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

				Ind	lependent C	Contractor	Agreement			
Co	ompleted By: _	Kin	n Hern	andez		Phone:				
1.	This Agreer	Stre City	Email Ac eet Address , State, Zip	Name: <u>Lyr</u> Idress: 166 5/POB: 116 Code: <u>Chi</u> Phone: 530	Chico Unified INL Ann Creaw @ Common 'CO, CA O-345-5	Bercau Csuchi Wealth 95973	in edu			
	This agreem	ent wi	ill be in effe	ect From: <u>2/</u>	24/16	To: <u>4/20</u> Location(s)	of Services:_	Distric	/	
2.	scivices lace	acii sc	harate me	et ii necessan	trategic Plan, S y): S of PL CUSD.					ndent Contract
3.	Funding/Pro	gram/	Grant Affe	cted (correspo	onding to accou lepment	intelleted in	itom Al.	th co-	teacher	3,
4.	Percent	(%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	TW
	1 0.00% [f 2 0.00% 3 0.00%	OPO	01	4035	Ō		Tunolog	5800 5800 5800	570	Manager Lo 700
	\$ 45 \(\text{45}\) (For Flat Rate Additional Ex	Hou fees, pense	rly Rate X please plac s (if applica	ce the flat rational in the evolution in	# Hours = \$\foatie\text{e under "hour} ent of changes	not to excee \$ \$ 0.00 Ily rate" and a to service o	d the paymen Total for Sel use "1" for nu	t criteria as f rvices ımber of hou	ollows:	tractor initiated
	Item:					\$ 0.00	Total of Add	ditional Expe (Services + /	nses Additional Ex	(penses)
. (Completed BS	10A "(Certificate o	of Independer	nt Consultant /	Agreement"	guideline is:	On File	Attached	
. (Completed W:	9 "Req	uest for Ta	xpayer Identi	fication Numb	er/Certificat	ion" form is:	n File X	Attached	
P 36 oard	500 states all (d Approval Da	Consul te:	tants/Inde	pendent Cont Board authori	ractor contrac zing signature	ts shall be b	rought to the I	Board for Ap	proval.	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name:	CA#	
compensation or unemployment benefits in connection with thi payment of all Federal, State and Local taxes or contributions, in	pendently, not as an employee of the District; therefore, the Dis s Independent Contractor Agreement. Independent Contractor sha cluding Unemployment Insurance, Social Security, and Income Taxe	ill assume full responsibility for
Contractor's employees.	all labor, materials, equipment and other items necessary to carry o	ut 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 Inde	pendent Contractor with the authority to control and direct the pe	rformance of the details of the
work the District being interested in the results obtained.		
4. If applicable, the Independent Contractor will certify in writin	g, using Administration Form #3515.6. , that criminal background c	necks have been completed as
(A)	This requirement also applies to any subcontractors or employee	is utilized by the independent
Contractor,	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 Indep	endent Contractor's employee or agents.	
Independent Contractor will provide to Assistant Superintent	lent, Business Services, upon request, a Certificate of Insurance sf	iowing a minimum \$1,000,000
combined single limits of general liability and automobile covera	ge as required by the District.	
7. Neither party shall assign nor delegate any part of this Agreem	ent without the written consent of the other party. District and shall be subject to the District's general right of inspec	tion to secure the satisfactory
8. The work completed herein must meet the approval of the L	ith all Federal, State, Municipal and District laws, rules and regulati	ons that are now, or may in the
future become applicable to Independent Contractor, Independent	dent Contractor's business, equipment and personnel engaged	In operations covered by this
Agreement or occurring out of the performance of such operation	ins.	
Q. The Independent Contractor will be paid by yendor check as a	n Independent Contractor.	
10. Independent Contractor shall provide an original invoice to	the Originating Administrator, Independent Contractor shall be pa	id within 30 days of receipt of
Invoice and authorization of payment forwarded to the CUSD Ac	counts Payable department along with the original invoice. ause, upon 30 days' written notice to the other. Vendor shall be pa	id for work actually performed
as of the date of receipt of such notice.	ause, upon 30 days. Written notice to the other, vendor show be po	id for work docadily parrotimes
as of the date of receipt of such fibrios.		
12. AGREED TO AND ACCEPTED:		
	1 RAMONI	1-74-16
	EMPLY IN THE MAN	2 2710
Signature of Independent Contractor	Printed Name	Date
or Burney of the Control of the Cont		*
13. RECOMMENDED:	1	
	1 8 1	2-24-11
Dan Poubly	Joanne Parsley	01.16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		
AIN	771 701	5-23-16
MIS	John Pohanna	0
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
		The state of the s
Signature of District Administrator,	Printed Name	Date
Business Services		
16. AUTHORIZATION FOR PAYMENT		1.00
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts Payab	
(Invoice to accompany payment request):	(check released upon completion of service	es)
Partial Payment through:	Send to Site Administrator (date):	
Full or Final Payment	Mail to Independent Contractor	
The state of the s		

Originating Administrator Signature (Blue Ink)

Date

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ASB Independent Contractor Agreement

		Completed By: Diana Burdine, Account Tech Phone: 895-4110
		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: <u>(530)</u> 899-8429
		Taxpayer ID/SSN: <u>26-473057</u>
		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 Contract 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: a. Various ASB clubs b
	4.	Payment to Independ ent 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 \(\frac{8.00}{2.00} \) # 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 \$
		S
5.	Com	pleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
6.	Com	pleted W9 "Request for Taxpayer ID Number/Certification" form is:

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name: Brandon Walters		CA#
 The Independent Contractor will perform said services indecompensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, in Contractor's employees. 	ependently, not as an employee of the District; Is independent Contractor Agreement. Independe	ent Contractor shall assume full responsibility fo
2. Independent Contractor shall furnish, at his/her own expense,		cessary to carry out the terms of this Agreement
unless agreed upon under Additional Expenses on page I of this 3. In the performance of the work herein contemplated, the Ind		and direct the performance of the details of the
work, the District being interested in the results obtained.		
 If applicable, the Independent Contractor will certify in writing per Board Policy #3515.6 prior to commencement of services. 		
Contractor.	This requirement also applies to any subcontrac	nois of employees delized by the independent
5. Independent Contractor agrees to defend, indemnify and hold		
arising in any way out of Independent Contractor's negligence is damage sustained by Independent Contractor, and/or the Indep		ut not innited to, any claim due to injury and/or
6. Independent Contractor will provide to Assistant Superinten		te of Insurance showing a minimum \$1,000,000
combined single limits of general liability and automobile covera 7. Neither party shall assign nor delegate any part of this Agreer		tv.
8. The work completed herein must meet the approval of the	District and shall be subject to the District's gene	ral right of inspection to secure the satisfactory
completion thereof. Independent Contractor agrees to comply v future become applicable to Independent Contractor, Indepe	[20] [20] (10] [20] [20] [20] [20] [20] [20] [20] [2	To 100는 TOTO 40 '프라이트' 60 HONE 10 HONE
Agreement or occurring out of the performance of such operation		somer angaged in operations covered by this
9. The Independent Contractor will be paid by vendor check as a		restar shall be noted within 20 days of regains of
 Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD Ac 		
11. Either party may terminate this agreement, with or without	cause, upon 30 days' written notice to the other. V	endor shall be paid for work actually performed
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:		
Brandon Writers	Brandon Walters	5.25.16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
Josa Kundah	Lisa Reynolds	5/23/16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		
	Inv Marchant	5/24/16
1	Jay Marchant	5/24/16
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
23.711 (113.722)		
Signature of District Administrator,	Printed Name	Date
Business Services		
1000 10 000	PO* 202754	
ASB APPROVED PO#_MSHS-ASB	10, 909 121	
Kiley Rachs	Kiley Rechs	5/13/16

PRINTED NAME AND TITLE

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This				ontreras					
		Emall Ac	dress: scontrera	s10@mail.csuchic	o.edu				
	Sti	reet Address	POB: 700 Nash	Rd.					
	Cit	y, State, Zip	Code: Hollister,	CA 95023					
		F	hone: 83	1-53/	-561	L			
		Taxpayer II	D/22IN:						
This	agreement v	will be in eff	ect From: 8/1/10	6	To: 5/31/17				
	Code: 020 -20					of Services: Plea	asant Valley Hi	gh School	
Serv	vices (attach s	separate she	ed and Goal (S eet if necessary ng athletic tra	<i>י</i>):		ner) to be achie	ved as a res	ult of Indepe	ndent Contra
Func		n/Grant Affe	cted (correspo	inding to acco	unts listed in	•••			
Func	ding/Program	n/Grant Affe	cted (correspo	ending to acco	unts listed in	item 4):			
Func a. b.	ding/Program	n/Grant Affe	cted (correspo	nding to acco	unts listed in	n item 4):	Object	Site	Manager
Func a. b.	Percent (%)	n/Grant Affe	cted (correspo	ending to acco	unts listed in	n item 4):	Object 5800		Manager 2020
Func a. b. c.	Percent (%)	n/Grant Affe	cted (correspo	nding to acco	unts listed in	n item 4):	Object 5800 5800	Site	
Func a. b. c. 1 2	Percent (%) 100.00% 0.00%	Fund	Resource	Project/Year	Unts listed in Goal	Function 1000	Object 5800 5800 5800	Site 020	2020
Funda. b. 2 3 aynnvoi \$\$ 35	Percent (%) 100.00% 0.00% ment to Inde ices, the Distr 5,000.00 Ho Flat Rate fee	Fund Fund pendent Corict will pay ourly Rate X s, please pla	Resource 9125 ontractor for sthe Independe 1.00 ace the flat rat	Project/Year o services actua ent Contractor # Hours = e under "hou	Goal 1110 Illy rendered not to excee \$ \$35,000.00 rly rate" and sto service \$ \$ \$	Function 1000 d and supported the payment Total for Serd use "1" for nu	Object 5800 5800 5800 ed by Indept criteria as rvices umber of house types)	Site 020 pendent Con follows:	2020
Function of the state of the st	Percent (%) 100.00% 0.00% 0.00% ment to Inde ices, the Distr 5,000.00 Ho Flat Rate fee itional Expen	Fund Fund pendent Corict will pay burly Rate X s, please pla	Resource 9125 ontractor for sthe Independe 1.00 ace the flat rat	Project/Year O services actua ent Contractor # Hours = ee under "hou	Goal Illy rendered not to excee \$ \$35,000.00 rly rate" and es to service \$ \$ \$0.00 \$ \$ 35,000.00	Function 1000 d and supported the payment Total for Send use "1" for nu	Object 5800 5800 5800 ed by Indept criteria as rvices umber of hose types) ditional Expensional Expens	Site 020 pendent Confollows: purs.)	2020 stractor initia

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Sergio Contreras		CA#
compensation or unemployment benefits in connection v payment of all Federal, State and Local taxes or contribut Contractor's employees.	es independently, not as an employee of the District; then with this independent Contractor Agreement. Independent C ions, including Unemployment insurance, Social Security, and	efore, the District is not liable for worker's ontractor shall assume full responsibility for I Income Taxes with respect to Independent
unless agreed upon under Additional Expenses on page I	pense, all labor, materials, equipment and other items necess of this Agreement,	
work, the District being interested in the results obtained.		
per Board Policy #3515.6 prior to commencement of ser Contractor.	n writing, using Administration Form #3515.6., that criminal l rvices. This requirement also applies to any subcontractors	or employees utilized by the Independent
arising in any way out of Independent Contractor's negliged amage sustained by Independent Contractor, and/or the	nd hold harmless the District, its Board of Trustees, employee ence in the performance of this Agreement, including, but no Independent Contractor's employee or agents.	ot limited to, any claim due to injury and/or
Independent Contractor will provide to Assistant Supe combined single limits of general liability and automobile	rintendent, Business Services, upon request, a Certificate of coverage as required by the District.	Insurance showing a minimum \$1,000,000
8. The work completed herein must meet the approval o completion thereof. Independent Contractor agrees to cor future become applicable to Independent Contractor, in Agreement or occurring out of the performance of such or 9. The Independent Contractor will be paid by vendor cheron. Independent Contractor shall provide an original involution in the contractor and authorization of payment forwarded to the CU.	Agreement without the written consent of the other party. If the District and shall be subject to the District's general rimply with all Federal, State, Municipal and District laws, rules independent Contractor's business, equipment and personal perations. ck as an Independent Contractor. Idee to the Originating Administrator. Independent Contractor ISD Accounts Payable department along with the original investment thout cause, upon 30 days' written notice to the other. Vendo	and regulations that are now, or may in the nel engaged in operations covered by this or shall be paid within 30 days of receipt of oice.
12. AGREED TO AND ACCEPTED:		
An Curo	Sergro Contreras	05/27/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	4	
New 2	John Shushad	5/31/16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		
Signature of District Administrator OR Director of Categorical Programs	Printed Name	Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Full or Final Payment	DISPOSITION OF CHECK by Accou (check released upon completion Send to Site Administrator (da	of services) te):
L di oi rinai rayment	Mail to Independent Contracto	or .

Originating Administrator Signature (Blue Ink)

Date

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ASB Independent Contractor Agreement

	Cor	npleted By: Kim Keyawa-Musselman Phone: (530) 520-5072
	1,	This Agreement is made by and between CUSD - CHS ASB and: Name: Deserae Dahlgren
		Email Address: missdesabraham@gmail.com
		Street Address/POB: 4 Trieste Way
		City, State, Zip Code: Chico, CA 95926
		Phone: (530) 864-5997
		Taxpayer ID/SSN:
!		This agreement will be in effect From: 6/13/16 To: 6/29/16 Location 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:
		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 a.	account name(s) paying for services: ASB account #: Amount: Field hockey \$ \$200,00
	b.	\$
	C.	\$
4.	invo	ment to independ ent Contractor for services actually rendered and supported by Independent Contractor initiated blces, 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 Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)
	Add	itional Expenses (if applicable, in the event of changes to service or other expense types)
	Iten	70 · · · · · · · · · · · · · · · · · · ·
	Iten	
		\$ \$0.00 Total of Additional Expenses
		\$ 200.00 Grand Total (Services + Additional Expenses)
om	plete	d BS10A"Certificate of Independent Consultant Agreement" guideline is:
om	plete	d W9 "Request for Taxpayer ID Number/Certification" form is:

DELIVERED JUN - 8 2016

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

ndependently, not as an employee of the District; the this Independent Contractor Agreement. Independent including Unemployment Insurance, Social Security, and see, all labor, materials, equipment and other items necessals Agreement. Independent Contractor with the authority to control and iting, using Administration Form #3515.6., that criminales. This requirement also applies to any subcontractor with the performance of this Agreement, including, but dependent Contractor's employee or agents. Including, but dependent, Business Services, upon request, a Certificate of the gas required by the District.	Contractor shall assume full responsibility for and income Taxes with respect to Independent starty to carry out the terms of this Agreement and direct the performance of the details of the lackground checks have been completed are or employees utilized by the Independent starty and agents from any and all liability or long the independent of the limited to, any claim due to injury and/or and limited to, any claim due to injury and/or and agents from any claim due to injury and/or and limited to, any claim due to injury and/or and agents from any claim due to injury and/or and agents from any claim due to injury and/or and agents from any claim due to injury and/or and agents from any claim due to injury and/or agents from any claim due to injury and/or agents from any and all liability or long the first from any and all liability and all liabili
ne District and shall be subject to the District's general y with all Federal, State, Municipal and District laws, rule pendent Contractor's business, equipment and personations. It is an Independent Contractor. To the Originating Administrator. Independent Contract Accounts Payable department along with the original in	es and regulations that are now, or may in the nnel engaged in operations covered by the ctor shall be paid within 30 days of receipt of the nvoice.
Deserae Dahlgren	6/8/16
Printed Name	Date
Frinted Name Jaka - Musi	elmay _6/8/16
Male H- Be	le 6/2/14
Printed Name	Date
-	
Printed Name	Date
	Printed Name Printed Name Printed Name Printed Name

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pleted By	: Denise	Hughes	×		Phone: <u>891</u> -	-3066			
This Agre	ement i	s made by a	and between C Name: Bill Delga	Chico Unified S	School Distri	ct and:			
		Email Ad	dress:			3 2 2			
	Str	eet Address	/POB: 5502 Ani	ta Road					
	City	y, State, Zip	Code: Chico, C	A 95973					
			hone: (530) 57	0-2606					
		Taxpayer ID)/SSN:]						
This agre	ement w	vill be in effe	ect From: 4/28/	16	To: 4/28/16	4			
Site Code					Location(s)	of Services: Chic	co Jr. High So	chool	
	attach s e of Wo	eparate she rk:_Bill mov	et if necessary ved a piano fr): om the home	of Jim Har	ner) to be achiev nlon to Chico J	lr. High Scl		ndent Contra
-									
b. Goal	(if appli	cable):	*	and the second					4-6-
Ohlas		n/Grant Affe Admin. accou	cted (correspo						
a.	The second second	MERCH DAMES WINDS	AUTO CONTRACTOR OF THE PARTY OF						M. Hariltonia kon
				-					- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
C.						-011-021-021-021-021-021-021-021-021-021		1000	
C			Resource	Project/Year	Goal	Function	Object	Site	Manager
	ent (%)	Fund		1 101000 1000	1110	2700		060	
Per	ent (%)	Fund	0009	0	1110	2100	5800	000	2060
Pero 1 100.00	%			0	1110	2700	5800	000	2060
Pero 1 100.00 2 0.00%	%			0	1110	2700	1100 1100 1100	000	2060
Pero 1 100.00	%			0	1110	2700	5800		2060
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$\$ 200.00	to Inde	ependent Corict will pay	ontractor for the Independent	services actua ent Contractor # Hours =	ally rendered not to exce \$\$ 200.00	d and supported the paymen	5800 5800 ed by Indel t criteria as	pendent Cor follows:	
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$\$ 200.00	to Inde	ependent Corict will pay	ontractor for the Independent	services actua ent Contractor # Hours =	ally rendered not to exce \$\$ 200.00	d and supporte	5800 5800 ed by Indel t criteria as	pendent Cor follows:	
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$ 200.00 (For Flat	to Inde	ependent Corict will pay ourly Rate X es, please pl	ontractor for the Independent 1.00	services actua ent Contractor _ # Hours = te under "hou	ally rendered not to exce \$\$ 200.00 rrly rate" and	d and supported the paymentTotal for Sei	5800 5800 ed by Indept criteria as rvices umber of ho	pendent Cor follows:	
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$ 200.00 (For Flat	to Inde	ependent Corict will pay ourly Rate X es, please pl	ontractor for the Independent 1.00 ace the flat raccable, in the excaple	services actua ent Contractor # Hours = te under "hou	ally rendered not to exce \$\$ 200.00 rrly rate" and	d and supported the paymen	5800 5800 ed by Indept criteria as rvices umber of ho	pendent Cor follows:	
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$ 200.00 (For Flat Addition: ltem:	to Inde the Dist Harate fee	ependent Corict will pay ourly Rate X es, please pl	ontractor for the Independent 1.00 ace the flat racable, in the events of the second s	services actua ent Contractor # Hours = te under "hou	ally rendered not to exce \$\$ 200.00 rrly rate" and	d and supported the paymentTotal for Sei	5800 5800 ed by Indept criteria as rvices umber of ho	pendent Cor follows:	
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$ 200.00 (For Flat Addition: ltem:	to Inde the Dist Harate fee	ependent Corict will pay ourly Rate X es, please pl	ontractor for the Independent 1.00 ace the flat raccable, in the excaple	services actua ent Contractor # Hours = te under "hou	ally rendered not to exce \$\$ 200.00 rrly rate" and	d and supported the paymenTotal for Seld use "1" for nu	5800 5800 ed by Indept criteria as rvices umber of ho	pendent Cor follows: purs.)	
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$ 200.00 (For Flat Addition: ltem:	to Inde the Dist Harate fee	ependent Corict will pay ourly Rate X es, please pl	ontractor for the Independent 1.00 ace the flat racable, in the events of the second s	services actua ent Contractor # Hours = te under "hou	ally rendered not to exce \$\$ 200.00 urly rate" and es to service \$	d and supported the paymenTotal for Seld use "1" for no or other expenTotal of Ad	5800 5800 ed by Indept criteria as rvices umber of hose types)	pendent Cor follows: purs.)	ntractor initia
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$ 200.00 (For Flat Additional Item:	to Inde the Dist Harate fee	ependent Corict will pay ourly Rate X es, please pl	ontractor for the Independent 1.00 ace the flat rate cable, in the even	services actua ent Contractor # Hours = te under "hou vent of change	ally rendered not to exce \$\$ 200.00 erly rate" and es to service \$\$\$ \$0.00 \$\$ 200.00	d and supported the payment	5800 5800 ed by Indept criteria as rvices umber of house types) se types) ditional Exp	pendent Cor follows: purs.) enses	ntractor initia
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$\$200.00 (For Flat Additional Item:	to Indetthe Dist He Rate fee	ependent Corict will pay ourly Rate X es, please pl ases (if appli	ontractor for the Independent 1.00 ace the flat racable, in the endent e	services actua ent Contractor # Hours = te under "hou vent of change ent Consultant	ally rendered not to exce \$\$200.00 arly rate" and es to service \$\$\$5.00 \$\$200.00 at Agreement	d and supported the paymenTotal for Sed d use "1" for no or other expenTotal of AdGrand Total " guideline is:	5800 5800 ed by Indept criteria as rvices umber of hose types) ditional Exp	enses Additional E	ntractor initia
Pero 1 100.00 2 0.00% 3 0.00% Payment invoices, \$\$200.00 (For Flat Additional Item:	to Indetthe Dist He Rate fee	ependent Corict will pay ourly Rate X es, please pl ases (if appli	ontractor for the Independent 1.00 ace the flat racable, in the endent e	services actua ent Contractor # Hours = te under "hou vent of change ent Consultant	ally rendered not to exce \$\$200.00 arly rate" and es to service \$\$\$5.00 \$\$200.00 at Agreement	d and supported the payment	5800 5800 ed by Indept criteria as rvices umber of hose types) ditional Exp	enses Additional E	ntractor initi

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent	Contractor	Name:	Bill Delgardo
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- 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 #35I5.6., that criminal background checks have been completed as per Board Policy #35I5.6 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 Relgaration	Bill Delgardo	5/12/16
Signature of Independent Contractor	Printed Name	Date
13, RECOMMENDED:	Pedro Caldera	5/13/16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		
Signature of District Administrator OR Director of Categorical Programs 15. APPROVED:	Printed Name	Date
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 According to the completion of the complet	n of services) ate): tor 5/13/16

0411			
CA#			



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

Independent Contractor Agreement

	eted By: John Bo	channon			Phone: (530)	891-3000			
Thi	is Agreement i	is made by aı	nd between C	hico Unified S	School Distri	ct and:			
17/95, 507		N	lame: Anita Hom	nesley		3 189-30 129-298-2			
		Email Add	ress: ahomesle	y@chicousd.org					
	Str		POB: 707 Earl A						
			Code: Chico, Ca						
		Taxpayer ID/	/SSN:	Visit in the second					
		121100000000000000000000000000000000000							
Thi	is agreement w	will be in effe	ct From: 7/1/16	3	To: 6/30/17				
	e Code:					of Services: Vari	ous Secondary	Locations	
		43							
	rvices (attach s	separate shee	et if necessary ant providing): support for t	the Career	er) to be achiev <u>Fechnical Edu</u> elements del	cation Ince	entive Grant	
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b.	Goal (if appli	capie):				-			
	lie In	. ICurus Affra			unto listed in	itom Ali			
	nding/Program	I/Grant Affec	cted (correspo entive Grant (CTEI	nding to acco	unts listea li	nem 4):			
a.									
b.					THE POST OF RES		1000	HITTER	
C.									
	Darrant (0/)	T Eund	Resource	Project/Year	Goal	Function	Object	Site	Manager
-	Percent (%)	Fund 01	Company of the second	0	3800	1000	5800	570	6700
-	1 100.00%	101	6387	U	0000	1000	5800	370	0700
	2 0.00%	<u> </u>				,	5800		
- 30	3 0.00%				<u> </u>		3000	والمهاد والمراجع	
Pay inv \$\$	voices, the Dist	rict will pay t ourly Rate X	he Independe	ent Contractor _# Hours =	not to exce \$ \$ 15,000.00	l and supported the paymen Total for Sell use "1" for nu	t criteria as rvices	follows:	tractor initia
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

\$____ Amount

Independent Contractor Name: Anita Homesley		CA#
 The Independent Contractor will perform said services compensation or unemployment benefits in connection wit payment of all Federal, State and Local taxes or contribution Contractor's employees. 	th this Independent Contractor Agreement. Independent	Contractor shall assume full responsibility fo
2. Independent Contractor shall furnish, at his/her own expe		sary to carry out the terms of this Agreement
unless agreed upon under Additional Expenses on page I of 3. In the performance of the work herein contemplated, the		d 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 v	usiting using Administration Form #2515 6 that criminal	hackground shocks have been completed a
per Board Policy #3515.6 prior to commencement of servi Contractor.	ices. This requirement also applies to any subcontractor	s or employees utilized by the Independen
 Independent Contractor agrees to defend, indemnify and arising in any way out of Independent Contractor's negliger damage sustained by Independent Contractor, and/or the li 	nce in the performance of this Agreement, including, but i	
6. Independent Contractor will provide to Assistant Superi		of Insurance showing a minimum \$1,000,000
combined single limits of general liability and automobile or 7. Neither party shall assign nor delegate any part of this Ag	reement without the written consent of the other party.	
8. The work completed herein must meet the approval of completion thereof, Independent Contractor agrees to com	the District and shall be subject to the District's general	right of inspection to secure the satisfactory
future become applicable to Independent Contractor, Inc	dependent Contractor's business, equipment and person	nnel engaged in operations covered by this
Agreement or occurring out of the performance of such ope 9. The Independent Contractor will be paid by vendor check		
10. Independent Contractor shall provide an original invoice	e to the Originating Administrator. Independent Contrac	tor shall be paid within 30 days of receipt o
invoice and authorization of payment forwarded to the CUS 11. Either party may terminate this agreement, with or with	ED Accounts Payable department along with the original in	nvolce. dor shall be paid for work actually performed
as of the date of receipt of such notice.)	
12. AGREED TO AND ACCEPTED:		
Some n	^y —Anita Homesley	(- P - 11 -
ma armay		0.010
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
MRI	John Bohannon	6-8-16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		10
Sac Hours	Joanne Parsley	6-8-16
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
	Kevin Bultema	
		<u> </u>
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Acco	
(Invoice to accompany payment request):	(check released upon completic Send to Site Administrator (c	
Partial Payment through: Full or Final Payment	Mail to Independent Contrac	
L an or i mai i aymone	Limit to macpendent contra	

Originating Administrator Signature (Blue Ink)

Date

CA#	
mi 111	



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

ASB Independent Contractor Agreement

1.	This Agreement is ma	de by and betwee	n CUSD - CHS Keyawa-Muss	ASB and: elman	
	E			com	486.1
		Address/POB: 1339			
	City, Sta	ite, Zip Code: Chic	o, CA 95928		
) 520-5072		
	Taxp	payer ID/SSN:			
	This agreement will be Location of Services:	e in effect From: 6/	/13/16	To: 6/29/16	
2.	Services:	erformed and Goa	al (Strategic Pla	n, Site Plan, Other)	to be achieved as a result of Independent Cont
	a. Scope of Work:	Director of summ Field player coac			ts and players. Leads drills and camp agenda.
	1 - 100 0 11				
	b Goal (if applicable);			
a.	account name(s) payir Field Hockey	ng for services:	ASB account #	t: Amoun \$ \$	t: 250.00
a.	account name(s) payir Field Hockey	ng for services:	ASB account #	#: Amoun _ \$_ \$ _ \$_	
a. b. c. Pay	3 account name(s) payir Field Hockey yment to Independ er	ng for services: nt Contractor for say the Independente X 20,00 #	ASB account # 625 services actual Contractor n	s Amoun \$ \$ \$ ally rendered and ot to exceed the pa \$ 250.00 Total	supported by Independent Contractor initiatelyment criteria as follows:
a. b. c. Pay Invo	3 account name(s) payir Field Hockey yment to Independ er olces, the District will p 12.50 Hourly Rate	ng for services: nt Contractor for say the Independente X 20,00 #	ASB account # 625 services actua at Contractor n # Hours = \$ a under "hour!	s Amoun \$ \$ \$ \$ slly rendered and ot to exceed the pa \$ 250.00 Total y rate" and use "1"	250.00 supported by Independent Contractor initiately as follows: for Services for number of hours.)
a. b. c. Pay Invo	3 account name(s) payir Field Hockey yment to Independ er olces, the District will p 12.50 Hourly Rate r Flat Rate fees, please	ng for services: nt Contractor for say the Independente X 20,00 #	ASB account # 625 services actua at Contractor n # Hours = \$ a under "hour!	s Amoun \$ \$ \$ \$ slly rendered and ot to exceed the pa \$ 250.00 Total y rate" and use "1"	250.00 supported by Independent Contractor initiately as follows: for Services for number of hours.)
a. b. c. Pay Invo	account name(s) payir Field Hockey yment to Independ er olces, the District will p 12.50 Hourly Rate r Flat Rate fees, please ditional Expenses (if ap	ng for services: nt Contractor for say the Independente X 20,00 #	ASB account # 625 services actua at Contractor n # Hours = \$ a under "hour!	s: Amoun \$_\$ \$ \$_\$ \$ ally rendered and ot to exceed the pa \$ 250.00 Total y rate" and use "1" to service or other	250.00 supported by Independent Contractor initiately as follows: for Services for number of hours.)
a. b. c. Pay Invo \$ (For	account name(s) payir Field Hockey yment to Independ er olces, the District will p 12.50 Hourly Rate r Flat Rate fees, please ditional Expenses (if ap	ng for services: nt Contractor for say the Independente X 20.00 # place the flat rate plicable, in the eve	ASB account # 625 services actual to Contractor in # Hours = \$ a under "hourlent of changes \$ \$ \$ \$ \$ \$	s Amoun \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250,00 supported by Independent Contractor initiatelyment criteria as follows: for Services for number of hours,) expense types) of Additional Expenses

DELIVERED JUN - 8 2016

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.

Limpmusulman	Kim Keyawa-Musselman	6/7/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		6 /
Signature of ASB Advisor	Printed Name / Mustell	nun 6/19/16
14. APPROVED:	1111	of (
	Wak Bule	6/2/16
Signature of Site Administrator	Printed Name	bate!
15, APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
DRINIESS DELAICES		
ÅSB APPROVED PO#		

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CA#		
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J/ 111		



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

ASB Independent Contractor Agreement

	Cor	npleted By: Doris Luther		Phone: 891-3090	
	1.	This Agreement is made by and be	tween Chico Unifi Olivia Jolley	ied School District	SB) and:
			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 Fro	m: <u>5/19/16</u>	To: 5/21/16	
		Location of Services: Inspire School	of Arts and Scien	ces	
	2.	Services:			to be achieved as a result of Independent Contrac
		a. Scope of Work: focusing and g	eneral lighting wo	rk for dance showca	se .
3.		b Goal (if applicable): great lighting account name(s) paying for services Choreography Club			nt: \$100.00
	a.			'	Construes.
	b.				
	C.		4		
4.	. Pay	ment to Independ ent Contractor pices, the District will pay the Indepe	for services actu	ually rendered and	supported by Independent Contractor initiated ayment criteria as follows:
	\$\$	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat	# Hours =	\$ \$ 100.00 Tota	for Services
	\$ <u>\$</u> (Fo	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat	# Hours = t rate under "hou	\$ <u>\$ 100.00</u> Tota rly rate" and use "1	for Services " for number of hours.)
	\$ <u>\$</u> (Fo	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat ditional Expenses (if applicable, in th	# Hours = t rate under "hou	\$ <u>\$ 100.00</u> Tota rly rate" and use "1	for Services " for number of hours.)
	\$ <u>\$</u> (Fo Add	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat ditional Expenses (if applicable, in the n:	# Hours = t rate under "hou	\$ <u>\$ 100.00</u> Tota rly rate" and use "1	for Services " for number of hours.)
	\$ <u>\$</u> (Fo	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat ditional Expenses (if applicable, in the n:	# Hours = t rate under "hou	\$ \$ 100.00 Tota rly rate" and use "1 es to service or other \$ \$ \$ \$ 0.00 Tota	for Services "for number of hours.) expense types) of Additional Expenses
	\$ <u>\$</u> (Fo Add	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat ditional Expenses (if applicable, in the n:	# Hours = t rate under "hou	\$ \$ 100.00 Tota rly rate" and use "1 es to service or other \$ \$ \$ \$ 0.00 Tota	for Services " for number of hours.) r expense types)
5. Con	\$ <u>\$</u> (Fo Add Iter Iter	100.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat ditional Expenses (if applicable, in the n:	# Hours = t rate under "hou e event of change	\$ \$ 100.00 Tota rly rate" and use "1 s to service or other \$ \$ \$ 0.00 Tota \$ \$ 100.00 Grain	for Services "for number of hours.) expense types) of Additional Expenses

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Olivia Jolley	CA#	
1. The Independent Contractor will perform said services inde compensation or unemployment benefits in connection with thi	pendently, not as an employee of the District; therefore, the s Independent Contractor Agreement. Independent Contractor s cluding Unemployment Insurance, Social Security, and Income T	shall assume full responsibility fo
2. Independent Contractor shall furnish, at his/her own expense, unless agreed upon under Additional Expenses on page I of this		out the terms of this Agreemen
3. In the performance of the work herein contemplated, the Inde		performance of the details of th
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writin	g, using Administration Form #3515.6. , that criminal background	d checks have been completed a
per Board Policy #35I5.6 prior to commencement of services.		
Contractor. 5. Independent Contractor agrees to defend, indemnify and hold arising in any way out of Independent Contractor's negligence in damage sustained by Independent Contractor, and/or the Indep 6. Independent Contractor will provide to Assistant Superintenc combined single limits of general liability and automobile covera 7. Neither party shall assign nor delegate any part of this Agreem 8. The work completed herein must meet the approval of the Completion thereof. Independent Contractor agrees to comply w future become applicable to Independent Contractor, Independent or occurring out of the performance of such operation 9. The Independent Contractor will be paid by vendor check as a 10. Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD Act 11. Either party may terminate this agreement, with or without to see the date of receipt of such paties.	In the performance of this Agreement, including, but not limited to endent Contractor's employee or agents. Jent, Business Services, upon request, a Certificate of Insurance ge as required by the District. Jent without the written consent of the other party. District and shall be subject to the District's general right of inspirith all Federal, State, Municipal and District laws, rules and regulated the Contractor's business, equipment and personnel engage ons. In Independent Contractor. The Originating Administrator, Independent Contractor shall be counts Payable department along with the original invoice.	to, any claim due to injury and/or showing a minimum \$1,000,00 pection to secure the satisfactor ations that are now, or may in the d in operations covered by this paid within 30 days of receipt or
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:	ollvia L. Jolley	5/31/10
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		
1 . 1 .	- (1-	1-111
Signature of Site Administrator	Printed Name	5/31/16
Signature of Site Administrator 15. APPROVED:	Printed Name /	Date
Signature of District Administrator,	Printed Name	Date
Business Services	Timed Name	Date
ASB APPROVED PO #		

CA#	



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				pendent Co					
nc	npleted By: <u>Denise M</u>	McKeon .			Phone: <u>(530</u>	891-3080			
	This Agreement is	made by a	nd between C ame: Marcus F	hico Unified S	School Distric	ct and:			
		Email Add	lress:		11:				
	Stre	et Address/	POB: PO box 2	257					
	City,	State, Zip (Code: Hornbroo	k, CA 96044					
		Pł	none: <u>(530)</u> 340)-1926					
	Т	Taxpayer ID,	/SSN:						
	This agreement wil	ll be in effe	ct From: 5/19/	16	To: 5/20/16				
	Site Code: 050				Location(s)	of Services: Roc	m 209		
	Scope of Work to b Services (attach se a. Scope of Work	oe performe parate shee k:	ed and Goal (St et if necessary speaker hea	rategic Plan, S): Ith presentat	ite Plan, Oth	er) to be achiev JHS 7th grade	ved as a resu e science s	Ilt of Indeper	ndent Contrac
				and the second s		na a kaominina dia mana	101. 2010124 12 16 2	WEG.	
	b. Goal (if applica	able): <u>To prom</u>	ote awareness and e	mpathy for persons li	ving with HIV/AIDS,	and to provide currant	into related to the	vitus.	
	Funding/Program/ a. Science Instruct	tion - Site Dis	cted (correspo scretionary A Balance	nding to acco DA Reco	unts listed in				
	b	90	produce						
	[D	Fried	Resource	Project/Year	Goal	Function	Object	Site	Manager
	Percent (%)	Fund 01	©029 _	0	1110	1000	5800	050	2050
	2 0.00%	01			1110		5800	10000	
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	0.00%				1				
	Payment to Indep invoices, the Distri \$\$ 700.00 Hou (For Flat Rate fees	ict will pay t urly Rate X	the Independe 1.00	ent Contractor # Hours =	not to exce \$\$ 700.00	ed the paymen Total for Se	t criteria as rvices	follows:	ntractor initiat
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	Additional Expens	ses (if applic	cable, in the e	vent of change	es to service	or other expen	se types)		
	Item:				Ş	_			
	Item:	talen erre			\$ \$ \$ 0.00	— Total of Ad	ditional Exp	oncoc	
					\$\$ 700.00			Additional I	Expenses)
					Y.4		(0011114	,	
						co II a ser as III	- 10	The state of the state of	
1202	Completed BS10A	"Certificate	of Independe	ent Consultan	t Agreement	" guideline is:	On File	Attached	
	Completed BS10A Completed W9 "Re								
		equest for	Taxpayer Iden	tification Num	nber/Certific	ation" form is:	√ On File	Attached	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Partial Payment through: _

ull or Final Payment

700,00

Amount

Independent Contractor Name: Mark 'Markus' F. Mitchinso	CAII	
compensation or unemployment benefits in connection with payment of all Federal, State and Local taxes or contributions Contractor's employees.	dependently, not as an employee of the District; therefore, the this Independent Contractor Agreement. Independent Contractor s , including Unemployment Insurance, Social Security, and Income T	hall assume full responsibility for axes with respect to Independent
Independent Contractor shall furnish, at his/her own expens unless agreed upon under Additional Expenses on page I of the	se, all labor, materials, equipment and other items necessary to carry	out the terms of this Agreement,
In the performance of the work herein contemplated, the Ir work, the District being interested in the results obtained.	ndependent Contractor with the authority to control and direct the	
per Board Policy #3515.6 prior to commencement of service Contractor.	ting, using Administration Form #3515.6., that criminal background is. This requirement also applies to any subcontractors or employ	ees utilized by the Independent
arising in any way out of Independent Contractor's negligence damage sustained by Independent Contractor, and/or the Ind	old harmless the District, its Board of Trustees, employees and agen in the performance of this Agreement, including, but not limited t ependent Contractor's employee or agents.	o, any claim due to Injury and/or
combined single limits of general liability and automobile covers. Neither party shall assign nor delegate any part of this Agre	andent, Business Services, upon request, a Certificate of Insurance erage as required by the District.	showing a minimum \$1,000,000
8. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply future become applicable to Independent Contractor, Independent or occurring out of the performance of such opera 9. The Independent Contractor will be paid by vendor check as 10. Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD.	e District and shall be subject to the District's general right of insp with all Federal, State, Municipal and District laws, rules and regula pendent Contractor's business, equipment and personnel engage tions. s an Independent Contractor. to the Originating Administrator, Independent Contractor shall be	tions that are now, or may in the d in operations covered by this paid within 30 days of receipt of
12. AGREED TO AND ACCEPTED:		
Mark Machineden	Mark Mitchinson	05/17/2016
Signature of Independent Contractor	Printed Name	Date
13, RECOMMENDED:	Judi Roth	5-18-16
Ignature of Originating Administrator	Printed Name	Date
14. APPROVED:	DAULY MCKAU AURONA	
Signature of District Administrator OR	Dilated News	5-19-16
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):	DISPOSITION OF CHECK by Accounts Payal (check released upon completion of service	

Send to Site Administrator (date):

Date

Mail to Independent Contractor

CA#		
CHI	 	



Administrative Offices

1163 E. Seventh Street Chico, CA 95928-5999 530/891-3000 fax 891-3220 www.ChicoUSD.org

ASB Independent Contractor Agreement

	CHC ACD	
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 Location of Services: Chico High Lincoln Gym	
2.		
	services: a. Scope of Work: Volleyball individual Skills camp trainer	•
	b Goal (if applicable):	100000
A CI		
	SR account name(s) naving for services: ASB account #: Amount:	
	ASB account name(s) paying for services: ASB account #: Amount: 5 Volleyball \$ \$320.00	
a.	a. Volleyball 675 \$ \$320.00	
a. b.	675 \$ \$320.00 c. \$	
a. b. c.	675 \$ \$320.00 c. \$ \$ \$	
a. b. c.	Nolleyball Output Flavment to Independ ent Contractor for services actually rendered and supported by Independent Contractor.	ractor initia
a. b. c.	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor not to exceed the payment criteria as follows:	ractor initia
a. b. c. Pa	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$ 10.00 Hourly Pate ¥ 32.00 # Hours = \$ \$ \$320.00 Total for Services	ractor initia
a. b. c. Pa	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor not to exceed the payment criteria as follows:	ractor initia
a. b. c. Pa inv \$\$	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\frac{\\$}{32.00}\$ Hourly Rate X \frac{\}{32.00}\$ # Hours = \$\frac{\\$}{320.00}\$ Total for Services For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)	ractor initia
a. b. c. Pa inv \$\$ (Fc	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$ 10.00 Hourly Pate ¥ 32.00 # Hours = \$ \$ \$320.00 Total for Services	ractor initia
a. b. c. Painv \$\$ (Fc	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\frac{\\$}{32.00}\$ Hourly Rate X \frac{\}{32.00}\$ # Hours = \$\frac{\\$}{320.00}\$ Total for Services For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)	ractor initiat
a. b. c. Painv \$ <u>\$</u> (Fo	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contravolces, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\frac{10.00}{5} \text{Hourly Rate X} \frac{32.00}{32.00} # Hours = \$\frac{5}{320.00} \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) tem: \$\frac{5}{5} \text{Hourly Rate X} \frac{5}{5} \text{Hourly Rate X} \fra	ractor initiat
a. b. c. Painv \$ <u>\$</u> (Fo	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor not to exceed the payment criteria as follows: \$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \	
a. b. c. Painv \$ <u>\$</u> (Fo	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contravolces, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\frac{10.00}{5} \text{Hourly Rate X} \frac{32.00}{32.00} # Hours = \$\frac{5}{320.00} \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) tem: \$\frac{5}{5} \text{Hourly Rate X} \frac{5}{5} \text{Hourly Rate X} \fra	
a. b. c. Painv \$\frac{\$\frac{\$}{1}}{(Fc)}\$	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor not to exceed the payment criteria as follows: \$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \	
a. b. c. Pa inv \$ (Fo Ad Ite	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor not to exceed the payment criteria as follows: \$\frac{5}{3} \frac{10.00}{10.00} \text{ Hourly Rate X} \frac{32.00}{32.00} \text{ # Hours} = \frac{5}{3} \frac{320.00}{30.00} \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) tem: \$\frac{5}{30.00} \text{ Total of Additional Expenses} \frac{5}{320.00} \text{ Grand Total (Services} + Additional Expenses} \$\frac{5}{30.00} \text{ Total of Additional Expenses} \frac{5}{320.00} \text{ Grand Total (Services} + Additional Expenses}	

DELIVERED JUN - 8 2016

INDEPENDENT CONTRACTOR TERMS AND CONT	DITIONS	
Independent Contractor Name: Christina Ordo	orica	CA#
 The Independent Contractor will perform said services i compensation or unemployment benefits in connection with payment of all Federal, State and Local taxes or contribution Contractor's employees. 	ndependently, not as an employee of the District; therefor In this Independent Contractor Agreement. Independent Cor	ntractor shall assume full responsibility fo
2. Independent Contractor shall furnish, at his/her own exper unless agreed upon under Additional Expenses on page I of t	his Agreement.	
3. In the performance of the work herein contemplated, the work, the District being interested in the results obtained.	Independent Contractor with the authority to control and d	irect the performance of the details of the
4. If applicable, the Independent Contractor will certify in w per Board Policy #3515.6 prior to commencement of service Contractor.	riting, using Administration Form #3515.6., that criminal ba es. This requirement also applies to any subcontractors o	ckground checks have been completed a or employees utilized by the Independen
5. Independent Contractor agrees to defend, indemnify and arising in any way out of independent Contractor's negligent damage sustained by Independent Contractor, and/or the in	ce in the performance of this Agreement, including, but not	and agents from any and all liability or los Ilmited to, any claim due to injury and/o
6. Independent Contractor will provide to Assistant Superin combined single limits of general liability and automobile co	tendent, Business Services, upon request, a Certificate of liverage as required by the District.	nsurance showing a minimum \$1,000,000
7. Neither party shall assign nor delegate any part of this Agr 8. The work completed herein must meet the approval of t completion thereof. Independent Contractor agrees to comp future become applicable to Independent Contractor, Independent or occurring out of the performance of such oper 9. The Independent Contractor will be paid by vendor check 10. Independent Contractor shall provide an original invoice invoice and authorization of payment forwarded to the CUSI	he District and shall be subject to the District's general rigingly with all Federal, State, Municipal and District laws, rules a ependent Contractor's business, equipment and personne rations. as an Independent Contractor. to the Originating Administrator. Independent Contractor Discounts Payable department along with the original invo	and regulations that are now, or may in the engaged in operations covered by this shall be paid within 30 days of receipt of ice.
11. Either party may terminate this agreement, with or without as of the date of receipt of such notice.	out cause, upon 30 days. Written notice to the other. Vendoi	r snall be paid for work actually performe
12. AGREED TO AND ACCEPTED:	Christina Ordorica	1012/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		a marilla and a second
Tracker	Timothy With	6/2/16
Signature of ASB Advisor	Printed Name	Date
14, APPROVED:	111111	1
	W/all of- But	6/2/16
Signature of Site Administrator	Printed Name	baté
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date

ASB APPROVED PO #

CA#	
Unit _	



Administrative Offices

1163 E. Seventh Street Chico, CA 95928-5999 530/891-3000 fax 891-3220 www.ChicoUSD.org

ASB Independent Contractor Agreement

	OLIC ACP
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: <u>(805) 657-9106</u>
	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 Cor
	a. Scope of Work: Volleyball individual Skills camp trainer.
	a. scope of work. Volleyball trailoada Julis camp trailier.
	b Goal (if applicable):
	u doar (ii applicable).
ASE	account name(s) paying for services: ASB account #: Amount:
ASE a.	account name(s) paying for services: ASB account #: Volleyball Amount: \$ \$320.00
a. b.	account name(s) paying for services: ASB account #: Amount:
a.	account name(s) paying for services: ASB account #: Volleyball Amount: \$ \$320.00
a. b. c. Par	account name(s) paying for services: ASB account #:
a. b. c. Par inv	account name(s) paying for services: ASB account #:
a. b. c. Par inv	account name(s) paying for services: ASB account #:
a. b. c. Par inve \$\$ (Fo	account name(s) paying for services: ASB account #:
a. b. c. Par inve \$\$ (Fo	account name(s) paying for services: ASB account #:
a. b. c. Parinve \$\frac{\$\$}{\$}\$ (Fo	account name(s) paying for services: ASB account #:
a. b. c. Par inve \$\$ (Fo	account name(s) paying for services: ASB account #:
a. b. c. Parinve \$\frac{\$\$}{\$}\$ (Fo	account name(s) paying for services: ASB account #: Amount: \$ \$320.00 \$ \$ whent to Independ ent Contractor for services actually rendered and supported by Independent Contractor Initialization in 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 Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.) Ilitional Expenses (if applicable, in the event of changes to service or other expense types) 10.00 \$ \$ \$0.00 Total of Additional Expenses
a. b. c. Parinve \$\frac{\$\$}{\$}\$ (Fo	account name(s) paying for services: ASB account #:
a. b. c. Parinverse (Fo	account name(s) paying for services: ASB account #: Amount: \$ \$320.00 \$ \$ whent to Independ ent Contractor for services actually rendered and supported by Independent Contractor Initialization in the District will pay the Independent Contractor not to exceed the payment criteria as follows: 10.00
a. b. c. Parinvo \$\\$(\footnote{\frace{\fra	account name(s) paying for services: ASB account #: Amount: \$ \$320.00 \$ \$ whent to independ ent Contractor for services actually rendered and supported by Independent Contractor initial poices, the District will pay the independent Contractor not to exceed the payment criteria as follows: 10.00

DELIVERED JUN - 8 2016

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

ASB APPROVED PO#

SIGNATURE OF ASB OFFICER

Independent Contractor Name:	Isabella Sagely		CA#
1. The Independent Contractor will pe compensation or unemployment benef	erform said services independently, not its in connection with this independent	as an employee of the District; therefo Contractor Agreement. Independent Con loyment Insurance, Social Security, and Ir	tractor shall assume full responsibility for
2. Independent Contractor shall furnish, unless agreed upon under Additional Ex	penses on page I of this Agreement.	ials, equipment and other items necessary	
work, the District being interested in th	e results obtained.	ractor with the authority to control and di	
		istration Form #3515.6. , that criminal bac ent also applies to any subcontractors or	
5. Independent Contractor agrees to de arising in any way out of Independent C damage sustained by Independent Con-	Contractor's negligence in the performan tractor, and/or the Independent Contrac		limited to, any claim due to injury and/or
combined single limits of general liability	ty and automobile coverage as required		isurance snowing a minimum \$1,000,000
completion thereof. Independent Contr	eet the approval of the District and sha ractor agrees to comply with all Federal, dent Contractor, Independent Contract ormance of such operations.	Il be subject to the District's general righ State, Municipal and District laws, rules ar or's business, equipment and personnel	nd regulations that are now, or may in the
10. Independent Contractor shall provi invoice and authorization of payment for	de an original invoice to the Originating orwarded to the CUSD Accounts Payable ement, with or without cause, upon 30	Administrator. Independent Contractor department along with the original invol days' written notice to the other. Vendor	ce,
12. AGREED TO AND ACCEPTED	1 /	Sagely	6/2//6
Signature of Independent Conti	Printed Na	ime	Date
13. AGREED TO AND ACCEPTED	1	California in	
TIMVOTA	Jim	othy Voth	6/2/16
Signature of ASB Advisor	Printed Na	me	Date
14. APPROVED:	- W	ak d-keh	6/11/6
Signature of Site Administrator	Printed Na	ame	Date
15. APPROVED:	6		
Signature of District Administra Business Services	tor, Printed Na	me	Date

CA#		
CAT	 	



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

ASB Independent Contractor Agreement

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 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 Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 scope of Work: To promote student camaraderie and school spirit	
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 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 Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 sc	
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 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 Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 sc	
City, State, Zip Code: Chico, CA 95928 Phone: (530) 591-7848 Taxpayer ID/SSN: This agreement will be in effect From: 8/18/16 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 Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 sc	
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 Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 sc	
Taxpayer ID/SSN: This agreement will be in effect From: 8/18/16 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 Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 sc	
2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Ind Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 sc	
Services: a. Scope of Work: Provide DJ services for school dances and special events during the 2016/2017 so	
	dependent Contracto
b Goal (if applicable): To promote student camaraderie and school spirit	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. ASB ~ General \$ \$1,800.00 \$	
c\$	
4. Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\frac{\$\\$300.00}{\$1,800.00}\$ 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.)	ontractor initiated
Additional Expenses (if applicable, in the event of changes to service or other expense types) Item: \$ Item: \$ \$ 0.00 Total of Additional Expenses	
\$\$ 1,800.00 Grand Total (Services + Additional Ex	expenses)
5. Completed BS10A"Certificate of Independent Consultant Agreement" guideline is:	
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is:	

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.

as of the date of receipt of such flotice.		
12. AGREED TO AND ACCEPTED:		
Correction	Jorge Salas	5/31/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
114	Andy Wahl	5/31/16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED;		
Vela III	Pedro Caldera	5/31/14
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO# 405773	Ally Richelieu	5-31-16
SIGNATURE OF ASB OFFICER	PRINTED NAME AND TITLE	DATE

CA#			
CHI	255 H (K = 11		-



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

ASB Independent Contractor Agreement

		Completed By: Tim Voth Phone: (805) 570-1050
		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.
	3.	b Goal (if applicable): ASB account name(s) paying for services: ASB account #: Amount: a. Volleyball 675 \$ \$320.00
		a. Volleyball 5, \$320.00 b. \$
		The state of the s
		c \$
	4.	Payment to Independ ent 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: \$\$\frac{\$10.00}{\$10.00}\$ Hourly Rate X \$\frac{32.00}{\$20.00}\$ # Hours = \$\frac{\$320.00}{\$10.00}\$ 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)
5.	Com	pleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
6.	Com	oleted W9 "Request for Taxpayer ID Number/Certification" form is:

DELIVERED JUN - 8 2016

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Richard Th	ao	CA#
The Independent Contractor will perform said servi- compensation or unemployment benefits in connection	ces independently, not as an employee of the District; with this independent Contractor Agreement. Independe utions, including Unemployment Insurance, Social Security	ent Contractor shall assume full responsibility for
Independent Contractor shall furnish, at his/her own e unless agreed upon under Additional Expenses on page	expense, all labor, materials, equipment and other items no Lof this Agreement	ecessary to carry out the terms of this Agreement
3. In the performance of the work herein contemplated, work, the District being interested in the results obtaine	the Independent Contractor with the authority to contro	l and direct the performance of the details of the
4. If applicable, the Independent Contractor will certify	in writing, using Administration Form #3515.6., that crim ervices. This requirement also applies to any subcontra	inal background checks have been completed a ctors or employees utilized by the Independen
5. Independent Contractor agrees to defend, indemnify arising in any way out of Independent Contractor's negl damage sustained by Independent Contractor, and/or the	and hold harmless the District, its Board of Trustees, empl igence in the performance of this Agreement, including, I he Independent Contractor's employee or agents.	out not limited to, any claim due to injury and/o
 Independent Contractor will provide to Assistant Sup combined single limits of general liability and automobil 	perintendent, Business Services, upon request, a Certifica	
8. The work completed herein must meet the approval completion thereof. Independent Contractor agrees to cuture become applicable to Independent Contractor,	of the District and shall be subject to the District's gene comply with all Federal, State, Municipal and District laws, Independent Contractor's business, equipment and pe	eral right of inspection to secure the satisfactory rules and regulations that are now, or may in the
Agreement or occurring out of the performance of such 9. The Independent Contractor will be paid by vendor ch	neck as an Independent Contractor.	
invoice and authorization of payment forwarded to the	voice to the Originating Administrator. Independent Con CUSD Accounts Payable department along with the origin	al invoice.
 Either party may terminate this agreement, with or vas of the date of receipt of such notice. 	without cause, upon 30 days' written notice to the other.	Vendor shall be paid for work actually performed
12. AGREED TO AND ACCEPTED:		
14555	Richard Thao	6/2/16
Signature of Independent Contractor	Richard Thao Printed Name	6/2/16 Date
Signature of Independent Contractor 13. AGREED TO AND ACCEPTED:		6/2/16 Date
	Printed Name	6/2/16 Date
13. AGREED TO AND ACCEPTED:		6/2/16 Date 6/2/16 Date
13. AGREED TO AND ACCEPTED:	Printed Name Timothy Woth	6/2/16 Date 6/2/16 Date 6/2/16 6/2/16
13. AGREED TO AND ACCEPTED: Signature of ASB Advisor	Printed Name Timothy Woth	6/2/16 Date 6/2/16 Date 6/2/16 Date
13. AGREED TO AND ACCEPTED: Signature of ASB Advisor 14. APPROVED:	Printed Name Timothy Voth Printed Name Mad Beeke	6/2/16 Date 6/2/16 Date 6/2/16 Date

ASB APPROVED PO #

Date

Signature of District Administrator,

Business Services

Printed Name

~			
CA#			



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

Independent Contractor Agreement Phone: BOURGEULPUL Completed By: MARIS THOMPSON 1. This Agreement is made by and between Chico Unified School District and Name: MANCIS THOMPSON Emall Address: mrthompson@csuchico.edu Street Address/POB: 1620 Arbutus AVE City, State, Zip Code: Chico, CA 95926 Phone: 510-705-2586 Taxpayer ID/SSN: To: 4/20/16 This agreement will be in effect From: 2/24/4/0 Site Code: 570 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 Goal (if applicable): Building strong partnerships with co-teachers Funding/Program/Grant Affected (corresponding to accounts listed in item 4): Title IF - Staff Development b. c. Percent (%) Fund Resource Project/Year Goal Function Object Site Manager 5800 0.00% 10000 4035 01 520 6700 5800 0.00% 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: \$ 45.50 \$\$0.00 Hourly Rate X 3 # Hours = **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: **Total of Additional Expenses** \$\$000-1359 Grand Total (Services + Additional Expenses)

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

Board Approval Date: Board authorizing signature:

Completed BS10A "Certificate of Independent Consultant Agreement" guideline Is: On File Attached

Completed W9 "Request for Taxpayer Identification Number/Certification" form is: On File XAttached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Partial Payment through:

Full or Final Payment

Amount

Independent Contractor Name:		CA#
compensation or unemployment benefits in connection v payment of all Federal, State and Local taxes or contribut Contractor's employees.	es Independently, not as an employee of the District; therefore with this Independent Contractor Agreement. Independent Contra- ions, including Unemployment Insurance, Social Security, and Inc	actor shall assume full responsibility fo ome Taxes with respect to Independer
unless agreed upon under Additional Expenses on page I		
In the performance of the work herein contemplated, t work, the District being interested in the results obtained	he Independent Contractor with the authority to control and dire	ct the performance of the details of th
	n writing, using Administration Form #3515.6., that criminal back rvices. This requirement also applies to any subcontractors or e	
Independent Contractor agrees to defend, indemnify ar arising in any way out of independent Contractor's neglig damage sustained by independent Contractor, and/or the	nd hold harmless the District, its Board of Trustees, employees and ence/in the performance of this Agreement, including, but not line Independent Contractor's employee or agents.	d agents from any and all liability or los nited to, any claim due to injury and/a
	rintendent, Business Services, upon request, a Certificate of Insu	rance showing a minimum \$1,000,00
	Agreement without the written consent of the other party. of the District and shall be subject to the District's general right of	of Inspection to require the satisfactor
completion thereof. Independent Contractor agrees to con	mply with all Federal, State, Municipal and District laws, rules and	regulations that are now, or may in the
future become applicable to Independent Contractor, In Agreement or occurring out of the performance of such of	ndependent Contractor's business, equipment and personnel e perations.	ngaged in operations covered by thi
9. The Independent Contractor will be paid by vendor che		
invoice and authorization of payment forwarded to the CU	ice to the Originating Administrator. Independent Contractor sh JSD Accounts Payable department along with the original invoice.	
 Either party may terminate this agreement, with or will as of the date of receipt of such notice. 	thout cause, upon 30 days' written notice to the other. Vendor sh	all be paid for work actually performed
	A THE STATE OF STATE	
12. AGREED TO IND ACCEPTED:		
//////	MARCIS THOMPSON	2/24/16
Signature of Independent Contractor	Printed Name	Date
13 RECOMMENDED:		
10 11.	La Bak	2-24-16
Signature of Originating Administrator	Printed Name	
	Printed Name	Date
14. APPROVED:		
M 182	John Bohanny	5-23-16
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		M.
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts	
(Invoice to accompany payment request):	<u>(ch</u> eck released upon completion of a	services)

Send to Site Administrator (date):

Date

Mail to Independent Contractor

Originating Administrator Signature (Blue Ink)



CA#	
w/	 negota.



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

	ASB Independent Contractor Agreement
Completed By: Keith Rollins	Phone: 891-3026
Email Address: Street Address/POB:	Clint Wattenberg (Performance Unlimited) chw5@cornell.edu 21 West Meadow Drive
Taxpayer ID/SSN:	(607) 227-9344
This agreement will be in effect Fro Location of Services: Chico High S	m: 6/20/16 To: 6/23/16 School Mat Room
Scope of Work to be performed and Services	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contracto
a. Scope of Work: Clinician for	Blg Red Wrestling Camp
b Goal (if applicable):	
3. ASB account name(s) paying for services: a. Wrestling b c Output Description:	ASB account #: Amount: \$ \$1,500.00 \$ \$
\$\$ 1,500.00 Hourly Rate X 1.00	for services actually rendered and supported by Independent Contractor initiated dent Contractor not to exceed the payment criteria as follows: # Hours = \$_\$1,500.00 Total for Services ate under "hourly rate" and use "1" for number of hours.)
	event of changes to service or other expense types) \$ \$ \$ \$ Total of Additional Expenses
Completed BS10A"Certificate of Independent Co	\$ 1,500.00 Grand Total (Services + Additional Expenses) onsultant Agreement" guideline is:
Completed W9 "Request for Taxpayer ID Numbe	

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: Clint Wattenberg

1 The last	dicomporg	CA#
payment of all Federal, State and Local taxes or con Contractor's employees.	services independently, not as an employee of the District; then ction with this independent Contractor Agreement. Independent C tributions, including Unemployment Insurance, Social Security, and	efore, the District is not liable for worker's ontractor shall assume full responsibility for
unless agreed upon under Additional Expanses on	wn expense, all labor, materials, equipment and other Items necess age I of this Agreement.	ary to carry out the terms of this Agraement
work, the District being interested in the results obt	alned.	direct the performance of the details of the
Contractor.	arned, tlfy in writing, using Administration Form #3515.6., that criminal t of services. This requirement also applies to any subcontractors	or employees utilized by the Independent
6. Independent Contractor will provide to Assistant	nify and hold harmless the District, its Board of Trustees, employees negligence in the performance of this Agreement, including, but no or the Independent Contractor's employee or agents. Superintendent, Business Services, upon request, a Certificate of obile coverage as regulired by the District	of limited to, any claim due to injury and/or
7. Neither partylshall assign nor delegate any part of	this Assessment of the District	
8. The work completed herein must meet the appro	this Agreement without the written consent of the other party. Eval of the District and shall be subject to the District's general right to comply with all Federal, State, Municipal and District leaves the	tht of Incompliant
future become applicable to Independent Contract	for Independent Contract of the Independent District laws, rules	and regulations that are now, or may in the
Agreement or occurring out of the performance of su	ich operations	el engaged in operations covered by this
9. The Independent Contractor will be paid by vendo 10. Independent Contractor shall provide an original	Involce to the Out I are	
involce and authorization of payment forwarded to the	Involve to the Originating Administrator. Independent Contractor the CUSD Accounts Payable department along with the original involve without payable department along with the original involve without payable department.	r shall be paid within 30 days of receipt of
as of the date of receipt of such notice.	or without cause, upon 30 days' written notice to the other. Vendo	r shall be paid for work actually performed
12. AGREED TO AND ACCEPTED:		
Clint Water		
	Clint Wattenberg	5-25-110
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
Krith P Poli	Keith Rollins	
Signature of ASB Advisor	Printed Name	5-25-16
14. APPROVED:	1	Date
ATTAI THOYELD		1
	_ M Kell H Zeel	Slower
Signature of Site Administrator	Printed Name	Date
15. APPROVED:	(
Signature of District Administrator,	Printed Name	
Business Services	Timed Name	Date
71115		
ASB APPROVED PO # SO TI		
N N		D
Mury Brandand	OTHER RACHOGNOSSON Press	
SIGNATURE OF ASB OFFICER	The Carlot State Community and the Community of the Commu	dent 5/26/16
- A COLOR OF FICER	PRINTED NAME AND TITLE	DATE

DATE