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

	eted By: Andre	w Moll			Phone: 89	1-3092			وميون ميازيد الماز
This Agreement is made by and between Chico Unified School District and:									
Name: Azad's International, Inc./Azad's Martial Arts Family Center									
			Idress: grandma		alarts,com		-		
			s/POB: 313 Walr						
**	Cit		Code: Chlco, C	A 95928					
			hone:						
		Taxpayer II	D/SSN: <u> </u>						
		will be in effe	ect From: 8/18/	16	To: 6/7/17				
Site	e Code: 3				Location(s)	of Services: FV	HS, CAL, AFC	and Azad's Mart	ial Arts Family Ce
Serv	vices (attach s	separate she ork: <u> </u>	et if necessary will present a	/): : comprehen:	sive approa	her) to be achie	ed physical	well-being.	inner
		strengt	h, academic r	performance	and self-es	teem through	a coordina	ted approac	ch with
		teacher	rs, parents/gu	ardians usin	g exercise,	anger manag	ement, vol	unteer-ism a	and continue
						The state of the s			La La Colonia
b, c.	Percent (%)				Goal	Function	Object	Site	I Manager
	Percent (%)						Object 5800	Site	Manager
c.	Percent (%)	Fund	Resource	Project/Year	Goal	Function		20,400,000	
c. 1	Percent (%) 0.00% 0.00%	Fund	Resource	Project/Year	Goal	Function	5800	20,400,000	The second second second
2 3 Payr	Percent (%) 0.00% 0.00% 0.00% 0.00% ment to Indeplices, the District, 250.00 Ho	Fund o1 ependent Co	Resource 4124 entractor for sthe Independe 1,00	Project/Year o ervices actua nt Contractor # Hours =	Goal 1039 Illy rendered not to exce \$ \$ 11,250.00	Function 1000 d and supported the paymen Total for Se	5800 5800 5800 ed by Indep t criteria as	pendent Confollows:	6700
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

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compensation or unemployment benefits in connection wi payment of all Federal, State and Local taxes or contribution Contractor's employees.	s independently, not as an employee of the District; therefore ith this independent Contractor Agreement. Independent Contra ins, including Unemployment Insurance, Social Security, and Inco	actor shall assume full responsibility for ome Taxes with respect to independen
unless agreed upon under Additional Expenses on page I of 3. In the performance of the work herein contemplated, the	ense, all labor, materials, equipment and other items necessary to f this Agreement. e independent Contractor with the authority to control and direc	
per Board Policy #3515.6 prior to commencement of serv	writing, using Administration Form #3515.6., that criminal backg clees. This requirement also applies to any subcontractors or e	round checks have been completed a mployees utilized by the independen
arising in any way out of Independent Contractor's neglige damage sustained by Independent Contractor, and/or the	d hold harmless the District, its Board of Trustees, employees and nce in the performance of this Agreement, including, but not lin independent Contractor's employee or agents. Intendent, Business Services, upon request, a Certificate of Insu	nited to, any claim due to injury and/o
combined single limits of general liability and automobile of 7. Neither party shall assign nor delegate any part of this A 8. The work completed herein must meet the approval of completion thereof. Independent Contractor agrees to complete the complete of the complete	overage as required by the District. greement without the written consent of the other party. the District and shall be subject to the District's general right only with all Federal, State, Municipal and District laws, rules and dependent Contractor's business, equipment and personnel e erations.	of Inspection to secure the satisfactor regulations that are now, or may in th
10. Independent Contractor shall provide an original involutional involve and authorization of payment forwarded to the CU.	ce to the Originating Administrator. Independent Contractor shi SD Accounts Payable department along with the original invoice, nout cause, upon 30 days' written notice to the other. Vendor sh	
12. AGREED TO AND ACCEPTED:		-
	Farshad Azad, Owner	8/17/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	Andrew Moll, Principal	8/17/16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:	David McKay, Director	8/17/16
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 (Invoice to accompany payment request): Partial Payment through: Full or Final Payment	DISPOSITION OF CHECK by Accounts (check released upon completion of Send to Site Administrator (date): Mail to Independent Contractor	services)

Originating Administrator Signature (Blue Ink)

Date

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 Agreement" guideline is: On File (click to view) Attached if not on file	
	2.	A completed W9 "Request for Taxpayer Identification Number and Certification" form is: On File (click to view) Attached if not on file	
		This Agreement to furnish certain consulting services is made by and between Chico Unified School District and:	
		Name: Tom Enns Street Address/POB: 62 Plumbwood Court City, State, Zip Code: Chico, Ca. 95928 Phone: Taxpayer ID/SSN:	
		This agreement will be in effect from: 07/01/2016 to: 12/31/2016 Location(s) of Services: Fair View High School and various locations	
	3.	Scope of Work to be performed: (attach separate sheet if necessary) Consultant to supervise YouthBuild students who will help build one house per year through Habitat for Humanity. Funding will be provided by the Byrne Jag Grant. Consultant will ensure that adults to trainee ratio remains at therequired 7:1 ratio.	
	4.	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Consultant Services:	
		YouthBuild students will attain academic and hands-on skills for the purpose of entering post-secondary or school-to-work.	
	5.	Funding/Programs Affected: (corresponding to accounts below) 1) Bryne Jag Grant 2) 3)	
	6.	Pct. (%) Fund Resource Proj/Yr Goal Function Object Site Manager 1) 100 01 9150 0 3800 2490 5800 570 6700 2) 0 0 5800 3)	8
-	7.	Is there an impact to the General Fund, Unrestricted funding? Yes No	
	8.	Payment to Consultant: For services actually rendered and supported by Consultant initiated invoices, t District will pay consultant not to exceed the payment criteria as follows:	he
		\$ 3,166.67 Per Unit, times 6.00 #Units = \$ 19,000.02 Total for Service	ces
9	9.	Additional Expenses	
		\$ Total of Addition \$ 0.00 Expenses	onal
		\$ \$ 0.00 Expenses	
		\$ 19,000.02 Grand Total	

CONSULTANT TERMS AND CONDITIONS

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

Consultant Name: Tom Enns

- 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.

Som Enno	Tom Enns	8/1/16
(Signature of Consoltant)	(Printed Name)	Date
13. RECOMMENDED:		and the second
	David McKay, Director	8/1/16
(Signature of Orlginating Administrator)	(Printed Name)	Date / /
14. APPROVED:		
On House	Joanne Parsley, Asst. Superintend	8-2-16
(Signature of District Administrator, or Director of	(Printed Name)	Date
Categorical Programs)		
APPROVED:	Consultant Contract Employee	
	Kevin Bultema, Asst. Superintendo	
(Signature of District Admin, Business Services	(Printed Name)	Date
15. Authorization for Payment:		
CHECK REQUIRED (Invoice to accompany payment request):	DISPOSITION OF CHECK by Accounts P	
Partial Payment through:	(check released upon completion of se Send to Site Administrator:	
Full or Final Payment	Mail to Consultant	(Date Check Required)
e e		

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 Agreement" guideline is: On File (click to view) Attached if not on file
	2,	A completed W9 "Request for Taxpayer Identification Number and Certification" form is: On File (click to view) Attached if not on file
		This Agreement to furnish certain consulting services is made by and between Chico Unified School District and:
		Name: Dan Gardner Street Address/POB: 2226 Dixon Street City, State, Zip Code: Chico, Ca. 95926 Phone: Taxpayer ID/SSN:
		This agreement will be in effect from: 07/01/2016 to: 12/31/2016 Location(s) of Services: Fair View High School and various locations
	3.	Scope of Work to be performed: (attach separate sheet if necessary) Consultant to supervise YouthBuild students who will help build one house per year through Habitat for Humanity. Funding will be provided by the Byrne Jag Grant. Consultant will ensure that adults to trainee ratio remains at therequired 7:1 ratio.
	4.	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Consultant Services:
		YouthBuild students will attain academic and hands-on skills for the purpose of entering post-secondary or school-to-work.
	5.	Funding/Programs Affected: (corresponding to accounts below) 1) Bryne Jag Grant 2) 3)
	6.	Pct. (%) Fund Resource Proj/Yr Goal Function Object Site Manager 1) 100 01 9150 0 3800 2490 5800 570 6700 2) 0 5800 3)
	7.	Is there an impact to the General Fund, Unrestricted funding? Yes No
	8.	Payment to Consultant: For services actually rendered and supported by Consultant initiated invoices, the District will pay consultant not to exceed the payment criteria as follows:
		\$ 3,166.67 Per Unit, times 6.00 #Units = \$ 19,000.02 Total for Services
	9.	Additional Expenses
		\$ Total of Additional \$ 0.00 Expenses
		\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		จาย,000.02 Grand Total
An	ioun	ts of \$5,001.00 or more require Board Approval: (date to Board)

CONSULTANT TERMS AND CONDITIONS

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

Consultant Name: Dan Gardner

- 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.

The state of the s	Dan Gardner	8-1-16
(Signature of Consultant)	(Printed Name)	Date
13. RECOMMENDED:	David McKay, Director	8/1/16
(Signature of Originating Administrator)	(Printed Name)	Date /
14. APPROVED:	Joanne Parsley, Asst. Superintend	8-276
(Signature of District Administrator or Director of Categorical Programs) APPROVED:	(Printed Name) Consultant Contract Employee	Date
	Kevin Bultema, Asst. Superintende	
(Signature of District Admin, Business Services	(Printed Name)	Date
15. Authorization for Payment:		
CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Date	DISPOSITION OF CHECK by Accounts Pa (check released upon completion of se Send to Site Administrator:	ervices)
Full or Final Payment	O Mail to Consultant	(Date Check Required)
\$		(Date)

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

CONSULTANT AGREEMENT

		e (click to v		ndependent		Attached If no	THE RESERVE TO SERVE THE PARTY OF THE PARTY			
2.	A completed W	9 "Request e (click to v		yer Identific		oer and Certifi Attached if no		n is:		
	This Agreement	t to furnish	certain co	onsulting ser	vices is ma	ide by and be	tween Chic	o Unified S	chool Dist	rict and:
	Street Add City, State,	ress/POB:	Lyman F 2277 Blo Chico, C	omington A	Ave					
	Тахрау	er ID/SSN:								
	This agreeme Location(s) o Fair View Hig	f Services	s:		NAME OF TAXABLE PARTY.	3	to:	12/31/2010	3	
3.	Scope of Wor Consultant to Habitat for H Consultant w	rk to be p supervise lumanity. I	erforme YouthBu unding w	ed: (attach uild student vill be provid	separate s who will ded by the	help build on Byrne Jag G	e house p Grant,		ough	
4.	Goal (Strateg	ic Plan, S	ite Plan,	Other) to	be achiev	ved as a res	ult of Cor	sultant S	ervices:	
	YouthBuild st post-seconda	udents wil iry or scho	ll attain ac ool-to-worl	cademic and k.	d hands-o	n skills for th	e purpose	of entering	1	
5.	Funding/Prog 1) Bryne Jag G 2) 3)		ected: (c	correspond	ding to ac	counts belo	ow)			
6.	Pct. (%) Fur	nd Res	ource	Proj/Yr	Goal	Function	Object	Site	Manag	zer
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							0000			
7.	3) Is there an im	pact to t	he Gene	ral Fund, l	Jnrestric	ted funding	? (Yes	6) No
	3) Is there an im							J	•) No
7. 8.	3) Is there an im	onsultan	t: For sei	rvices actu	ally rend	ered and su	ipported	ノ by Consu	Itant ini	No tiated invoices, the
	3) Is there an im Payment to C	onsultan ay consul	t: For sei	rvices actu to exceed	ally rend the payr	ered and su	ipported	ノ by Consu		,
	3) Is there an im Payment to C District will pa	onsultan ay consul Per Ur	t: For sei tant not	rvices actu to exceed	ally rend the payr	ered and su	ipported	ງ by Consu ws:		tiated invoices, the Total for Services
8.	3) Is there an im Payment to C District will pa \$ 2,500.00	onsultan ay consul Per Ur	t: For sei tant not	rvices actu to exceed	ally rend the payr	ered and su	ipported	ງ by Consu ws:	00.00	tiated invoices, the

CONSULTANT TERMS AND CONDITIONS

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

Consultant Name: Lyman Hegan Hagen

- 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.
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- 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.
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Axeman Haller	Lyman Hegan	8.17.16
(Signature of Consultant)	(Printed Name)	Date
3. RECOMMENDED:	David McKay, Director	8/17/16
(Signature of Originating Administrator)	(Printed Name)	Date /
(Signature of District Administrator, or Offictor of Caregorical Programs)	Joanne Parsley, Asst. Superintend (Printed Name) Consultant Contract Employee	0-17-16 Date
ATTROUS.	Kevin Bultema, Asst. Superintendo	
(Signature of District Admin, Business Services	(Printed Name)	Date
15. Authorization for Payment:		
CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Date	DISPOSITION OF CHECK by Accounts Pa (check released upon completion of se Send to Site Administrator:	rvices)
Full or Final Payment		(Date Check Required)

CA#			
CHH			



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

	ted By: Linda				Phone: (530	27 20 7 2000			
This	S Agreement		and between (Name: Josh Kue			ict and:			
		Email Ad	dress: Jkuersten	@gmail.com					
			S/POB: 807 Broo						
	Ci	ty, State, Zip	Code: Chico, C/	A 95926					
		F	hone:	CONTRACT A SEC					
		Taxpayer II	D/SSN:						
This	agreement	will be in effe	ect From: 8/12/	16	To: 8/12/16				
Site	Code: <u>570</u>				Location(s)	of Services: PVI	IS Performing	Arts Center	
Serv	ices (attach:	separate she ork: <u>Presen</u> 1. Man	et if necessary tation for spe aging behavi	/): <u>cial educatio</u> ors in school	n instruction	ner) to be achie nal assistants ents 2. Suppo vior teaching s	to include: rtina stude		
						towning c		Swe z	
b.	Goal (if appl	icable):		e e					
Func	ding/Progran		cted (correspo	nding to acco	unts listed in	n Item 4):			
		n/Grant Affe	cted (correspo	THE RESERVE OF THE PERSON OF T		n Item 4):		1 3 m	X.
Fund a. b.	ding/Progran Title II	n/Grant Affe	cted (correspo					Site	Manage
Fund a. b.	ding/Progran	n/Grant Affe	cted (correspo	THE RESERVE OF THE PERSON OF T			Object	Site 570	Managel
Fund a. b.	ding/Progran Title II Percent (%) 100.00%	n/Grant Affe	cted (correspo	Project/Year	Goal	Function	Object 5800	Site 570	Managei 6700
Funca. b. c,	Percent (%)	n/Grant Affe	cted (correspo	Project/Year	Goal	Function	Object	VSWARMEA.	
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Function Fun	Percent (%) 100.00% 0.00% 0.00% ment to Indeices, the Dist	Fund on ependent Corict will pay to	Resource 4035 ontractor for sthe Independe	Project/Year 0 services actuant Contractor # Hours =	Goal 1110 ally rendered not to excer \$ \$ 350.00	Function 2100 d and supported the payment Total for Ser	Object 5800 5800 5800 ed by Indep	pendent Confollows:	6700
Function Fun	Percent (%) 100.00% 0.00% 0.00% ment to Indeices, the Dist	Fund on ependent Corict will pay to	Resource 4035 ontractor for sthe Independe	Project/Year 0 services actuant Contractor # Hours =	Goal 1110 ally rendered not to excer \$ \$ 350.00	Function 2100 d and supported the payment	Object 5800 5800 5800 ed by Indep	pendent Confollows:	6700
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Josh Kuersten Behavi	lor Consulling CA	#
1. 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; therefore, the his independent Contractor Agreement. Independent Contractors, including Unemployment Insurance, Social Security, and Incom-	or shall assume full responsibility for e Taxes with respect to Independent
2. Independent Contractor shall furnish, at his/her own expe	nse, all labor, materials, equipment and other items necessary to co	arry 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	this Agreement. Independent Contractor with the authority to control and direct t	he performance of the details of the
work, the District being Interested in the results obtained. 4. If applicable, the Independent Contractor will certify in water Board Policy #3515.6 prior to commencement of servi	writing, using Administration Form #35 5.6., that criminal backgro ces. This requirement also applies to any subcontractors or emp	und checks have been completed as ployees utilized by the Independent
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 in	hold harmless the District, its Board of Trustees, employees and a nce in the performance of this Agreement, including, but not limite independent Contractor's employee or agents.	gents from any and all liability or lossed to, any claim due to injury and/or
6. Independent Contractor will provide to Assistant Superin	ntendent, Business Services, upon request, a Certificate of Insura	nce showing a minimum \$1,000,000
combined single limits of general liability and automobile co 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	the District and shall be subject to the District's general right of i ply with all Federal, State, Municipal and District laws, rules and re	nspection to secure the satisfactory
future become applicable to Independent Contractor, Inc	dependent Contractor's business, equipment and personnel eng	aged 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	erations. c as an Independent Contractor.	
10. Independent Contractor shall provide an original invoice	e to the Originating Administrator. Independent Contractor shall	be paid within 30 days of receipt o
 Either party may terminate this agreement, with or with as of the date of receipt of such notice. 	SD Accounts Payable department along with the original invoice. nout cause, upon 30 days' written notice to the other. Vendor shall	be paid for work actually performed
12. AGREED TO AND ACCEPTED:		///
MA	Josh Kuersten	9/4/16
11/2		- O/ (//
Signature of Independent Contractor	Printed Name	Date /
13. RECOMMENDED:		1. 11.
En . G.	Eric Snedeker	2/12/16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		v 3260
1181	John Bohannon	8/15/16
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
13. AFTROVED.		
Signature of District Administrator,	Printed Name	Date
Business Services	THE PARTY OF THE P	
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts P	ayable:
(Invoice to accompany payment request):	(check released upon completion of so	
Partial Payment through:	Send to Site Administrator (date):	
Full or Final Payment	Mail to Independent Contractor	
ė.		a de la

Originating Administrator Signature (Blue Ink)

Date

revised 7/2012 me

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 Agreement" guideline is: On File (click to view) Attached if not on file
	2.	A completed W9 "Request for Taxpayer Identification Number and Certification" form is: On File (click to view) Attached if not on file
		This Agreement to furnish certain consulting services is made by and between Chico Unified School District and:
		Name: Stacy Johnson; Johnson House Street Address/POB: 2697 White Ave. City, State, Zip Code: Chico, Ca. 95973 Phone: Taxpayer ID/SSN:
		This agreement will be in effect from: 07/01/2016 to: 12/31/2016 Location(s) of Services: Johnson House, Butte County Jall, YBC Facility
	3.	
	4.	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Consultant Services:
		To provide a safe, supportive, healthy and engaging environment for learning to take place To build effective partnerships with our constituents
	5.	Funding/Programs Affected: (corresponding to accounts below) 1) Bryne Jag Grant 2) 3)
	6.	Pct. (%) Fund Resource Proj/Yr Goal Function Object Site Manager 1) 100 01 9150 0 3800 2490 5800 570 6700 2) 0 0 5800 3)
	7.	Is there an impact to the General Fund, Unrestricted funding? Yes No
	8.	Payment to Consultant: For services actually rendered and supported by Consultant initiated invoices, the District will pay consultant not to exceed the payment criteria as follows:
		\$ 16,100.00 Per Unit, times 1.00 #Units = \$ 16,100.00 Total for Services
	9.	Additional Expenses
		\$ Total of Additional \$ \$ 0.00 Expenses
		\$ 16,100.00 Grand Total
An	noun	ts of \$5,001.00 or more require Board Approval: (date to Board)

(Date)

CONSULTANT TERMS AND CONDITIONS

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

Consultant Name: Stacy Johnson, Johnson House of Recovery

- 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.

12. AGRE	ED TO AND ACCEPTED: (If determined to be a Contract E	employee, a payroll check will be issued with applica	ble taxes withheld.)
4	Stay John	Stacy Johnson	0 8-12-16
1	(Signature of Consultant)	(Printed Name)	Date
13. RECO	MIMENDED:	David McKay, Director	2/16/11
	(Signature of Originating Administrator)	(Printed Name)	Date
14. APPR	(Signature of District Administrator, or Difector of Categorical Programs)	Joanne Parsley, Asst. Superintend (Printed Name) Consultant Contract Employee	8-17-16 Date
		Kevin Bultema, Asst. Superintendo	
	(Signature of District Admin, Business Services	(Printed Name)	Date
15. Auth	orization for Payment:		
CHECK RI	Partial Payment through:	DISPOSITION OF CHECK by Accounts Pay (check released upon completion of ser Send to Site Administrator: _	
\mathcal{C}	Full or Final Payment	Mail to Consultant	Date Check Required)

(Originating Administrator Signature- Use Blue Ink)

(Amount)



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

	leted By: Christi	na Winkle for Dav	vid McKay		Phone: <u>(530</u>	0) 891-3000			
T	his Agreement		nd between (Name: Kenneth		School Distri	ict and:			
		Email Ad	No. of the Contract of the Con		- THE PARTY OF THE		7		
	St		/POB: 553 Troy	Lane					
	Cit	ty State 7in	Code: Chico, C/	A 95973					
	CI		hone:	,,,,,,					
		Taxpayer ID							
		raxbayer in	/33N						
т	his agreement	will be in offe	ct From: 7/1/1	6	To: 12/31/16				
	his agreement ite Code:					of Services: Vari	ous Locations.	YouthBuild	
31	ite code				Location(3)	of Services,			
	ervices (attach	separate she ork: Consult	et if necessary ant to super	/): /ise students	s who will he	ner) to be achievelp build one h	ouse per y	ear through	the Habitat
						e Byrne Jag G	rant. Cons	ultant will e	nsure that
		adults to	o trainee rati	o remains at	the required	u 7:1 ratio.			-
a.		nt	cted (correspo			n item 4):			
b.									
c.	-				1				
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	Percent (%)	Fund	Resource 9150	Project/Year	Goal 3800	Function 2490	5800	Site	Manager 6700
	Percent (%) 1 100.00% 2 0.00%						5800 5800	10000000	100000000000000000000000000000000000000
	Percent (%)						5800	10000000	100000000000000000000000000000000000000
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c. Prin \$. (F	Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indivoices, the Dist \$ 1,666.67 H For Flat Rate feed	ependent Co trict will pay lourly Rate X es, please pla	ontractor for the Independence the flat race	services actuent Contracto # Hours = te under "hou	ally rendered not to exce \$ 10,000.02 urly rate" and es to service \$ \$	d and supported the paymentTotal for Ser d use "1" for nu	5800 5800 5800 ed by Indep t criteria as vices umber of ho	pendent Confollows:	6700
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C. Prints (F	Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indivoices, the Dist \$ 1,666.67 H For Flat Rate fee dditional Experiem: em:	ependent Co trict will pay lourly Rate X es, please pla nses (if applic	entractor for the Independence the flat race	services acturent Contracto # Hours = te under "hours went of change went of change went Consultant	ally rendered r not to exce \$ 10,000.02 urly rate" and es to service \$ \$ 0.00 \$ \$ 10,000.02 t Agreement	d and supporte ed the paymentTotal for Ser d use "1" for nu or other expensTotal of AdaGrand Tota	5800 5800 5800 ed by Indept criteria as vices amber of horizonal Expensional E	pendent Confollows: ours.) enses Additional E	etractor initia

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Kenneth Seaman	CA#
1. The Independent Contractor will perform said services Independently, not as an	

- 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:	Kenneth Seaman	0-1-2-1
Kensh & Sc		8-1-2010
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	David McKay, Director	0/2/16
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:	Joanne Parsley, Asst. Superintendent	8-2-16
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 (Invoice to accompany payment request): Partial Payment through: ull or Final Payment	DISPOSITION OF CHECK by Accounts (check released upon completion of Send to Site Administrator (date) Mail to Independent Contractor	services)
\$ Amount	Originating Administrator Signature (Blue Ink	Date

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CA#			
. 14			



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

		er			Phone: 891-30	090			
This	Agreement is I	N	ame: Robert Stu	ipey		t and:			
		Email Add	ress: robertstup	ey@blueoakchart	erschool.org				
	Stree	t Address/	POB: 7370 Llnd	say Ave					
	City,	State, Zip (Code: Orland, Ca	A 95963					
			none:						
	Ta	axpayer ID/					TREASON.		
This	agreement wil	l be in effe	ct From: 7/1/16		To: 6/30/17				
Site	Code: 380				Location(s) o	f Services: Inspir	e School of Arts	and Sciences	- W. C
	pe of Work to be vices (attach sep Scope of Work	parate shee	t if necessary):					
b. Fun a.	Goal (if applica ding/Program/0 general fund								
b. c.									
	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100,00%	09	0000	0	1110	2160 8700	5800	380	8380
2	0.00%					0.5	5800		
3					7		5800		
invo	ment to Indepolices, the Districes, the Districes, 2,250.00	t will pay t		nt Contractor	not to excee		criteria as fo		tractor initia
(For	Flat Rate fees,					use "1" for nu	mber of hou	rs.)	
· Albania	litional Expense			ent of change	es to service c	r other expens	e types)		
Iten	n:			10.00	\$				
					\$ \$ 0.00	Total of Add			
					\$ 4,500.00	Grand Total	(Services + A	Additional Ex	xpenses)
Con	npleted BS10A '	"Certificate	of Independe	ent Consultan	t Agreement"	guideline is:	On File	Attached	
COL									

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Names Behad Street	CA#	
compensation or unemployment benefits in connection with t payment of all Federal, State and Local taxes or contributions,	CA# dependently, not as an employee of the District; therefore, the District; therefore, the District; therefore, the District independent Contractor shall including Unemployment Insurance, Social Security, and Income Taxe	Il assume full responsibility for
unless agreed upon under Additional Expenses on page I of thi		
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writ	dependent Contractor with the authority to control and direct the pe ing, using Administration Form #3515.6., that criminal background ci s. This requirement also applies to any subcontractors or employee	hecks have been completed as
arising in any way out of Independent Contractor's negligence damage sustained by Independent Contractor, and/or the Inde 6. Independent Contractor will provide to Assistant Superinte combined single limits of general liability and automobile cove 7. Neither party shall assign nor delegate any part of this Agree 8. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply	ndent, Business Services, upon request, a Certificate of Insurance sharge as required by the District. The ment without the written consent of the other party. District and shall be subject to the District's general right of Inspecy with all Federal, State, Municipal and District laws, rules and regulative endent Contractor's business, equipment and personnel engaged	any claim due to injury and/or nowing a minimum \$1,000,000 tion to secure the satisfactory ons that are now, or may in the
invoice and authorization of payment forwarded to the CUSD A	o the Originating Administrator. Independent Contractor shall be pa	
12. AGREED TO AND ACCEPTED:		The Purish I
	DATES SANEY	7/13/10
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
Tama GUI	Juny Crosby	7/13/16
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 Accounts Payable (check released upon completion of service Send to Site Administrator (date): Mail to Independent Contractor	
\$Amount	Originating Administrator Signature (Blue Ink)	Date

CA#			



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

	Thi	s Agreement is	made hy and					CONTRACTOR OF THE PARTY OF THE			
			This Agreement is made by and between Chico Unified School District and: Name: Robert Stupey								
			Email Addre	ss; robertstup	ey@blueoakchart	terschool.org					
		Stree	et Address/PC								
		City,	State, Zip Coo	de: Orland, C.	A 95963						
			Phor								
		Т	axpayer ID/SS	SN:	···	7100					
		s agreement wil	l be in effect	From: 3/1/17		To: 5/31/17					
	Site	Code: 380	-3			Location(s)	of Services: Insp	ire School of Arts	and Sciences		
19		pe of Work to be vices (attach sep Scope of Work	parate sheet i	f necessary):			ved as a result			
3		Goal (if applica ding/Program/O	Grant Affecte	d (correspo							
	c.										
. 1		Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager	
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	2	2 0.00%						5800			
	3	3 0.00%						5800			
	invc \$ \$ 6	ment to Indepolices, the Districes Hours	ct will pay the Irly Rate X _1.0	Independe	nt Contractor # Hours =	not to excee \$ \$ 625.00	d the payment Total for Ser	ed by Indepe t criteria as fo vices	llows:	tractor ini	
	Add Iten	litional Expense	es (if applicab		ent of change	es to service o	or other expen	se types)			
17	lten	n:				\$					
		Var. III SELLENSTE		Link		\$\$0.00	Total of Add	ditional Exper	ises		
						\$ 625.00	Grand Tota	l (Services + A	dditional E	xpenses)	
	Con	npleted BS10A "	'Certificate of	Independe	nt Consultant	Agreement"	guideline is: v	On File	Attached		

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Robert Slupey	CA	1
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, the with this Independent Contractor Agreement. Independent Contractor ions, including Unemployment Insurance, Social Security, and Income pense, all labor, materials, equipment and other items necessary to case of this Agreement.	r shall assume full responsibility fo Taxes with respect to Independen
3. In the performance of the work herein contemplated, t	the Independent Contractor with the authority to control and direct the	ne performance of the details of the
work, the District being interested in the results obtained		
 If applicable, the Independent Contractor will certify in per Board Policy #35I5.6 prior to commencement of se Contractor. 	n writing, using Administration Form #3515.6., that criminal backgroun rvices. This requirement also applies to any subcontractors or emp	ind checks have been completed a loyees utilized by the Independen
5. Independent Contractor agrees to defend, indemnify a	nd hold harmless the District, its Board of Trustees, employees and ag	ents from any and all liability or los
arising in any way out of Independent Contractor's neglig damage sustained by Independent Contractor, and/or the	gence in the performance of this Agreement, including, but not limite	d to, any claim due to Injury and/o
	erintendent, Business Services, upon request, a Certificate of Insuran	ce showing a minimum \$1,000,00
combined single limits of general liability and automobile	coverage as required by the District.	reactive and the second second second
	Agreement without the written consent of the other party. of the District and shall be subject to the District's general right of ir	reportion to cocure the caticfactor
	mply with all Federal, State, Municipal and District laws, rules and reg	
future become applicable to Independent Contractor, I	ndependent Contractor's business, equipment and personnel enga	
Agreement or occurring out of the performance of such o		
The Independent Contractor will be paid by vendor che Independent Contractor shall provide an original invo	ck as an independent Contractor. Dice to the Originating Administrator. Independent Contractor shall l	pe paid within 30 days of receipt o
invoice and authorization of payment forwarded to the C	USD Accounts Payable department along with the original invoice.	
	ithout cause, upon 30 days' written notice to the other. Vendor shall I	pe paid for work actually performe
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:		
(//		-1.2/1.
	1 COBERT STUPEY	7/15/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
Jany One	Jerry Chosby	7/13/16
Signature of Originating Administrator	Printed Name /	Date '
14. APPROVED:		
14. ALTROVED.		
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
4F ADDOVED.		
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
16. AUTHORIZATION FOR PAYMENT	DISDOSITION OF SUPERVIOLE	400 (4.0 mm)
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts Pa	
(Invoice to accompany payment request):	(check released upon completion of se	rvices)
Partial Payment through:	Send to Site Administrator (date):	**************************************
Full or Final Payment	Invialing independent Contractor	
\$		
Amount	Originating Administrator Signature (Blue Ink)	Date
g-40000 Pimos 2000		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED July 22, 2016 6:48:06 AM PDT

REMOTE CSID 8002091219 DURATION 119 PAGES

STATUS Received

Jul 22 16 07:08a

Robert Thomson

8002091219

CA# __

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

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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

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
- 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,
- 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
- 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
- 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.
- 10, Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of
- invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original invoice. 11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed
- as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED: Signature of Independent Contractor	1306 Thomson	7-22-16 Date
13. RECOMMENDED: Verbu Way Live Signature of Originating Administrator 14. APPROVED:	Printed Name	7-33-16 Date
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:	DISPOSITION OF CHECK by Accounts Proceedings of the Completion of second to Site Administrator (date): Mail to Independent Contractor	ayable: rvices)
\$Amount	Originating Administrator Signature (Blue Ink)	Date

ICA#	
ICA#	



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

Co	ompleted By: J.J. Milchell	Phone: 891-3050	
1.	This Agreement is made by and between Chico Unified Name: Katherine Leach	d School District Pleasant Valley High School	and:
	Email Address: kleach@chico.com		
	Street Address/POB: 2830 Mariposa Ave		
	City, State, Zip Code: Chico, CA 95973		
	Phone;		
	Taxpayer ID/SSN:		
	This agreement will be in effect From: 8/15/16 Site Code: 020	To: 9/11/16	
	Site Code: 020	Location(s) of Services: PVHS Gym	1000
	Services (attach separate sheet if necessary): a. Scope of Work: <u>JV</u> , <u>Volleyball tournament D</u>		clean up
	b. Goal (if applicable):	·	*
3,	ASB Account(s) Affected a. Girls Volleyball		Percentage
	b		0.00%
	С,		0.00%
4.	Payment to Independent Contractor for services actual invoices, the District will pay the Independent Contractor \$1.00 Hourly Rate X 300.00 # Hours = (For Flat Rate fees, please place the flat rate under "hou	r not to exceed the payment criteria as for \$300.00 Total for Services	ollows:
	Additional Expenses (if applicable, in the event of change litem:	\$	
	Item:	\$	
		\$ 0.00 Total of Additional Expe	
		\$300.00 Grand Total (Services + A	Additional Expenses)
5.	Completed BS10A "Certificate of Independent Consultant	t Agreement" guideline is: On File 🗸	Attached
5.	Completed W9 "Request for Taxpayer Identification Num	ber/Certification" form is: On File 🗸	Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name:	ICA#	
compensation or unemployment benefits in connection with	dependently, not as an employee of the District; therefore, the E this Independent Contractor Agreement. Independent Contractor sl , including Unemployment Insurance, Social Security, and Income Ta	nall assume full responsibility for
2. Independent Contractor shall furnish, at his/her own expens	se, 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 the 3. In the performance of the work herein contemplated, the li	ns Agreement. Independent 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 wri	iting, using Administration Form #3515.6., that criminal background es. This requirement also applies to any subcontractors or employ	checks have been completed as
Contractor. 5. Independent Contractor agrees to defend, indemnify and h	old harmless the District, its Board of Trustees, employees and agent e in the performance of this Agreement, including, but not limited to	s from any and all liability or loss
Independent Contractor will provide to Assistant Superint combined single limits of general liability and automobile covered	endent, Business Services, upon request, a Certificate of Insurance erage as required by the District.	showing a minimum \$1,000,000
completion thereof. Independent Contractor agrees to comply future become applicable to Independent Contractor, Inde	e District and shall be subject to the District's general right of inspo y with all Federal, State, Municipal and District laws, rules and regula pendent Contractor's business, equipment and personnel engaged	tions that are now, or may in the
invoice and authorization of payment forwarded to the CUSD 11. Either party may terminate this agreement, with or withou	s an Independent Contractor. to the Originating Administrator. Independent Contractor shall be p	
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:	Katherine Leach	9/13/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	John J. M. tchell	8/15/16
Signature of ASB Advisor	Printed Name	Date /
14. APPROVED:		(s) 1
1 Der	J-Shyll	8116/K
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
16. ASB Approved Purchase Order#	#:	

Originating Administrator Signature (Blue Ink)

Date

10411			
ICA#			
10/11/		 	_



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

Co	mpleted By: J.J. Mitchell	Phone: (530	0) 891-3050	
1.	This Agreement is made by and between Chico Uni	fied School Distr	ict Pleasant Valley High School	and:
	Name: Megan Gildea			
	Email Address: mgildea2@gmail.com	n		
	Street Address/POB: 1825 Palm Ave			
	City, State, Zip Code: Chlco, CA 95926			
	Phone: _			
	Taxpayer ID/SSN:			
	This agreement will be in effect From: 8/26/16	To: 8/28/16		
	Site Code: 020	Location(s)	of Services: PVHS	
	a. Scope of Work: Tournament Director- Freshmen Voll			
3.	b. Goal (if applicable): ASB Account(s) Affected		ASB Account #	Percentage
	a. Girls Volleyball		675-86	100%
	b.		· ·	0.00%
	c	(1)		0.00%
4.	Payment to Independent Contractor for services invoices, the District will pay the Independent Contr \$ 1.00 Hourly Rate X 300.00 # Hours (For Flat Rate fees, please place the flat rate under	actor not to exce	ed the payment criteria as Total for Services	follows:
	(For Flat Rate fees, please place the flat rate under	"nourly rate" an	d use I for number of fic	Jurs.,
	Additional Expenses (if applicable, in the event of ch	hanges to service	or other expense types)	
	Item:	ζ		
	ltem:	\$ 0.00	Total of Additional Exp	enses
		\$ 300.00	Grand Total (Services +	
		\$_000.00	Grand Total (Services 1	Additional Expenses/
5,	Completed BS10A "Certificate of Independent Consu	ultant Agreemen	t" 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

Signature of ASB Accounting Technician

INDEFENDENT CONTRACTOR TERMS AND CONDI	TIONS	
Independent Contractor Name: Megan Gildea	a ICA#	
 The Independent Contractor will perform said services ind compensation or unemployment benefits in connection with the 	ependently, not as an employee of the District; therefore, the nis Independent Contractor Agreement. Independent Contractor : ncluding Unemployment Insurance, Social Security, and Income T	shall assume full responsibility for
unless agreed upon under Additional Expenses on page I of this	, all labor, materials, equipment and other items necessary to carry Agreement.	
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writi	ependent Contractor with the authority to control and direct the ng, using Administration Form #3515.6., that criminal background	d checks have been completed as
per Board Policy #35I5.6 prior to commencement of services. Contractor.	This requirement also applies to any subcontractors or employ	vees utilized by the Independent
arising in any way out of independent Contractor's negligence in damage sustained by independent Contractor, and/or the indep	d harmless the District, its Board of Trustees, employees and agen n the performance of this Agreement, including, but not limited to pendent Contractor's employee or agents. dent, Business Services, upon request, a Certificate of Insurance	o, any claim due to injury and/or
combined single limits of general liability and automobile cover. 7. Neither party shall assign nor delegate any part of this Agreei	age as required by the District.	snowing a minimum \$1,000,000
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 insp with all Federal, State, Municipal and District laws, rules and regula ndent Contractor's business, equipment and personnel engage	tions that are now, or may in the
 The Independent Contractor will be paid by vendor check as a Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD A 	n Independent Contractor. the Originating Administrator, Independent Contractor shall be	, , , , , , , , , , , , , , , , , , , ,
12. AGREED TO AND ACCEPTED:		
Signature of Independent Contractor	Migan Gildea	8/12/16
13. RECOMMENDED:	Trinced Nayle	Date
Jah / Mthl	John M. tchell	8/16/16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:	1 1 A	1 1
Signature of Site Administrator	Printed Name	Date Date
15. APPROVED:		
		<u> </u>
Signature of District Administrator, Business Services	Printed Name	Date
16. ASB Approved Purchase Order #		

Originating Administrator Signature (Blue Ink)

Date

CA#		
CAH		



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	Completed By: Chip Carton	Phone: <u>(630) 521-1981</u>
	Name Email Address Street Address/POB City, State, Zip Code Phone Taxpayer ID/SSN This agreement will be in effect Fr	Anderson, CA 96007
	Services : a. Scope of Work; Provide Office	als for soccer games involving Chico High as the host school
	b Goal (if applicable): Provide st 3. ASB account name(s) paying for service a. CHS Boys Soccer League & Non-League b. CHS Girls Soccer League & Non-League	gue 126/640 \$ \$2,200.00
	invoices, the District will pay the Indep \$ <u>\$ 6,000.00</u> Hourly Rate X <u>1.00</u> (For Flat Rate fees, please place the f	or for services actually rendered and supported by Independent Contractor initiated sendent Contractor not to exceed the payment criteria as follows: # Hours = \$ \$ 6,000.00 Total for Services at rate under "hourly rate" and use "1" for number of hours.) the event of changes to service or other expense types)
	Item:	\$\$ \$\$ Total of Additional Expenses \$\$ \$6,000.00 Grand Total (Services + Additional Expenses)
	Completed BS10A"Certificate of Independe Completed W9 "Request for Taxpayer ID No	
٠.	The segment of the state of the segment of the segm	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

ASB APPROVED PO # ___

SIGNATURE OF ASB OFFICER

HADEL EMBERT COMMITTEE TO THE TENT		
Independent Contractor Name: GSSRA		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 contractor's employees.	th this Independent Contractor Agreement. Independer ns, including Unemployment Insurance, Social Security,	nt Contractor shall assume full responsibility to and Income Taxes with respect to Independen
2. Independent Contractor shall furnish, at his/her own exper-	this Agreement.	
3. 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 v	writing, using Administration Form #3515.6., that crimin	nal background checks have been completed a
per Board Policy #3515.6 prior to commencement of serv Contractor.		
S. Independent Contractor agrees to defend, indemnify and arising in any way out of independent Contractor's neglige damage sustained by Independent Contractor, and/or the lower to the independent Contractor will provide to Assistant Supericombined single limits of general liability and automobile combined.	nce in the performance of this Agreement, including, bu Independent Contractor's employee or agents. intendent, Business Services, upon request, a Certificat	ut not limited to, any claim due to injury and/o
7. Neither party shall assign nor delegate any part of this A ₁ 8. The work completed herein must meet the approval of	greement without the written consent of the other part	ty. ral right of inspection to secure the satisfactor
completion thereof. Independent Contractor agrees to comfuture become applicable to Independent Contractor, In	nply with all Federal, State, Municipal and District laws, r dependent Contractor's business, equipment and per	rules and regulations that are now, or may in th
Agreement or occurring out of the performance of such op 9. The Independent Contractor will be paid by vendor chec	k as an Independent Contractor.	ractor chall be hald within 30 days of receipt of
10. Independent Contractor shall provide an original invoice and authorization of payment forwarded to the CU 11. Either party may terminate this agreement, with or with as of the date of receipt of such notice.	SD Accounts Payable department along with the original	al invoice.
12. AGREED TO AND ACCEPTED:		
Kevi C Conner	Kevin CCONNERS	4-27-14
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
C. Carlos	Chip Carton	6/23/16
Signature of ASB Advisor	Printed Name	Date
14. ARPROVED:	110	1 1/1
	pf full Dul	- Golle
Signature of Site Administrator	Printed Name	Date
15. APPROVED:	7	
Signature of District Administrator,	Printed Name	Date
Business Services	Timesa visins	

CA#		
Ci tii		



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	Cor	mpleted By: Chip Carton		Phone: <u>(53</u>	0) 521-1981		
	1.	This Agreement is made by and between Name: NO	een Chico Unified S	School Distr	rict ASB and:		
		Email Address: Ibi	arrett1524@gmail.com	n			
		Street Address/POB: 7 B	3langueta Ct.				
		City, State, Zip Code: Ch	ico. CA 95928				
		Phone:					
		Taxpayer ID/SSN:					
		Taxpayer 10/3314.					
		This agreement will be in effect From: Location of Services: Chico High	8/1/16	To: 6/30/17			
	2.	Scope of Work to be performed and G Services : a. Scope of Work: Provide Officials					t Contracto
3		b Goal (if applicable); Provide stude B account name(s) paying for services: CHS Boys Baskeball League & NL	ASB account #:		hletic contests as requ mount: \$3,600.00	red by CIF guidelines.	4/
	a. b.	CHS Girls Basketball League & NL	106/615	Š	\$3,600.00		
	C.	CHS Boys Basketball Tournament	610	\$	\$3,000.00		
	inv \$_\$ (Fo Ad Ite	ayment to Independ ent Contractor for roles, the District will pay the Independ 6 10,200.00 Hourly Rate X 1.00 or Flat Rate fees, please place the flat role in the left.	dent Contractor not # Hours = \$_\$ ate under "hourly i	to exceed \$ 10,200.00 rate" and u o service or \$ 0.00	the payment criteria a Total for Services se "1" for number of h other expense types) Total of Additional Ex	s follows: nours.)	
5. C	omplet	ted BS10A"Certificate of Independent C	\$_ onsultant Agreeme			+ Additional Expenses) Attached	S.
6. C	omplet	ted W9 "Request for Taxpayer ID Numb	er/Certification" fo	rm is:	✓ On File	Attached	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name: NCBOA	CA#	
 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 	Independent Contractor Agreement. Independent Contractor Shai uding Unemployment Insurance, Social Security, and Income Taxe:	s with respect to Independent
Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expense, al unless agreed upon under Additional Expenses on page I of this Ag. In the performance of the work herein contemplated, the Indep	reement	
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. Ti	using Administration Form #3515.6 that criminal background ch	necks have been completed as
Contractor. 5. Independent Contractor agrees to defend, Indemnify and hold harising in any way out of Independent Contractor's negligence in the language of the Independent Contractor and for the Independent Contractor.	narmless the District, its Board of Trustees, employees and agents f the performance of this Agreement, including, but not limited to, a need Contractor's employee or agents.	rom any and all liability or loss any claim due to injury and/o
6. Independent Contractor will provide to Assistant Superintende combined single limits of general liability and automobile coverage.	ent, Business Services, upon request, a Certificate of insurance so e as required by the District. Ont without the written consent of the other party.	
8. The work completed herein must meet the approval of the Di	strict and shall be subject to the District's general right of Inspec thall Federal, State, Municipal and District laws, rules and regulation Hent Contractor's business, equipment and personnel engaged	1115 (flat are flow, or fliay in the
9. The Independent Contractor will be paid by vendor check as an 10. Independent Contractor shall provide an original invoice to the CUSD According to the	Independent Contractor. he Originating Administrator. Independent Contractor shall be pa	
12, AGREED TO AND ACCEPTED:	RANDY BARRET	6-25-16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:	Chip Carton	6/23/16
Signature of ASB Advisor	Printed Name	Date
14, APPROVED:	Mich Back	8/4/4
Signature of Site Administrator	Printed Name	Date
15. APPROVED:	l	
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO #		

PRINTED NAME AND TITLE

DATE

CA#			



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	C	Completed By: Chip Carlon, Athletic Director Phone: (630) 521-1981
	1	This Agreement is made by and between Chico Unified School District ASB and: Name: NCB-SOA Email Address: rpeckchico@comcast.net
		Street Address/POB: 2395 Ritchie Circle
		City, State, Zip Code: Chico, CA 95926
		Phone:
		Taxpayer ID/SSN:
		This agreement will be in effect From: 8/1/16 To: 6/30/17 Location of Services: Chico High Fields
	2	Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contracto Services:
		a. Scope of Work: Provide Officials for baseball and softball games involving Chico High as the host school.
	3. A	
	b	CHS Softball League and Non-league 128/605 \$ \$3,000.00
	C	\$
	ir \$	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated envoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$ 6,500.00 Hourly Rate X 1.00 # Hours = \$ \$ 6,500.00 Total for Services For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.)
	It	Additional Expenses (if applicable, in the event of changes to service or other expense types) The many sem: Baseball League and Non-League Officials Softball League and Non-League Officials
		\$\$ 0.00 Total of Additional Expenses \$\$ 6,500.00 Grand Total (Services + Additional Expenses)
5.	Comple	eted BS10A"Certificate of Independent Consultant Agreement" guideline is: On File Attached
6.	Comple	eted W9 "Request for Taxpayer ID Number/Certification" form is:

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

INDEPENDENT CONTRACTOR TERIVIS AND CONDI	Mons	
Independent Contractor Name: NCB/SOA	CA	
 The Independent Contractor will perform said services in compensation or unemployment benefits in connection with a payment of all Federal, State and Local taxes or contributions, 	dependently, not as an employee of the District; therefore, this Independent Contractor Agreement. Independent Contract, including Unemployment Insurance, Social Security, and Incom	tot sugii assittie trii teshousiniită to
unless parend upon under Additional Evnenses on page I of th	se, all labor, materials, equipment and other items necessary to only a size of the same o	
work, the District being interested in the results obtained.	iting, using Administration Form #3515.6. , that criminal backgriss. This requirement also applies to any subcontractors or em	ound checks have been completed a
Contractor. 5. Independent Contractor agrees to defend, indemnify and harising in any way out of Independent Contractor's negligence damage sustained by Independent Contractor, and/or the Ind 6. Independent Contractor will provide to Assistant Superinte combined single limits of general liability and automobile cow? 7. Neither party shall assign nor delegate any part of this Agre 8. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to completure become applicable to Independent Contractor, Inde 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	old harmless the District, its Board of Trustees, employees and a e in the performance of this Agreement, Including, but not limit lependent Contractor's employee or agents. endent, Business Services, upon request, a Certificate of Insur- erage as required by the District. ement without the written consent of the other party. he District and shall be subject to the District's general right of y with all Federal, State, Municipal and District laws, rules and rule pendent Contractor's business, equipment and personnel en ations.	agents from any and all liability or los ted to, any claim due to injury and/o ance showing a minimum \$1,000,00 finspection to secure the satisfactor egulations that are now, or may in this gaged in operations covered by the libe paid within 30 days of receipt or
12. AGREED TO AND ACCEPTED:	RAY PECK	6/27/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:	Chip Carton	6/23/16
Signature of ASB Advisor	Printed Name	Date
14, APPROVED:	Mak Beel	9/6/6
Signature of Site Administrator	Printed Name	Date
15. APPROVED:	1	
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO #		

CA#		
CATT	The second second	



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	Cor	mpleted By: Chip Carton		Phone: (6	530) 521-198	31	
	1.	This Agreement is made by and betwee Name: NC Email Address: Remail Address: Remail Address Pob. City, State, Zip Code: Part Phone: Taxpayer ID/SSN: This agreement will be in effect From: Location of Services: Chico High (PV fit	EOA Football Officials Simbull Shire D. Box 9499- 265 radiae, GA-95967 B	ey(Cm:	Sn.Con CA 959	<u>n</u>	
	2,	Scope of Work to be performed and Go Services : a. Scope of Work: Provide Officials for	oal (Strategic Plan,				ependent Contractor
3,	ASB a, b,	b Goal (if applicable): Provide studen account name(s) paying for services: CHS Athletic Football CHS Football	ASB account #:		athletic co Amount: \$2,85 \$2,15	50.00	guidelines.
4.	inve \$ <u>\$</u> (Fo	yment to Independ ent Contractor for oices, the District will pay the Independe 5,000.00 Hourly Rate X 1.00 r Flat Rate fees, please place the flat ra ditional Expenses (if applicable, in the e	ent Contractor not _# Hours = \$ te under "hourly I	to exceed \$ 5,000.00 rate" and i	I the payr O Total fo use "1" fo	ment criteria as follows: r Services or number of hours.)	Contractor initiated
	Iter	m:	\$ \$ \$_	\$ 5,000.0	O Grand	f Additional Expenses Total (Services + Additiona	al Expenses)
		ed BS10A"Certificate of Independent Co ed W9 "Request for Taxpayer ID Numbe			ine is:	On File Attache	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name: NCOA Football C	Officials 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; therefore, the is Independent Contractor Agreement. Independent Contractor so is including Unemployment Insurance, Social Security, and Income T	shall assume full responsibility fo axes with respect to Independer
unless agreed upon under Additional Expenses on page I of this	all labor, materials, equipment and other items necessary to carr Agreement. ependent Contractor with the authority to control and direct the	
per Board Policy #3515.6 prior to commencement of services.	ng, using Administration Form #3515.6. , that criminal background This requirement also applies to any subcontractors or emplo	
arising in any way out of Independent Contractor's negligence is damage sustained by Independent Contractor, and/or the Independent Contractor is a contractor of the Independent Contractor is a contractor of the Independent Contractor of the Inde		to, any claim due to injury and/o
combined single limits of general liability and automobile covera		snowing a minimum \$1,000,00
completion thereof. Independent Contractor agrees to comply v future become applicable to Independent Contractor, Independent or occurring out of the performance of such operations. The Independent Contractor will be paid by vendor check as a	District and shall be subject to the District's general right of insy with all Federal, State, Municipal and District laws, rules and regul indent Contractor's business, equipment and personnel engage ons. In Independent Contractor.	ations that are now, or may in the ed in operations covered by th
Invoice and authorization of payment forwarded to the CUSD A	the Originating Administrator. Independent Contractor shall be counts Payable department along with the original invoice. cause, upon 30 days' written notice to the other. Vendor shall be	
12. AGREED TO AND AGCEPTED:	Kimball Shirey	7/7/14
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
C. Cartos	Chip Carton	6/23/16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:	Mark Brek	8/4/14
Signature of Site Administrator	Printed Name	Pate
15. APPROVED:		1
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO #		

CA#			
CAH	 	 _	_



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	(Completed By: Chip Carton Phone: (530) 521-1981
	1	This Agreement is made by and between Chico Unified School District ASB and: Name: Northern CA Field Hockey Umpires Association, Inc. Email Address: Street Address/POB: 309 Avocet Ave. City, State, Zip Code: Phone: Taxpayer ID/SSN:
		This agreement will be in effect From: 8/1/16 To: 6/30/17 Location of Services: Chico High
		 Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services: a. Scope of Work: Provide Offiicals for Field Hockey games involving Chico High as the host school.
		b Goal (if applicable): Provide students of CHS with fair and safe athletic contests as required by CIF guidelines. ASB account name(s) paying for services: ASB account #: Amount: CHS Athletic Field Hockey 112 \$ \$1,750.00 CHS Field Hockey 625 \$ \$450.00
	7	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated
		raying to independ the Independent Contractor not to exceed the payment criteria as follows: \$\frac{1}{2},200.00
		Additional Expenses (if applicable, in the event of changes to service or other expense types) tem: \$
5.	Comp	eleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
6.	Comp	leted W9 "Request for Taxpayer ID Number/Certification" form is:

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Northern CA F	Field Hockey Umpires Association, Inc. 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 	ndependently, not as an employee of the District; therefore, th n this Independent Contractor Agreement. Independent Contracto s, including Unemployment Insurance, Social Security, and Income	r shall assume full responsibility for
unless agreed upon under Additional Expenses on page Loft	nse, all labor, materials, equipment and other items necessary to ca this Agreement.	
3. In the performance of the work herein contemplated, the	Independent Contractor with the authority to control and direct t	
If applicable, the Independent Contractor will certify in w per Board Policy #35i5.6 prior to commencement of service Contractor	riting, using Administration Form #3515.6., that criminal backgrounces. This requirement also applies to any subcontractors or emp	loyees utilized by the Independen
arising in any way out of Independent Contractor's negligen	hold harmless the District, its Board of Trustees, employees and ag ce in the performance of this Agreement, including, but not limite	ents from any and all liability or loss d to, any claim due to injury and/o
damage sustained by Independent Contractor, and/or the In 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 Insurar	ice showing a minimum \$1,000,000
7. Neither party shall assign nor delegate any part of this Agr	reement without the written consent of the other party. The District and shall be subject to the District's general right of in	nspection to secure the satisfactory
completion thereof. Independent Contractor agrees to comp future become applicable to Independent Contractor, Ind	oly with all Federal, State, Municipal and District laws, rules and reg ependent Contractor's business, equipment and personnel enga	gulations that are now, or may in the
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 involved.	rations. as an Independent Contractor. e to the Originating Administrator. Independent Contractor shall	be paid within 30 days of receipt o
invoice and authorization of navment forwarded to the CUS	D Accounts Payable department along with the original invoice. out cause, upon 30 days' written notice to the other. Vendor shall	
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:	Stephen Brown	6-28-16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
C. Carto	Chip Carton	6/23/16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:	M/6/ buck	9/4/L
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
ASB APPROVED PO #		

CA#		V
C/ 111		



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

Completed By: Chip Carlon	Phone: (530) 521-1981	
1. This Agreement is made by and between	een Chico Unified School District ASB and: SCOA (Chico Grapplers Association) Markthernesoder & Sharlain, I. net 340 Tuliyani Drive hico, CA 95973	
This agreement will be in effect From: 1 Location of Services: Chico High 2. Scope of Work to be performed and Go	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent C	Contracto
Services: a. Scope of Work: Provide Officials for	for Wrestling matches involving Chico High as the host school	E
a. CHS Athletic Wrestling b. CHS Wrestling CHS Wrestling Tournaments	\$ \$500.00 680 \$ \$6,500.00	nitiated
invoices, the District will pay the Independ \$ <u>\$7,750.00</u> Hourly Rate X <u>1.00</u> (For Flat Rate fees, please place the flat ra	# Hours = \$ <u>\$7,750.00</u> Total for Services rate under "hourly rate" and use "1" for number of hours.)	
Additional Expenses (if applicable, in the elem: Item:	sevent of changes to service or other expense types) \$ \$ \$ \$ \$	
ompleted BS10A"Certificate of Independent C	Consultant Agreement" guideline is:	
ompleted bottom certificate of mask and	74-1-1 (A-1-1-1)	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name: NSCOA (Chico G	rapplers Association)	CA#	
 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, Inc. 	pendently, not as an employee of the Independent Contractor Agreement. Cluding Unemployment Insurance, Soci	al Security, and Income Taxes v	vith respect to Independent
Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expense,	all labor, materials, equipment and other	er Items necessary to carry out t	he terms of this Agreement,
unless agreed upon under Additional Expenses on page I of this A. In the performance of the work herein contemplated, the Inde	Agreement. pendent Contractor with the authority	to control and direct the perfo	rmance 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 #3515.6 prior to commencement of services.	- using Administration Form #3515.6	that criminal background chec	ks have been completed as
Contractor. 5. Independent Contractor agrees to defend, indemnify and hold	harmless the District, its Board of Trus	tees, employees and agents fro ncluding, but not limited to, an	m any and all liability or loss
damage sustained by Independent Contractor, and/or the Indep 6. Independent Contractor will provide to Assistant Superintendent			
1. I standa limite of gonoral liability and automobile covera	ige as required by the District.		
7. Neither party shall assign nor delegate any part of this Agreen 8. The work completed herein must meet the approval of the I completion thereof. Independent Contractor agrees to comply w future become applicable to Independent Contractor, Indepe	nent without the written consent of the District and shall be subject to the District and Shall be subject to the District and District	strict laws, rules and regulation	
Agreement or occurring out of the performance of such operation	ons.		
9. The Independent Contractor will be paid by vendor check as a	the Originating Administrator, Indepe	ndent Contractor shall be paid	within 30 days of receipt o
11. Either party may terminate this agreement, with or without as of the date of receipt of such notice.	cause, upon 30 days' written notice to	the other. Vendor shall be paid	To Work declary portorino
12. AGREED TO AND ACCEPTED:	00 1 11	10	211
	Mark Hen	rande	1/29/16
Signature of Independent Contractor	Printed Name		Date
13. AGREED TO AND ACCEPTED:			
1. 1. A.	Chip Carton		6/23/16
Signature of ASB Advisor	Printed Name		Date
	1	. 1	1
±4. APPROVED:	1 1/1		4/6/6
	1 will	/ed	490
Signature of Site Administrator	Printed Name		Date
15. APPROVED:			
Signature of District Administrator,	Printed Name		Date
Business Services			
ASB APPROVED PO #			

PRINTED NAME AND TITLE

DATE

CA#		
~		



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Co	ompleted By: Chip Carton	Pho	one: <u>(530) 521-198</u>	81	
1.	Name: NC\	VOA-Chico			
	Email Address: _/	nowell-tere	se o yarn	<u>u</u> u, con 1	
	Street Address/POB: 415 City, State, Zip Code: Chl	Ico CA 95973		-	
	Phone:	00, 0A 00010		-	
	Taxpayer ID/SSN:			-	
	This agreement will be in effect From: Location of Services: Chico High		6/30/17		
2.	 Scope of Work to be performed and Go Services: a. Scope of Work: Provide Officials for 				endent Contract
	a. Scope of Work: Provide Officials to	Or Volleyball garries in	volving office (ngir de me	
	b Goal (if applicable): Provide Studen	nts of CHS with fair an	d safe athletic c	contests as required by CIF guidel	ines.
3. AS	SB account name(s) paying for services: . CHS Ath Volleyball	ASB account #:	Amount: \$\$2,2	00.00	ines.
	SB account name(s) paying for services: CHS Ath Volleyball	ASB account #:	Amount: \$\$2,2		ines.
a.	SB account name(s) paying for services; CHS Ath Volleyball CHS Girls Volleyball	ASB account #:	Amount: \$\$2,2	00.00	ines.
a. b. c. 4. P	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor for projects, the District will pay the Independent to the payone of the page 11 and 12 and 13 and 14 and 15	ASB account #: 132 675 or services actually reent Contractor not to # Hours = \$ \$ 4	Amount: \$ \$2,2' \$ \$1,8' \$ endered and su exceed the pay	upported by Independent Contr rment criteria as follows:	
a. b. c. 4. P in \$_ (F	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor forvoices, the District will pay the Independent 4,000.00 Hourly Rate X 1.00 For Flat Rate fees, please place the flat rate	ASB account #: 132 675 or services actually reent Contractor not to # Hours = \$ \$ 4 ate under "hourly rate	Amount: \$ \$2,2' \$ \$1,8' \$ endered and su exceed the pay ,000.00 Total for	upported by Independent Contr rment criteria as follows: or Services for number of hours.)	
a. b. c. 4. P in \$_ (F	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor for projects, the District will pay the Independent to the payone of the page 11 and 12 and 13 and 14 and 15	ASB account #: 132 675 or services actually reent Contractor not to # Hours = \$ \$ 4 ate under "hourly rate	Amount: \$ \$2,2' \$ \$1,8' \$ endered and su exceed the pay ,000.00 Total for	upported by Independent Contr rment criteria as follows: or Services for number of hours.)	
a. b. c. 4. P in \$_ (F	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor for notices, the District will pay the Independent \$4,000.00 Hourly Rate X 1.00 For Flat Rate fees, please place the flat randditional Expenses (If applicable, in the etem:	ASB account #: 132 675 or services actually reent Contractor not to # Hours = \$ \$ 4 ate under "hourly rate	Amount: \$ \$2,2' \$ \$1,8' \$ endered and su exceed the pay ,000.00 Total for	upported by Independent Contr rment criteria as follows: or Services for number of hours.)	
a. b. c. 4. P in \$_ (F	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor for nvoices, the District will pay the Independent \$4,000.00 Hourly Rate X 1.00 For Flat Rate fees, please place the flat randditional Expenses (if applicable, in the expenses)	ASB account #: 132 675 or services actually reent Contractor not to # Hours = \$ \$ 4 ate under "hourly rate	Amount: \$ \$2,21 \$ \$1,81 \$ endered and su exceed the pay .000.00 Total for and use "1" f	upported by Independent Control or Services for number of hours.)	
a. b. c. 4. P in \$_ (F	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor for notices, the District will pay the Independent \$4,000.00 Hourly Rate X 1.00 For Flat Rate fees, please place the flat randditional Expenses (If applicable, in the etem:	ASB account #: 132 675 or services actually reent Contractor not to _# Hours = \$_\$4 ate under "hourly rate event of changes to se \$_\$_\$	Amount: \$ \$2,2' \$ \$1,8' \$ endered and su exceed the pay .000.00 Total for a and use "1" f	upported by Independent Contr rment criteria as follows: or Services for number of hours.)	actor initiated
a. b. c. 4. P in \$ (F A It It	SB account name(s) paying for services: CHS Ath Volleyball CHS Girls Volleyball Payment to Independ ent Contractor for notices, the District will pay the Independent \$4,000.00 Hourly Rate X 1.00 For Flat Rate fees, please place the flat randditional Expenses (If applicable, in the etem:	ASB account #: 132 675 or services actually reent Contractor not to _# Hours = \$ \$ 4 ate under "hourly rate event of changes to se \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount: \$ \$2,2' \$ \$1,8' \$ endered and su exceed the pay,000.00 Total for and use "1" frvice or other e \$ 0.00 Total of 4,000.00 Grand	upported by Independent Controller or Services for number of hours.) expense types)	actor initiated

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

INDEPENDENT CONTRACTOR TERMS AND CORE		
Independent Contractor Name: NCVOA-Chico	ò	CA#
1. 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. 2. Independent Contractor shall furnish, at his/her own expendiculates agreed upon under Additional Expenses on page I of the work herein contemplated, the local taxes of the work herein contemplated, the local taxes of the work herein contemplated.	Independently, not as an employee of the District; a this Independent Contractor Agreement. Independ s, including Unemployment Insurance, Social Securit ase, all labor, materials, equipment and other items in this Agreement. Independent Contractor with the authority to control	ent Contractor shall assume rull responsibility for ry, and Income Taxes with respect to Independent secessary to carry out the terms of this Agreement of and direct the performance of the details of the
4. If applicable, the Independent Contractor will certify in with per Board Policy #3515.6 prior to commencement of service Contractor. 5. Independent Contractor agrees to defend, indemnify and it arising in any way out of Independent Contractor's negligent damage sustained by Independent Contractor, and/or the Info. Independent Contractor will provide to Assistant Superin combined single limits of general liability and automobile coror. Neither party shall assign nor delegate any part of this Agr. 8. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to compfuture become applicable to Independent Contractor, 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 11. Either party may terminate this agreement, with or without as of the date of receipt of such notice.	hold harmless the District, its Board of Trustees, emp ce in the performance of this Agreement, including, dependent Contractor's employee or agents. Itendent, Business Services, upon request, a Certific overage as required by the District. Itendent without the written consent of the other paths District and shall be subject to the District gen by with all Federal, State, Municipal and District laws rependent Contractor's business, equipment and parations.	bloyees and agents from any and all liability or los but not limited to, any claim due to injury and/o cate of insurance showing a minimum \$1,000,000 carty. Beral right of inspection to secure the satisfactor is, rules and regulations that are now, or may in the ersonnel engaged in operations covered by this intractor shall be paid within 30 days of receipt on all invoice.
12. AGREED TO AND ACCEPTED:	Texese Howell	7/5/14
Signature of Independent Contractor	Printed Name	Date
13, AGREED TO AND ACCEPTED:	Chip Carton	6/23/16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:	Mul Beak	elle le
Signature of Site Administrator	Printed Name	Pate
15. APPROVED:	l	
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO #		

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

CONSULTANT AGREEMENT

	A completed B\$1	(click to vie		aepenaent	-	Agreement" Attached If no				
2.	A completed W9 On File	"Request fo (click to vie		er Identifica		er and Certifi Attached if no		n is:		
	This Agreement	to furnish c	ertain cor	sulting ser	vices is ma	de by and be	tween Chico	Unified S	chool Dist	rict and:
	Street Addre City, State, 2	ess/POB: 2	₋yman Ha 2277 Bloc Chico, Ca	mington A	Ave					
	Taxpayer	10 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	This agreemer Location(s) of Fair View High	Services:					to: 1	2/31/2016		
3.	Scope of Work Consultant to Habitat for Hu Consultant will	supervise ` manity, Fu	YouthBui Inding wil	ld students I be provid	s who will led by the	help build on Byrne Jag G	e house pe Grant,		ough	
4.	Goal (Strategic	Plan, Sit	e Plan, C	Other) to	be achiev	ed as a res	ult of Con	sultant S	ervices:	
	YouthBuild stu post-secondar	dents will a y or schoo	attain aca I-to-work.	idemic and	d hands-oi	n skills for the	e purpose (of entering		
5.	Funding/Progr 1) Bryne Jag Gr 2) 3)		cted: (cc	rrespond	ling to ac	counts belo	ow)			
6.	Pct. (%) Fund	d Resou	ırce	Proj/Yr	Goal	Function	Object	Site	Manag	er
	1) 100 0 2) 3)	1 9	9150	0	3800	2490 0	5800 5800 5800	570	6700	
7.	Is there an imp	act to th	e Genera	al Fund, L	Jnrestrict	ed funding		Yes	6) No
							_ \)	C	,
		nsultant:							Itant inii	tiated involces, the
8.	Payment to Co District will pay		ant not t							
8.		y consulta	t, times		#	Units =		\$ 15,0	00.00	Total for Services
	District will pay	y consulta Per Uni		6.00		Units =		\$ 15,0	00.00	Total for Services
	S 2,500.00	y consulta Per Uni		6.00		Units =			00.00	Total of Additional
	S 2,500.00	y consulta Per Uni		6.00	#	Units =		\$ 15,0 \$ 0.00 \$ 15,00		

CONSULTANT TERMS AND CONDITIONS

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

Consultant Name: Lyman Hegan Hagen

- 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.

Axeman Haller	Lyman Hegan	8.17.16
(Signature of Consultant)	(Printed Name)	Date
3. RECOMMENDED:	David McKay, Director	8/17/16
(Signature of Originating Administrator)	(Printed Name)	Date /
(Signature of District Administrator, or Diffector of Caregorical Programs)	Joanne Parsley, Asst. Superintend (Printed Name) Consultant Contract Employee	8-17-16 Date
	Kevin Bultema, Asst. Superintendo	
(Signature of District Admin, Business Services	(Printed Name)	Date
15. Authorization for Payment:		
CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Date	DISPOSITION OF CHECK by Accounts Pa (check released upon completion of se Send to Site Administrator:	rvices)
Full or Final Payment		(Date Check Required)