrator

Pedro Caldera

Printed Name


Date

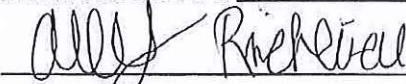
15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name


Date

ASB APPROVED PO # 405773


SIGNATURE OF ASB OFFICER

Ally Richelieu

PRINTED NAME AND TITLE


DATE

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
fax 891-3220
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: Tim Voth Phone: (805) 570-1050

1. This Agreement is made by and between CUSD - CHS ASB and:

Name: Richard Thao
Email Address: richardthao@hotmail.com
Street Address/POB: 2166 Laurel St
City, State, Zip Code: Chico, CA 95928
Phone: (530) 354-2934
Taxpayer ID/SSN: _____

This agreement will be in effect From: 6/6/16 To: 6/9/16
Location of Services: Chico High Lincoln Gym

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

a. Scope of Work: Volleyball individual Skills Camp trainer.

b. Goal (if applicable): _____

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Volleyball</u>	<u>675</u>	\$ <u>\$320.00</u>
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:

\$ \$ 10.00 Hourly Rate X 32.00 # Hours = \$ \$ 320.00 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:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>\$ 320.00</u>	Grand Total (Services + Additional Expenses)

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

6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

DELIVERED JUN - 8 2016

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

Board Approval Date: _____ Board authorizing signature: _____

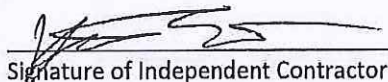
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Richard Thao

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 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:

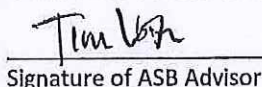

Signature of Independent Contractor

Richard Thao

Printed Name

6/2/16
Date

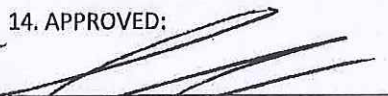
13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Timothy Voith
Printed Name

6/2/16
Date

14. APPROVED:


Signature of Site Administrator

Mark Beebe
Printed Name

6/2/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # _____

SIGNATURE OF ASB OFFICER

PRINTED NAME AND TITLE

DATE

CA# _____



Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000
fax 891-3220
www.ChicoUSD.org

Independent Contractor Agreement

Completed By: MARIS THOMPSON Phone: ~~830-891-4124~~ 510-705-2586

1. This Agreement is made by and between Chico Unified School District and;

Name: MARIS THOMPSON
Email Address: mrthompson@csuchico.edu
Street Address/POB: 1620 Arbutus Ave
City, State, Zip Code: Chico, CA 95926
Phone: 510-705-2586
Taxpayer ID/SSN: _____

This agreement will be in effect From: 2/24/10

To: 4/20/10

Site Code: 570

Location(s) of Services: District

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: Three sessions of PD on Co-Teaching, partnership between CSUC and CUSD.

b. Goal (if applicable): Building strong partnerships with co-teachers

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. Title II - Staff Development
b. _____
c. _____

	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	0.00%	<u>100%</u>	<u>01</u>	<u>4035</u>	<u>0</u>		5800	<u>570</u>	<u>16700</u>
2	0.00%						5800		
3	0.00%						5800		

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:

\$ 45.00 Hourly Rate X 3 # Hours = \$ 0.00 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

\$ 0.00 - 135.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☐ Attached

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: _____

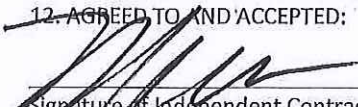
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: _____

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 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

MARIS THOMPSON
Printed Name

2/24/14
Date

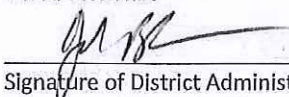
13. RECOMMENDED:


Signature of Originating Administrator

Joanne Parsley
Printed Name

2-24-16
Date

14. APPROVED:


Signature of District Administrator OR
Director of Categorical Programs

John Bohanna
Printed Name

5-23-16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

- ☐ Partial Payment through: _____
☐ Full or Final Payment

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)

- ☐ Send to Site Administrator (date): _____
☐ Mail to Independent Contractor

\$ _____
Amount

Originating Administrator Signature (Blue Ink)

Date

CNS

ASB

CA# _____

**Administrative Offices**1163 E. Seventh Street
Chico, CA 95928-5999

530/891-3000

fax 891-3220

www.ChicoUSD.org

ASB Independent Contractor AgreementCompleted By: Keith RollinsPhone: 891-3026**1. This Agreement is made by and between CUSD - CHS ASB and:**Name: Clint Wattenberg (Performance unlimited)Email Address: chw5@cornell.eduStreet Address/POB: 21 West Meadow DriveCity, State, Zip Code: Ithaca, NY 14850Phone: (607) 227-9344

Taxpayer ID/SSN: _____

This agreement will be in effect From: 6/20/16To: 6/23/16Location of Services: Chico High School Mat Room**2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services:**

a. Scope of Work:

Clinician for Big Red Wrestling Camp

b. Goal (if applicable): _____

3. ASB account name(s) paying for services:

ASB account #:

Amount:

a. Wrestling680\$ \$1,500.00

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:\$ \$1,500.00 Hourly Rate X 1.00 # Hours = \$ \$1,500.00 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

\$ \$1,500.00

Grand Total (Services + Additional Expenses)

Completed BS10A "Certificate of Independent Consultant Agreement" guideline is:

☒ On File ☐ Attached

Completed W9 "Request for Taxpayer ID Number/Certification" form is:

☒ On File ☐ AttachedBP 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.
Board Approval Date: _____ Board authorizing signature: _____

Chico Unified School District * 1163 East Seventh Street * Chico, CA 95928
T: (530) 891-3000 * F: (530) 891-3220

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Clint Wattenberg

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 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 #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:

Clint Wattenberg
Signature of Independent Contractor

Clint Wattenberg
Printed Name

5-25-16
Date

13. AGREED TO AND ACCEPTED:

Keith R. Rollins
Signature of ASB Advisor

Keith Rollins
Printed Name

5-25-16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

[Signature]
Printed Name

5/25/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO #

56415

[Signature]
SIGNATURE OF ASB OFFICER

Olivia Richardson ASB President
PRINTED NAME AND TITLE

5/26/16
DATE