AGENDA ITEM:	Independent Contractor Agreements Kevin Bultema, Assistant Superintendent					
Prepared by:						
x Consent	Board Date	February 1, 2017				
Information On	ly					
Discussion/Act	ion					

Background Information

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

- Aaron Bates (ASB, CHS)
- Duerr Evaluation Resources (Educational Services)
- Tom Enns (Educational Services)
- Dan Gardner (Educational Services)
- Lyman Hagen (Educational Services)
- Lori Kligerman (FVHS)
- Laurie Moore (Special Education)
- Mark Morris (ASB, CHS)
- North State AV, Inc (CHS)
- Kenneth Seaman (Educational Services)
- Joe Wesley (ASB, CHS)
- Christine Weston (Educational Services)

Educational Implications

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

Fiscal Implications

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





ICA#	- 17



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

ASB Independent Contractor Agreement

Cor	npleted By: Kellh Rollins	Phone: (530)) 864-3702	
1,	This Agreement is made by and between Chico Unit	fied School Distri	ct_CHS ASB	and:
	Name: Aaron Bates			
	Email Address: alb5991@gmall.com	47		
	Street Address/POB: 2071 Amanda Way #4	47		
	City, State, Zip Code: Chico, CA 95928		<u> </u>	
	Phone:	-		
	Taxpayer ID/SSN:			
	This agreement will be in effect From: 2/2/17	To: 2/11/17	of Services; Chico High.	
	Site Code: 010	Location(s)	of Services; Office Flight	
	a. Scope of Work: Assistant tournament director for Divi			
	b. Goal (if applicable): To help oversee the tournament.		ACD Account #	Porcontogo
3.	ASB Account(s) Affected a Wrestling		ASB Account #	Percentage
				0.00%
	b		***************************************	0.00%
	C		\	
4.	Payment to Independent Contractor for services invoices, the District will pay the Independent Contr \$ 1,000.00 Hourly Rate X 1.00 # Hours (For Flat Rate fees, please place the flat rate under	actor not to exce = \$1,000.00	ed the payment criteria as f Total for Services	follows:
	Additional Expenses (if applicable, in the event of chitem:	nanges to service \$	or other expense types)	
	Item:	Ś		
		\$ 0.00	Total of Additional Expe	
		\$ 1,000.00	Grand Total (Services +	Additional Expenses)
5.	Completed BS10A "Certificate of Independent Const	ultant Agreement	guideline is: On File	Attached
6.	Completed W9 "Request for Taxpayer Identification	Number/Certific	ation" form is: 🗸 On File	Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Aaron Bates	ICA#	
 The Independent Contractor will perform said services indep compensation or unemployment benefits in connection with this 	endently, not as an employee of the District; therefore, the Dist Independent Contractor Agreement. Independent Contractor shal Juding Unemployment Insurance, Social Security, and Income Taxe	I assume full responsibility for
2. Independent Contractor shall furnish, at his/her own expense, a	l labor, materials, equipment and other items necessary to carry ou	t the terms of this Agreement,
unless agreed upon under Additional Expenses on page I of this A 3. In the performance of the work herein contemplated, the Indep	greenent. Jendent Contractor with the authority to control and direct the per	formance 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 ch	necks have been completed as
Contractor.	his requirement also applies to any subcontractors or employees	
arising in any way out of Independent Contractor's negligence in	narmless the District, its Board of Trustees, employees and agents f the performance of this Agreement, including, but not limited to, a	rom any and all liability or loss any claim due to injury and/or
damage sustained by Independent Contractor, and/or the Indepe	ndent Contractor's employee or agents. ent, Business Services, upon request, a Certificate of insurance sh	
combined single limits of general liability and automobile coverag 7. Neither party shall assign nor delegate any part of this Agreeme	e as required by the District.	
8. The work completed herein must meet the approval of the Di	strict and shall be subject to the District's general right of inspect hall Federal, State, Municipal and District laws, rules and regulatio	tion to secure the satisfactory
future become applicable to Independent Contractor, Independent	dent Contractor's business, equipment and personnel engaged i	n operations covered by this
Agreement or occurring out of the performance of such operation 9. The Independent Contractor will be paid by vendor check as an	Independent Contractor.	ld within 20 days of cospint of
invoice and authorization of payment forwarded to the CUSD Acc	he Orlginating Administrator. Independent Contractor shall be pai ounts Payable department along with the original invoice.	
 Either party may terminate this agreement, with or without ca as of the date of receipt of such notice. 	ause, upon 30 days' written notice to the other. Vendor shall be pai	а тог work ассиану регтогтеа
12. AGREED TO AND ACCEPTED:		
agron Bates	Agree Botes	1-20-17
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
Kith R. Roll	Keith Rollins	1-20-17
Signature of ASB Advisor	Printed Name	Date
14 APPROVED:		
1 Crown	Key Govan	1-20-17
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
		-
Signature of District Administrator, Business Services	Printed Name	Date
	Anota Materia	1-24-17
	Ass Executive Council	1 4
NA27	TOBEXECUTIVE COUNTY	auce
16. ASB Approved Purchase Order # 9922	7	
How sally		
Signature of ASIS Accounting Technician	Originating Administrator Signature (Blue Ink)	Date
V		

Mandatory Instructions (click to view)

CHICO UNIFIED SCHOOL DISTRICT Business Services 1163 E. 7th Street, Chico, CA 95928 (530) 891-3000

CONSULTANT AGREEMENT

1.	A completed BS10a. "Certificate of Independent Consultant A On File (click to view) At	Agreement" guideline is: tached if not on file		
2.	A completed W9 "Request for Taxpayer Identification Number On File (click to view)	r and Certification" form is: tached if not on file		
	This Agreement to furnish certain consulting services is mad	e by and between Chico Ur	ified School District	and:
	Name: Duerr Evaluation Resources 55 Hanover Lane City, State, Zip Code: Phone: Taxpayer ID/SSN:			
	This agreement will be in effect from: 8/22/16 Location(s) of Services: Hooker Oak, Little Chico Creek, McManus, Neal Dow	to: 8/21	<i>l</i> 2017	
3.	Scope of Work to be performed: (attach separate Annual evaluation of federal Elementary and Secondar provision of evaluation materials, collection of program report, and assistance with federal report, as outlined a	ry School Counseling Pro service and outcome dat	a, annual evaluatio	les on
4.	Goal (Strategic Plan, Site Plan, Other) to be achiev Evaluation of the effectiveness of intervention and prevention of services provided through the counseling grant	ention services, recomm	endations for impro	ove-
5.	Funding/Programs Affected: (corresponding to ac 1) Elementary and Secondary School Counseling Progr 2) 3)	counts below) am Grant		
6.	Pct. (%) Fund Resource Proj/Yr Goal 1) 100 01 5827 0 1110 2)	Function Object 3110 5800 5 5800 5800	Site Manage 70 6510	er
7.	3) Is there an impact to the General Fund, Unrestrict	ted funding?	Yes	No
8.	Payment to Consultant: For services actually rend District will pay consultant not to exceed the payr	ered and supported by ment criteria as follows	Consultant initi	ated invoices, the
	\$ 20000 Per Unit, times 1	Units =	\$ 20000	Total for Services
9.	Additional Expenses N/A \$		\$ ⁰	Total of Additional
	\$		\$ 20000	Expenses Grand Total
Amoui	nts of \$5,001.00 or more require Board Approval: (date to Board)		200 000 000 000 000 000 000 000 000 000

CA#

CONSULTANT TERMS AND CONDITIONS

(Applicable, unless determined to be Contract Employee-See BS 10a)

Consultant Name: Duerr Evaluation Resources

- 1. The Consultant 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 Consultant Agreement. Consultant 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 Consultant's employees.
- 2. Consultant 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, Consultant is an 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 Consultant 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 Consultant.
- 5. Consultant 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 Consultant's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Consultant, and/or the Consultant's employee or agents.
- 6. Consultant 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. Consultant 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 Consultant, Consultant's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.
- 9. The District will determine whether the Consultant will be paid by vendor check as a Consultant or payroll check as a Contract Employee (with taxes withheld) by reviewing the completed Certificate of Independent Consultant Agreement (a blank sample may be viewed at:
- http://www.chicousd.org/documents/BUSINESS/Consultant Agreement/BS 10a 11 04 rev.pdf. IRS publication SWR 40 and IRS Ruling 87-41 will assist in determining the payment method applied to this Agreement.
- 10. Consultant shall provide an original invoice to the Originating Administrator. Consultant 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.

College	- Mark Duerr	1-2-17
(Signature of Consultant)	(Printed Name)	Date
. RECOMMENDED:		
Scott Digitally eligible by Brott Underson Officers South Underson, acciding to the Control Officers South Underson, acciding to the Control Officers South Underson Control Officers Control Off	Scott Lindstrom	12/27/16
(Signature of Originating Administrator)	(Printed Name)	Date
. APPROVED:		1
Shorthur of District Administrator or Director of	John Bohannon	1- 19 - 17 Date
(Signature of District Administrator, or Director of Categorical Programs) APPROVED:		
Categorical Programs)	(Printed Name)	
Categorical Programs) APPROVED:	(Printed Name) Consultant Contract Employee	Date
Categorical Programs) APPROVED: (Signature of District Admin, Business Services	(Printed Name) Consultant Contract Employee	Date Date ts Payable: of services)

CA#		



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

Independent Contractor Agreement

	This Assess		mada bu a	nd hatwaan C	hica Unified S	chool Dist	det and:			
	inis Agreer	nentis		nd between C ame: Tom E		CHOOL DISC	ict aliu.			
				dress:						
		Stre	et Address/	POB: 62 Plur	nwood Court	****				
		City.	State, Zip (Code: Chico,	CA 95928 ·					
		0.047	Pł	none:						
		1	axpayer ID,							
ì	This agreen	nent wi	ll be in effe	ct From: 1/1/1	17	To: 6/30/1	7			pri pri ali di di managan
	Site Code: _	/ L 3-200				Location(s	of Services: Yo	uthBuild, Par	k Ave. /Varid	ous Locations
	Scope of W	ork to b	e performe	ed and Goal (St	rategic Plan, S	ite Plan, O	ther) to be achie	ved as a resu	lt of Indepe	ndent Contract
	Services (at	tach se	parate shee	et if necessary): <u>-</u>		te salam v alamana anak		11	. (
	a. Scope	of Wor	c: Consulta	nt to supervise	YouthBuild s	tudents wh	o will helpbuild o Jag Grant. Con	ne house pe	r year throug	in Habitat for
				y. Funding will ains at the req			ag Grant. Con	Sultant Will 6	risule trial at	duit to trainee
	,		Tatio Tolli	anio at the req	unou / i ratio	*				
	Funding/Pr		Grant Affec	Build students of to work cted (correspo				TOT THE PURPO		
	Funding/Pra a. Byrne	ogram/ Jag Gr	schoo Grant Affeo ant	ol to work cted (correspo	nding to acco	unts listed				9
	Funding/Pra. Byrneb.	ogram/ Jag Gr	schoo 'Grant Affec ant	ol to work cted (correspo	nding to acco	unts listed	in item 4):		Site	Manager
	Funding/Pra. Byrneb.c. Perce	ogram/ Jag Gr	schoo Grant Affeo ant	ol to work cted (correspo	nding to acco	unts listed	in item 4):			200
	Funding/Pra. Byrneb.c. Perce	ogram/ Jag Gr	schoo 'Grant Affec ant Fund	ol to work cted (correspo	nding to accor	unts listed	in item 4):	Object	Site	Manager
	Funding/Pra. Byrneb.c. Perce	ogram/ Jag Gr	schoo 'Grant Affec ant Fund	ol to work cted (correspo	nding to accor	unts listed	in item 4):	Object 5800	Site	Manager
	Funding/Pra. Byrne b. C. Perce 1 0.00% 2 0.00% 3 0.00% Payment to invoices, th \$ \$ 3,000.0	ogram/ Jag Gr nt (%) o Indep ne Distri	schoo Grant Affect ant Fund 01 cendent Colict will pay turly Rate X	Resource 9150	Project/Year O services actual ant Contractor # Hours	Goal 3800 ally render not to exc \$\$18,000	Function 2490 ed and support eed the paymen .00 Total for Se	Object 5800 5800 5800 ed by Indept criteria as a rvices	Site 570 cendent Confollows:	Manager 6700
	Funding/Pra. Byrne b. C. Perce 1 0.00% 2 0.00% 3 0.00% Payment to invoices, th \$ \$ 3,000.0	ogram/ Jag Gr nt (%) o Indep ne Distri	schoo Grant Affect ant Fund 01 cendent Colict will pay turly Rate X	Resource 9150	Project/Year 0 services actuaent Contractor # Hours = teunder "hou	Goal 3800 ally render not to exc \$\$18,000 arly rate" a	Function 2490 ed and support eed the paymen .00 Total for Send use "1" for p	Object 5800 5800 5800 ed by Inder t criteria as rvices umber of ho	Site 570 cendent Confollows:	Manager 6700
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Tom Enns	CA#	
compensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, in Contractor's employees.	pendently, not as an employee of the District; therefore, the D is Independent Contractor Agreement. Independent Contractor ship cluding Unemployment Insurance, Social Security, and Income Tax	all assume full responsibility for ses with respect to Independer
unless agreed upon under Additional Expenses on page I of this	all labor, materials, equipment and other items necessary to carry Agreement. ependent Contractor with the authority to control and direct the p	
work, the District being Interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writing	ng, using Administration Form #35l5.6. , that criminal background	checks have been completed a
Contractor.	This requirement also applies to any subcontractors or employed in harmless the District, its Board of Trustees, employees and agents	
arising in any way out of Independent Contractor's negligence in damage sustained by Independent Contractor, and/or the Independent Contractor, and/or the Independent Contractor.	n the performance of this Agreement, including, but not limited to	, any claim due to injury and/o
combined single limits of general liability and automobile covera 7. Neither party shall assign nor delegate any part of this Agreer	age as required by the District.	snowing a minimum \$2,000,00
8. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply v	District and shall be subject to the District's general right of Inspa with all Federal, State, Municipal and District laws, rules and regulal Endent Contractor's business, equipment and personnel engaged	tions that are now, or may in th
Agreement or occurring out of the performance of such operations. The Independent Contractor will be paid by vendor check as a	ons. In Independent Contractor.	
10. Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD Ac	the Originating Administrator. Independent Contractor shall be p	
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:		/ /
Son Enno	Tom Enns	1/10/17
Signature of Independent Contractor	Printed Name	Date '
13. ПЕСФИМБИРЕД:		1 2
	David McKay, Director	1/12/02
Signature of Originating Administrator	Printed Name	Date/ 1
14. APPROVED:		
All	John Bohannon, Director	1-19-17
Signature of District Administrator OR Director of Categorical Programs	Printed Name	Date
15. APPROVED:		
	Kevin Bultema, Asst. Superintendent	
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT	Service No. 25 of the Co. 1. (1921 Co.)	
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts Paya	
(Invoice to accompany payment request): Partial Payment through:	(check released upon completion of servi Send to Site Administrator (date):	ces)
Full or Final Payment	Mail to Independent Contractor	

Date

Originating Administrator Signature (Blue Ink)

CA#	



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

				Inde	pendent Co	ontractor A	Agreement			
Cor	nplet	ed By: Chris	tina Winkle			Phone:(5	30) 891-3000			na ska i Pri vici i pri vi
1.	This	Agreement i		nd between C		ichool Distri	ct and:			
				lame; Dan G	ardner					
		Chir	Email Add	ress:	ivon Street					
		City	eel Address/ / Stato 7in (Code: Chico,	CA 95926		1 100			
		City	p)	hone:		1				
			Taxpayer ID							
		agreement w		ct From: _1/1/	17	To: 6/30/17 Location(s)	of Services: Yo	uthBuild, Pa	rk Ave. /Vario	ous Locations
2.	Sco	pe of Work to vices (attach s	be performe eparate she rk: Consulta Humanit	et if necessary): e YouthBuild s be provided b	tudents who	ner) to be achie will helpbuild o Jag Grant. Con	ne house pe	er year throug	ndent Contractor In Habitat for Jult to trainee
3.	b. Fun a. b. c.	ding/Program Byrne Jag G	schoo /Grant Affeo rant	ol to work cted (correspo	nding to acco	unts listed ir				g post-secondar
4.		Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
5500	1	0.00%	01	9150	0	3800	2490	5800	570	6700
	2		A 8 557 18					5800		
	3		TO THE PARTY OF TH	7				5800		
5.	Invo \$ \$ (For	olces, the Dist 3,000.00 Ho r Flat Rate fee ditional Expen n:	rict will pay to ourly Rate X es, please pla eses (if applic	the Independe 6.00 ace the flat ra	ent Contractor # Hours = te under "hou \u)yr vent of change	not to exce \$\$ 18,000. Irly rate" an	d and support ed the paymen 00 Total for Se d use "1" for n OPEN MOOTH or other expen	t criteria as rvices umber of ho	follows:	itractor initiated
						\$ \$ 0.00 \$ \$ 18,000.	00 Grand Tota		Additional E	xpenses)
6.	Cor	npleted BS10/	A "Certificate	e of Independe	ent Consultan	t Agreement	" guideline is:	On File	Attached	
7.	Cor	mpleted W9 "I	Request for	Taxpayer Iden	tification Num	nber/Certific	ation" form is:	n File	Attached	
		states all Cor			ntractor contr orizing signatu		brought to the	Board for A	approval.	

INDEPENDENT CONTRACTOR TERMS AND CONDI	TIONS	
Independent Contractor Name: Dan Gardner 1. The Independent Contractor will perform said services inc		CA# b, the District is not liable for worker's
compensation or unemployment benefits in connection with t payment of all Federal, State and Local taxes or contributions, Contractor's employees.	his Independent Contractor Agreement. Independent Contr	actor shall assume full responsibility for
2. Independent Contractor shall furnish, at his/her own expens unless agreed upon under Additional Expenses on page I of thi 3. In the performance of the work herein contemplated, the In	s Agreement.	
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in write per Board Policy #35I5.6 prior to commencement of service	ting, using Administration Form #3515.6. , that criminal back	ground checks have been completed as
Contractor. 5. Independent Contractor agrees to defend, indemnify and he arising in any way out of Independent Contractor's negligence	old harmless the District, its Board of Trustees, employees an	d agents from any and all liability or loss
damage sustained by Independent Contractor, and/or the Indi 6. Independent Contractor will provide to Assistant Superinte combined single limits of general liability and automobile cover	ependent Contractor's employee or agents. Indent, Business Services, upon request, a Certificate of Ins Brage as required by the District.	
 Neither party shall assign nor delegate any part of this Agre The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply future become applicable to Independent Contractor, Independent 	ement without the written consent of the other party. e District and shall be subject to the District's general right with all Federal, State, Municipal and District laws, rules and pendent Contractor's business, equipment and personnel	d regulations that are now, or may in the
Agreement or occurring out of the performance of such opera 9. The Independent Contractor will be paid by vendor check a 10. Independent Contractor shall provide an original invoice invoice and authorization of payment forwarded to the CUSD 11. Either party may terminate this agreement, with or withou	itions. s an Independent Contractor. to the Originating Administrator. Independent Contractor si Accounts Payable department along with the original invoice	hall be paid within 30 days of receipt of e.
as of the date of receipt of such notice.	*	
12. AGREED TO AND ACCEPTED:	Dan Gardner	1-11-17
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	David McKay, Director	1/12/19
Signature of Griginating Administrator	Printed Name	Date
14. APPROVED:	John Bohannon, Director	
		1-19-17
Signature of District Administrator OR Director of Categorical Programs	Printed Name	Date
15. APPROVED:		
	Kevin Bultema, Asst. Superintendent	
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT CHECK REQUIRED	DISPOSITION OF CHECK by Account	ts Payable:
(Invoice to accompany payment request):	(check released upon completion o	

(check released upon completion of services) Send to Site Administrator (date): _

Date

Mail to Independent Contractor

Partial Payment through: _

Full or Final Payment

Amount

C 4 11		
CA#		



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			0.	Inde	pendent Co	ntractor A	Agreement			
Con	plete	ed By: <u>Chris</u>	tina Winkle			Phone:(5	30) 891-3000			
	This	Agreement is	s made by a	nd between C	hico Unified S	chool Distri	ct and:			
				lame: Lyman	Hagen					
	*		Email Add	dress:	Incurington A					
		Str	eet Address,	/POB: 2277 B Code: Chico,	CΔ 95928	/ U	**************************************			
		City		hone:	OA 33320					
			Taxpayer ID							
	This	agreement w	ill be in effe	ct From: 1/1/		To: 6/30/17				
	Site	Code:				Location(s)	of Services: You	uthBuild, Pa	rk Ave. /vario	ous Locations
						ite Plan, Oth	ner) to be achie	ved as a resu	ult of Indeper	ndent Contracto
	Serv	ices (attach s	eparate she	et If necessary): - V	d	م امائنيطوامط الأبيد	na hausa na	er voor throve	sh Habitat for
	a.	Scope of Wor	rk: Consulta	nt to supervise	be provided b	tudents who	will helpbuild o Jag Grant. Con	ne nouse pe sultant will e	ensure that a	dult to trainee
		e de la companya del companya de la companya del companya de la co	ratio ren	ains at the rec	uired 7:1 ratio).	bag arant. con	outant will c	india and an	adit to trained
	201	- 102 11			uw en nav			8 269		6.1
	b.	Goal (if appli			will attain ac	ademic and	hands-on skills	for the purpo	ose of enterin	ng post-secondar
	-	/p		ol to work	nding to acco	unte lietad ir	itom 4):			
		ding/Program Byrne Jag G		cted (correspo					3	6
	a.								1	
	b.							- server - abo		
	C.									
		Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
	1	0.00%	01	9150	0	3800	2490	5800	570	6700
	2	0.00%	73.					5800		and the second
	3	0.00%			,			5800		
•	invo	oices, the Dist 3,000.00 He	rict will pay ourly Rate X	the Independe 6.00	ent Contractor	not to exce \$\$ 18,000.	ed the paymen 00 Total for Se	t criteria as rvices	follows:	ntractor initiate
	(For	Flat Rate fee	s, please pl	ace the flat ra	te under "hou	ırly rate" an	d use "1" for n	umber of ho	ours.)	
					- lur	npsum	(per mon	th)		
	Add				vent of change	es to service	or other exper	ise types)		
	Iten	n:								
	Iten	n::		A Security St. 10 10		\$				
						\$ \$ 0.00	Total of Ad			
						\$ \$ 18,000.	00 Grand Tota	l (Services -	- Additional E	expenses)
	Con	npleted BS10/	A "Certificate	e of Independe	ent Consultan	t Agreemen	t" guideline is:	On File	Attached	
	Con	npleted W9 "I	Request for	Taxpayer Iden	tification Num	ber/Certific	ation" form is:	✓ On File	Attached	
					ne so			dia X		
P	3600	states all Cor	nsultants/Ind				brought to the	Board for A	Approval.	
		pproval Date:			rizing signatu					

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Lyman Hagen		CA#
 The Independent Contractor will perform said services in compensation or unemployment benefits in connection with payment of all Federal, State and Local taxes or contributions Contractor's employees. 	this Independent Contractor Agreement. Independent Contr , including Unemployment Insurance, Social Security, and Inc	actor shall assume full responsibility for ome Taxes with respect to Independent
2. Independent Contractor shall furnish, at his/her own expen		o carry out the terms of this Agreement,
unless agreed upon under Additional Expenses on page I of th 3. In the performance of the work herein contemplated, the I	nis Agreement. Independent Contractor with the authority to control and dire	ect 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 wr per Board Policy #3515.6 prior to commencement of service	iting, using Administration Form #3515.6. , that criminal back es. This requirement also applies to any subcontractors or (ground checks have been completed as employees utilized by the Independent
Contractor.		
5. Independent Contractor agrees to defend, indemnify and harising in any way out of independent Contractor's negligenc damage sustained by independent Contractor, and/or the independent Contractor, and/or the independent	e in the performance of this Agreement, including, but not li dependent Contractor's employee or agents.	mited to, any claim due to injury and/or
6. Independent Contractor will provide to Assistant Superint	endent, Business Services, upon request, a Certificate of Ins	urance showing a minimum \$1,000,000
combined single limits of general liability and automobile cov 7. Neither party shall assign nor delegate any part of this Agri	eement without the written consent of the other party.	
8. The work completed herein must meet the approval of the	ne District and shall be subject to the District's general right	of inspection to secure the satisfactory
completion thereof. Independent Contractor agrees to compl future become applicable to Independent Contractor, Inde	ly with all rederal, state, Municipal and District laws, fules and ependent Contractor's business, equipment and personnel	engaged in operations covered by this
Agreement or occurring out of the performance of such oper	ations.	
9. The Independent Contractor will be paid by vendor check a 10. Independent Contractor shall provide an original invoice	as an Independent Contractor. Leto the Originating Administrator. Independent Contractor si	nall 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	2,
11. Either party may terminate this agreement, with or witho as of the date of receipt of such notice.	out cause, upon 30 days' written notice to the other. Vendor s	nall be paid for work actually performed
12. AGREED TO AND ACCEPTED:		1 1
Heman The	Lyman Hagen	1/11/17
Signature of Independent Contractor 13. RECOMMENDED:	Printed Name	1/1/17 pate // 7
	David McKay, Director	1/12/17
Signature of Originating Administrator	Printed Name	Date
14. APPROVED;		
AND	John Bohannon, Director	1-19-17
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
	Kevin Bultema, Asst. Superintendent	
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Account	
(Invoice to accompany payment request):	(check released upon completion o	
Partial Payment through:	Send to Site Administrator (date	
full or Final Payment	Mail to Independent Contractor	· · · · · · · · · · · · · · · · · · ·

Originating Administrator Signature (Blue Ink)

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ibleted by.	rew Moll	Carlo State Control of the		Phone: 891-3	092			1.776 to 1.77
This Agreeme	nt is made by a	and between C Name: Lori Kilger	hico Unified S	School Distric	t and:			
	Email Ad	dress: chic64@sl	bcglobal,net		X1.14 20			
	Street Address	/POB: 3056 White	itler Way					
A	City, State, Zip	Code: Chico, CA	95973	245/8/14/05/20 15:05	The state of the s			
	P	hone:		011		100		
	Taxpayer ID)/SSN:						
This agreemer	nt will be in effe	ect From: 1/9/17		To: 6/6/17				
Site Code: 3				Location(s)	f Services: Fair	View High Scho	ol	
Scope of Work Services (attac a. Scope of V	h separate she Work: <u>Studen</u> wavs of	et if necessary) ts will be train f dealing with): ed on becon conflict, Stu	ning self-awa dents learn	are by helping new, more ef	them unle	arn old, ma	ladaptive o manage
Control of the Contro	conflict	in their lives.	Those who	participate g	ain skills that	can be life	changing, g	gaining skills
a.	039-1000-5800-030	77 10 10 10 10 10 10 10 10 10 10 10 10 10						
[] Developt/	%) Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
Percent (*	OL	4124	O	1039	1600	5800	030	3030
2 0.00%	- 01	7161		0001	7000	5800	000	12020
3 0,00%			Cultural Sun and Sulfa		Contractoria, acri	5800		
Payment to li	ndependent Co	ontractor for s	ervices actua	illy rendered	and supporte	ed by Indep	endent Con	tractor initiato
invoices, the D	District will pay _ Hourly Rate X	the Independe	nt Contractor	' not to excee	a the paymen Total for Ser			Ti Can
	_ Hourry Rate A	ass the flat rat	# Hours =	y rato" and	uco "1" for ni	imhar of ho	ure l'One	-Time Cos
\$ \$ 2,040.00		ace the natial	e under nou				4131)	
\$ \$ 2,040.00 (For Flat Rate	iees, biease bi	AND CONTRACTOR OF THE	amuaan man	HILLMAN WHIN	use a loi lit	Maria de Maria		
(For Flat Rate	200 6106 101 101 101 101 101							
(For Flat Rate Additional Exp	penses (if appli	cable, in the ev	ent of change	es to service o				
(For Flat Rate Additional Exp	200 6106 101 101 101 101 101	cable, in the ev	ent of change					
(For Flat Rate	penses (if appli	cable, in the ev	ent of change	es to service o \$\$	or other expen	se types)		
(For Flat Rate Additional Exp	penses (if appli	cable, in the ev	ent of change	es to service o	or other expendence Total of Add	se types) ditional Expe		xpenses)
(For Flat Rate Additional Exp Item:	penses (if appli	cable, in the ev	ent of change	es to service o \$ \$_ \$ \$ 0.00 \$ \$ 2,040.00	or other expen Total of Ado Grand Total	se types) ditional Expe I (Services +	nses	xpenses)
(For Flat Rate Additional Explication Incomplete Additional Explication Incomplete Incomp	oenses (if appli	cable, in the ev	ent of change	es to service o \$_ \$_ \$ \$ 0.00 \$ \$ 2,040.00 t Agreement"	or other expended Total of Add Grand Total guideline is:	se types) ditional Expe l (Services +	inses Additlonal Ex	xpenses)
(For Flat Rate Additional Explication Incomplete Additional Explication Incomplete Incomp	oenses (If applion of the second of the seco	cable, in the ev e of Independe Taxpayer Ident	ent of change	es to service of \$. \$. \$. \$.\$ \$0.00 \$.\$2,040.00 t Agreement"	or other expendent Total of Add Grand Total guldeline is: tion" form is:	se types) ditional Expe (Services + On File On File	nses Additional Ex Attached Attached	xpenses)

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Lori Kligerman	CA#	
 The Independent Contractor will perform said services compensation or unemployment benefits in connection will payment of all Federal, State and Local taxes or contribution. 	s Independently, not as an employee of the District; therefore, the D ith this Independent Contractor Agreement. Independent Contractor shons, including Unemployment Insurance, Social Security, and income Tax	all assume full responsibility fo
Contractor's employees. 2. Independent Contractor shall furnish, at his/her own exp	ense, all labor, materials, equipment and other items necessary to carry o	out the terms of this Agreement
unless agreed upon under Additional Evnenses on page Lo	f this Agreement,	
In the performance of the work herein contemplated, the work, the District being interested in the results obtained.	e Independent Contractor with the authority to control and direct the p	efforthance of the decais of the
A 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 serv	vices. This requirement also applies to any subcontractors or employe	es utilized by the Independen
Contractor,	d hold harmless the District, its Board of Trustees, employees and agents	from any and all liability or los
arising in any way out of Independent Contractor's neglige	nce in the performance of this Agreement, including, but not limited to	, any claim due to injury and/o
damage custoined by Independent Contractor, and/or the	Independent Contractor's employee or agents.	
Independent Contractor will provide to Assistant Super combined single limits of general liability and automobile of	intendent, Business Services, upon request, a Certificate of Insurance s	Howing a minimum 31,000,000
7. Maither party shall assign nor delegate any part of this A	greement without the written consent of the other party.	
g. The work completed hereig must meet the approval of	the District and shall be subject to the District's general right of inspe	ction to secure the satisfactory
completion thereof. Independent Contractor agrees to con	nply with all Federal, State, Municipal and District laws, rules and regulat Idependent Contractor's business, equipment and personnel engaged	In operations covered by this
Agreement or occurring out of the performance of such op	perations.	• (-) • (
o The Independent Contractor will be hald by vendor chec	k as an Independent Contractor,	- 1.1 - 113-1 - 20 days of samples o
10. Independent Contractor shall provide an original invoi	ice to the Originating Administrator. Independent Contractor shall be p ISD Accounts Payable department along with the original invoice.	aid, within 30 days of receipt o
11. Fither party may terminate this agreement, with or wit	hout cause, upon 30 days' written notice to the other. Vendor shall be p	aid for work actually performed
as of the date of receipt of such notice.	A STATE OF THE STA	
12, AGREED TO AND ACCEPTED:		
12. AGREED TO AND ACCEPTED:		
Z-TT///	LORI A. KLIGERMAN	12-21-16
Signature of Independent Contractor	Printed Name	Date
	47.7	
13. RECOMMENDED:		, 1
/ \/ 1///	ANDROW Moll	12/21/16
or Control Administrator	Printed Name	Date
Signature of Originating Administrator	Printed Name	Date
14, APPROVED:		
11/1/	71 71	1/19/17
AV 176	John Bohannon	-1/19///
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
15. All the vices		
white and the second se		* weeks *
Signature of District Administrator,	Printed Name	Date
Business Services		
4.C. ALITHODIZATION COD DAVIMENT		
16, AUTHORIZATION FOR PAYMENT CHECK REQUIRED	DISPOSITION OF CHECK by Accounts Paya	ole:
(Invoice to accompany payment request):	(check released upon completion of service	
Partial Payment through:	Send to Site Administrator (date):	
Full or Final Payment	Mail to Independent Contractor	
L MI OI THINT STITION		
\$		
Amount	Originating Administrator Signature (Blue Ink)	Date

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Independent Contractor Agreement

Cor	mpleted By: Linda Fillerup		Phone: (530)	891-3000			
1.	This Agreement is made by and between	en Chico Unified S					
	Name: Laur						
	Email Address: Street Address/POB: 1872	Bidwell Ave.			***************************************		
	City, State, Zip Code: Chic	o, CA 95926					
					*		
	Taxpayer ID/SSN:						
	This agreement will be in effect From:	7/1/16	To: 6/30/17				
	Site Code: various	8	Location(s)	of Services: vario	ous		
2.	Scope of Work to be performed and Good Services (attach separate sheet if necess a. Scope of Work: Surrogate parent representation.	sary): for educational	purposes fo	or special educ	cation stud	ents requirir	
3.		esponding to acco	unts listed in	ı item 4):			and Assessment of the State of
	b						
17 2 6	Percent (%) Fund Resou	rce Project/Year	T Goal	Function	Object	Site	Manager
4.	1 10,000.00% 01 6500	0	5770	1110	5800	570	6500
	2 0.00%				5800		
	3 0.00%				5800		
5.	Payment to Independent Contractor invoices, the District will pay the Independent S \$45.00 Hourly Rate X (For Flat Rate fees, please place the flat	endent Contractor # Hours =	not to exce \$ \$ 1,350.00	ed the paymentTotal for Set	t criteria as vices	follows:	tractor initiated
	Additional Expenses (if applicable, in the ltem:ltem:	e event of change	\$ \$ \$ \$ 0.00	 Total of Add	ditional Exp		
	2 5 # WE	ē	\$ \$ 1,350.00	a = 100	1 0,1	· Additional E	xpenses
6.	Completed BS10A "Certificate of Indep	endent Consultan	t Agreement	" guideline is:	/ On File	Attached	* ¥.
7.	Completed W9 "Request for Taxpayer I	dentification Num	ber/Certifica	ation" form is:	√ On File	Attached	
	2 3600 states all Consultants/Independent pard Approval Date: Board a	Contractor contrathorizing signatu		brought to the	Board for A	pproval.	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name	Laurie Moore
the contract of the contract o	Y

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 #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 pald 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: Lawie More Signature of Independent Contractor	Laurie Moore	1/9/2017 Date
13. RECOMMENDED:	Timed Name	
SAL	Eric Snedeker, Director	Milk
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		
	Kevin Bultema, Asst. Sup.	
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 Pay (check released upon completion of serv Send to Site Administrator (date): Mail to Independent Contractor	
\$ Amount	Originating Administrator Signature (Blue Ink)	Date



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10/11/	



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

ASB Independent Contractor Agreement

Cor	ompleted By: Sophia Winter Ph	none: <u>(530)</u> 592-9570	
1.		ool District CHS ASB	and:
(278)	Name: Mark Morris (Elite Sound)		
	Email Address: mark@elitesounddjs.com		x
	Street Address/POB: 775 san Antonio Drive		
	City, State, Zip Code: Chico, CA 95973		
	Phone:		
	Taxpayer ID/SSN:		
	This agreement will be in effect From: 4/29/16	o: 4/29/16	
	Site Code: 010 Lo	ocation(s) of Services: Californial P	ark Pavilion
2.	Services (attach separate sheet if necessary): a. Scope of Work: Dj at prom	e Plan, Other) to be achieved as a res	
			and the second s
	b. Goal (if applicable): for students to have music to dance to at	Prom	
3.	. ASB Account(s) Affected	ASB Account #	Percentage
	a. Class of 2018	368	100.00%
	b		0.00%
	С,		0.00%
4.	. Payment to Independent Contractor for services actually	rendered and supported by Indo	ependent Contractor initiated
	invoices, the District will pay the Independent Contractor n	ot to exceed the payment criteria a	s follows:
	\$600.00 Hourly Rate X 1.00 # Hours = \$	600.00 Total for Services	One-Time Cost
	(For Flat Rate fees, please place the flat rate under "hourl	y rate" and use "1" for number of r	iours.)
	Additional Expenses (if applicable, in the event of changes	to service or other expense types)	
	Item: \$		
	Item: \$		
		0.00 Total of Additional Ex	
	\$.	600.00 Grand Total (Services	+ Additional Expenses)
5.	5. Completed BS10A "Certificate of Independent Consultant A	greement" guideline is: 🕡 On File 🛭	Attached
6.	5. Completed W9 "Request for Taxpayer Identification Number	er/Certification" form is: 🗾 On File	Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name: Mark Morris (Eli	te Sound) ICA#	
 The Independent Contractor will perform said services independent compensation or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, incl 	endently, not as an employee of the District; therefore, the independent Contractor Agreement. Independent Contractor	shall assume full responsibility for
Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expense, al	l labor, materials, equipment and other items necessary to carr	y out the terms of this Agreement,
unless agreed upon under Additional Expenses on page I of this Ag 3, in the performance of the work herein contemplated, the Indep	greement. endent Contractor with the authority to control and direct the	performance of the details of the
work the District being interested in the results obtained.		
Work, the barbara barb	nis requirement also applies to any subcontractors or emplo	yees utilized by the Independent
5. Independent Contractor agrees to defend, indemnify and hold h	narmless the District, its Board of Trustees, employees and age	nts from any and all liability or loss
arising in any way out of independent Contractor's negligence in t damage sustained by Independent Contractor, and/or the indepen	ndent Contractor's employee or agents.	
6. Independent Contractor will provide to Assistant Superintende combined single limits of general liability and automobile coverage	nt, Business Services, upon request, a Certificate of Insuranc	e showing a minimum \$1,000,000
7 Neither party shall assign nor delegate any part of this Agreeme	ent without the written consent of the other party.)
8. The work completed herein must meet the approval of the Di completion thereof, Independent Contractor agrees to comply with	strict and shall be subject to the District's general right of ins h all Federal. State. Municipal and District laws, rules and regu	pection to secure the satisfactory lations that are now, or may in the
future become applicable to Independent Contractor, Independent	lent Contractor's business, equipment and personnel engag	ed in operations covered by this
Agreement or occurring out of the performance of such operation 9. The Independent Contractor will be paid by vendor check as an	Independent Contractor.	
10. Independent Contractor shall provide an original invoice to the	ne Originating Administrator. Independent Contractor shall be	paid within 30 days of receipt of
invoice and authorization of payment forwarded to the CUSD Acc 11. Either party may terminate this agreement, with or without ca	ounts Payable department along with the original invoice. use, upon 30 days' written notice to the other. Vendor shall be	e paid for work actually performed
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:		
M/ M/	Made Ad is	12/05/1/2
Mula Muradont Santactor	Printed Name	Date
Signature of Independent Contractor	Fillited Name	Dute
13. BECOMMENDED:		10/1/1
Charle II lla	Doug Win	145/16
Signature of ASB Advisor	Printed Name	Date
	1111	- 1
14. APPROVED:	Who by le	12/1/10
	of fear son	141/7
Signature of Site Administrator	Printed Name	Date /
15. APPROVED:		
8		
Signature of District Administrator,	Printed Name	Date
Business Services		
	Sellistis	12/1/1
	Mywww	10-0-10
	ASB SCIPTURY	date
CACLICE		1 ,
16. ASB Approved Purchase Order #		

Originating Administrator Signature (Blue Ink)



ICA# _____



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

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

ASB Independent Contractor Agreement

Co	mpleted By: Sophia Winter	P	hone: (530) 592-95	570	
1.	This Agreement is made by and be	tween Chico Unified Scl	hool District CHS	SASB	and:
Δ,	Name:			11000	# 00 000 to 000
		bob@northstateav.com		,	
	Street Address/POB:	13309 Cabin Hollow Court, Su	ilte 100		
	City, State, Zip Code:	Chico, CA 95973			
	Phone:				
	Taxpayer ID/SSN:				
	This agreement will be in effect Fro	om: 4/29/16 To	o: 4/29/16		
	Site Code: 010	Le	ocation(s) of Ser	vices: California Park	Pavillion
	Services (attach separate sheet if n a. Scope of Work: <u>Lights and sound</u>				
3.				ASB Account #	Percentage 100.00%
	b				0.00%
	с				
4.	Payment to Independent Contractinvoices, the District will pay the In \$2,000.00 Hourly Rate X 1.00 (For Flat Rate fees, please place the	dependent Contractor n	not to exceed the	e payment criteria as	follows:
	Additional Expenses (if applicable,	in the event of changes	to service or oth	ner expense types)	
	Item:	200 miles 200 mi	3		
	Item:	4			
	realin		0.00 To	otal of Additional Exp	enses
		\$			Additional Expenses)
5.	Completed BS10A "Certificate of Ir	ndependent Consultant A	Agreement" guid	leline is: On File 🗸	Attached
6.	Completed W9 "Request for Taxpa	yer Identification Numb	er/Certification"	form is: On File	7 Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name: North State AV	/, Inc.	
 The Independent Contractor will perform said services independent compensation or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, income 	pendently, not as an employee of the District; therefore, the L s Independent Contractor Agreement. Independent Contractor si	hall assume full responsibility for
Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expense, a	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 A 3. In the performance of the work herein contemplated, the Inde	Agreement. pendent Contractor with the authority to control and direct the p	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 per Board Policy #3515.6 prior to commencement of services. Contractor.	This requirement also applies to any subcontractors or employ	ees utilized by the Independen
5. Independent Contractor agrees to defend, indemnify and hold arising in any way out of independent Contractor's negligence in	harmless the District, its Board of Trustees, employees and agent	is from any and all liability or loss
damage sustained by Independent Contractor, and/or the Indep	endent Contractor's employee or agents.	
6. Independent Contractor will provide to Assistant Superintenc combined single limits of general liability and automobile covera	lent, Business Services, upon request, a Certificate of Insurance	showing a minimum \$1,000,000
7 Neither party shall assign nor delegate any part of this Agreen	nent without the written consent of the other party.	The second secon
8. The work completed herein must meet the approval of the Completion thereof. Independent Contractor agrees to comply w	District and shall be subject to the District's general right of insp ith all Federal, State, Municipal and District laws, rules and regula	ection to secure the satisfactor, itions that are now, or may in the
future become applicable to Independent Contractor, Indepen	ndent Contractor's business, equipment and personnel engage	d in operations covered by this
Agreement or occurring out of the performance of such operations. The Independent Contractor will be paid by vendor check as a	n Independent Contractor.	
10. Independent Contractor shall provide an original invoice to	the Originating Administrator. Independent Contractor shall be	paid within 30 days of receipt o
invoice and authorization of payment forwarded to the CUSD Ac 11. Either party may terminate this agreement, with or without or	counts Payable department along with the original invoice. 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:	2 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1/2/1	BobTola	12-13-16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	^	
Clar Glas	Dave Wien	17-17-16
Si- Asia Adular	Printed Name	Date
Signature of ASB Advisor		/
14. APPROVED:		and with
	II Jay of Leek	1414/6
Signature of Site Administrator	Printed Name	Date
15. APPROVED:	1	
Signature of District Administrator,	Printed Name	Date
Business Services	1.01	
	DAMANA S	12-15-16
	- Secretical	Vierke
	MSB XCICIONY	Delle
16. ASB Approved Purchase Order #	8	.//
man the contract of the contra		

Originating Administrator Signature (Blue Ink)

CA#	



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Independent Contractor Agreement

				mue	pendent co	ontractor i	agreement			
Con	nplet	ed By: <u>Chris</u>	itina Winkle	ergreensment and a		Phone: _(5	30) 891-3000			
L,	This	Agreement i	s made by a	and between C Name: _ Kenne	hico Unified S		ct and:		-K	
				dress:						
		Str	eet Address	/POB: 553 Tro	oy Lane					
		Cit	y, State, Zip	Code: Chico,	CA 95973					
				hone:						
			Taxpayer ID)/SSN:						
	This	agreement v	vill be in effe	ect From: 1/1/	17	To: 6/30/17			record and the	2 96
	Site	Code:				Location(s)	of Services: <u>Yo</u>	uthBuild, Pa	rk Ave. /Varid	ous Locations
2.						Site Plan, Oth	er) to be achie	ved as a resi	ult of Indeper	ndent Contractor
	Serv	ices (attach s	eparate she	et if necessary); 		ح لمائن بما ما التنب		a v sa a u Alauas .	
	a.	Scope of Wo	rk: Consulta	ant to supervise by Funding will	be provided b	tudents who	will helpbuild o Jag Grant. Con	ne nouse pe	er year throug	In Habitat for
			ratio rem	nains at the rec	uired 7:1 ratio).	dag arant. don	Tourist Time	onouro triat at	ant to trained
							7.10-10-10-1	***************************************		
	b.	Goal (if appli	cable): Yout	hBuild students	will attain ac	ademic and l	nands-on skills	for the purp	ose of enterin	ng post-secondary
			scho	ol to work				CA NOTE OF		
•				cted (correspo	nding to acco	unts listed ir	item 4):			
	100	Byrne Jag G								
	b.					de dike m				
	c.		-							
		Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
•	1	0.00%	01	9150	0	3800	2490	5800	570	6700
	2							5800		
	3	0.00%						5800		_1
j.										ntractor initiated
							ed the paymen 00_Total for Se		follows:	
	(For	Flat Rate fee	s nlease nl	ace the flat rai	e under "hou	ırly rate" an	d use "1" for n	umber of ho	ours.)	
	(1.0.		is) bisass bi	wee 1112 1121 121	lien	10 Bon	Cermo	all	7	
	Add	itional Exper	ses (if appli	cable, in the ev	ent of change	es to service	or other expen	ise types)		
	Item		200			\$				
	Item					\$				
						\$\$0.00	Total of Ad			
						\$ \$ 18,000.0	OO Grand Tota	al (Services +	- Additional E	xpenses)
i,	Con	pleted BS10/	A "Certificate	e of Independe	ent Consultan	t Agreement	" guideline is:	On File	Attached	
	Con	npleted W9 "I	Request for	Taxpayer Ident	tification Num	ber/Certific	ation" form is:	√ On File	Attached	
ruger:	e di mar					1.11	The state of the s		Action of the Control	
			CONTRACTOR SERVICES	The state of the s			brought to the	Roard for A	Approval.	
oa	ra Al	oproval Date:	ii.	poard autho	rizing signatu	ie.				

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Partial Payment through: _____

Full or Final Payment

Amount

Independent Contractor Name: Kenneth Seama	an	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. 	independently, not as an employee of the District h this Independent Contractor Agreement. Independent, including Unemployment Insurance, Social Securi	dent Contractor shall assume full responsibility for ty, and Income Taxes with respect to Independent
 Independent Contractor shall furnish, at his/her own expeunless agreed upon under Additional Expenses on page I of In the performance of the work herein contemplated, the 	this Agreement.	
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in v per Board Policy #35i5.6 prior to commencement of servi	writing, using Administration Form #3515.6. , that cri	minal background checks have been completed as
Contractor. 5. 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 left. Independent Contractor will provide to Assistant Superic combined single limits of general liability and automobile contractor will provide to Assistant Superic combined single limits of general liability and automobile contractor will be party shall assign nor delegate any part of this Agreement on thereof. Independent Contractor agrees to comfuture become applicable to Independent Contractor, Inc. Agreement or occurring out of the performance of such open. The Independent Contractor will be paid by vendor check 10. Independent Contractor shall provide an original involcinvoice and authorization of payment forwarded to the CUS 11. Either party may terminate this agreement, with or with	hold harmless the District, its Board of Trustees, empire in the performance of this Agreement, including, independent Contractor's employee or agents. Intendent, Business Services, upon request, a Certific overage as required by the District, greement without the written consent of the other pithe District and shall be subject to the District's gerply with all Federal, State, Municipal and District laws dependent Contractor's business, equipment and perations. It is an independent Contractor. It is an independent Contractor. It is to the Originating Administrator. Independent Contractors are to the Originating Administrator. Independent Contractors.	ployees and agents from any and all liability or loss, but not limited to, any claim due to injury and/or cate of insurance showing a minimum \$1,000,000 arty. The arrive
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:	Kenneth Seaman	1-11-201
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED: Signature of Originating Administrator	David McKay, Director Printed Name	1/12/17 Dave
14. APPROVED:	John Bohannon, Director	1-19-17
Signature of District Administrator OR Director of Categorical Programs	Printed Name	Date
15. APPROVED:		
	Kevin Bultema, Asst. Superintenden	t
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED (Invoice to accompany payment request):	DISPOSITION OF CHECK by (check released upon comp	

Send to Site Administrator (date): _ Mail to Independent Contractor

Date

Originating Administrator Signature (Blue Ink)







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ASB Independent Contractor Agreement

IIIhiere	ed By: Kelth Rollins	18	Phone: (530) 8	64-3702	
This A	Agreement is made by and be	tween Chico Unified	l School District	CHS ASB	and:
	Name:	Joe Wesley			
	Email Address:	Joewesley@hotmail.com	···		
	Street Address/POB:	216 Yellowstone Drive			
	City, State, Zip Code:				
	Phone:				
	Taxpayer ID/SSN:				
	agreement will be in effect Fro	m: <u>2/11/17</u>	To: 3/4/17		
Site C	Code: <u>010</u>		Location(s) of	Services: Chico High and	other Tournaments
a. S	Scope of Work; <u>Video production</u>	for post season tourna	ments.		
ASB A	Goal (if applicable): Running live for Account(s) Affected Wrestling			ASB Account #	Percentage
b.			N N PA		0.00%
С.					0.00%
invoi \$ 1,00	nent to Independent Contrac ces, the District will pay the In 10.00 Hourly Rate X 1.00 Flat Rate fees, please place th	dependent Contract # Hours =	or not to exceed \$ 1,000.00	the payment criteria as f _Total for Services	ollows: One-Time Cost
0 441	tional Expenses (if applicable,		\$	other expense types)	
Item:	V				
Item:	4		\$	Total of Additional Form	nnaac
Item:	V		\$ 0.00	Total of Additional Expe	
Item:	V			_ _ Total of Additional Expe _ Grand Total (Services +	
Item:	V		\$ 0.00 \$ 1,000.00	Grand Total (Services +	Additional Expenses)
Item: Item:		dependent Consulta	\$ 0.00 \$ 1,000.00 ant Agreement"	Grand Total (Services +	Additional Expenses) Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name: Joe Wesley	ICA#	
 The Independent Contractor will perform said services inde compensation or unemployment benefits in connection with this 	pendently, not as an employee of the District; therefore, the Di s Independent Contractor Agreement. Independent Contractor sh cluding Unemployment Insurance, Social Security, and Income Tax	all assume full responsibility for
2. Independent Contractor shall furnish, at his/her own expense,	all labor, materials, equipment and other items necessary to carry o	out the terms of this Agreement,
unless agreed upon under Additional Expenses on page I of this and 3. In the performance of the work herein contemplated, the Inde	pendent Contractor with the authority to control and direct the p	erformance of the details of the
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writin per Board Policy #35I5.6 prior to commencement of services.	g, using Administration Form #3515.6. , that criminal background of This requirement also applies to any subcontractors or employe	checks have been completed as es utilized by the Independent
arising in any way out of Independent Contractor's negligence in	harmless the District, its Board of Trustees, employees and agents the performance of this Agreement, including, but not limited to	from any and all llability or loss , any claim due to injury and/or
damage sustained by Independent Contractor, and/or the Indep 6. Independent Contractor will provide to Assistant Superintend	lent, Business Services, upon request, a Certificate of Insurance s	howing 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 Agreen	ge as required by the District. nent without the written consent of the other party.	
8. The work completed herein must meet the approval of the D	District and shall be subject to the District's general right of Inspe ith all Federal, State, Municipal and District laws, rules and regulat	ction to secure the satisfactory
future become applicable to Independent Contractor, Indepen	ndent Contractor's business, equipment and personnel engaged	In operations covered by this
Agreement or occurring out of the performance of such operations. The independent Contractor will be paid by vendor check as a	n Independent Contractor.	
10. Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD Ac	the Originating Administrator, Independent Contractor shall be p	ald within 30 days of receipt of
11. Either party may terminate this agreement, with or without of	cause, upon 30 days' written notice to the other. Vendor shall be p	aid for work actually performed
as of the date of receipt of such notice,		
12. AGREED TO AND ACCEPTED:	Tomas V	1
Joseph Wesly	Joe Wesley	1-20-17
Signature of Independent Contractor	Printed Name	Date
13, RECOMMENDED:	•	
With P Polling	Kosth Pollins	1-20-17
Signature of ASB Advisor	Printed Name	Date
	Timed Hume	Duto
14. APPROVED:	5 /	
Ky Govan	Reg Govan	1-20-17
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
	1 1-111-	\ 20
	Agriphic -	1-29-17
	ASP EXECUTIVE COUNCIL	date
2<<	Section 200 section in the section i	
16. ASB Approved Purchase Order #	·	

Originating Administrator Signature (Blue Ink)

ICA#	



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

Independent Contractor Agreement

	eted By: Kim Her	nandez				Phone: _			*
Thi	is Agreement i	s made by ar	nd between C	hico Unified S	School Distri	ct and:			
		N	ame: Christine	A. Weston					
				77.11510					
	Str	eet Address/	POB: 13 Trieste	Way					٠
	City	v. State, Zip (Code: Chico, CA	95926			12		
		Ph	one:						
	Social	Security Nun	nher:		1				
	For ve	ndors using	a taxpayer id	entification n	umber pleas	se complete a C	ontract Sur	nmary form.	
Thi	is agreement w	vill he in effec	rt Fram: 2/16/1	7	To: 3/15/17				
	e Code: <u>570</u>		Je 1 10111	-	Location(s)	of Services: Dist	rict - all school	sites	
		**************			15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 mm v 1 / 2011 20 0 mm 57 0 7 0 7 0 7 0 7 0 7 0 0 0 0 0 0 0 0			
	rvices (attach s	eparate shee	t if necessary):		ner) to be achiev			
					- E				
b.	Goal (if appli	cable); Actively	engage families	and community to	help our studen	ts achieve academic	& personal suc	cess,	
		1925		¥1					50
Fu	nding/Program	/Grant Affec	ted (correspo	nding to acco	unts listed ir	item 4):			
a.		entary Education	Desdonal						
200			,						
b.				-				***************************************	···
C.		and the second section is a second							
	Darsont (9/)	Fund	T Pacaurea	DrologtVoor	Gool	Function	Object	Site	Manager
	i Percent (70)	Fund	Thursday, C.			The second secon	A 990 10 \$ 000 0000		6410
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	1 10,000% 2 0%	01					5800		1
c.			Resource,		Goal	Function	Object 5800	Site	
2000 200 100	1 10,000% 2 0% 3 0%						5800		
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Pay	1 10,000% 2 0% 3 0% yment to Inde	ependent Co					5800 ed by Indep		tractor initia
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Pay	1 10,000% 2 0% 3 0% yment to Inde	ependent Corrict will pay t	he Independe	nt Contractor	not to exce	ed the payment	5800 ed by Indep t criteria as		
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

	and and	
compensation or unemployment benefits in connection with payment of all Federal, State and Local taxes or contribution Contractor's employees. 2. Independent Contractor shall furnish, at his/her own experiments agreed upon under Additional Expenses on page I of all in the performance of the work herein contemplated, the work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in which per Board Policy #3515.6 prior to commencement of service Contractor. 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 Irle Combined single limits of general liability and automobile contractor will provide to Assistant Superir combined single limits of general liability and automobile contractor, shall assign nor delegate any part of this Agreement or occurring out of the performance of such open of the perf	independently, not as an employee of the District; therefore, the first independent Contractor Agreement. Independent Contractor sins, including Unemployment Insurance, Social Security, and Income Tainse, all labor, materials, equipment and other items necessary to carry this Agreement. Independent Contractor with the authority to control and direct the pariting, using Administration Form #35Is.6., that criminal background ces. This requirement also applies to any subcontractors or employ hold harmless the District, its Board of Trustees, employees and agent in the performance of this Agreement, including, but not limited the independent Contractor's employee or agents. Intendent, Business Services, upon request, a Certificate of Insurance overage as required by the District. Treement without the written consent of the other party. The District and shall be subject to the District's general right of inspiply with all Federal, State, Municipal and District laws, rules and regulate perations.	hall assume full responsibility for xes with respect to Independent out the terms of this Agreement, performance of the details of the checks have been completed as ees utilized by the Independent is from any and all liability or loss o, any claim due to injury and/or showing a minimum \$1,000,000 ection to secure the satisfactory 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: Signature of independent Contractor	Christine A. Weston	1-20-17 Date
13. RECOMMENDED: Signature of Originating Administrator	Ted Sullivan Printed Name	/20/17 Date
14. APPROVED: Signature of District Administrator OR Divector of Categorical Programs	Joanne Parsley Printed Name	1-2011 Date
15. APPROVED: Signature of District Administrator, Business Services 16. AUTHORIZATION FOR PAYMENT	Printed Name	Date
CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Full or Final Payment	OISPOSITION OF CHECK by Accounts Pays (check released upon completion of serv Send to Site Administrator (date): Mail to Independent Contractor	
\$ Amount	Originating Administrator Signature (Blue Ink)	Date