CA#		
CAIT		



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

	eted By: Doris Luthe	ır			Phone: 891-	3090			
Tł	nis Agreement is n		and between (Name: Tlanna Ha		School Distri	ct and:			
			dress: tlannahay						
			/POB: PO Box 7				-	1	
			Code: Chico, CA					1	
			hone:					1	all)
	Tax	xpayer ID	/SSN:					(0	
Th	is agreement will	be in effe	ect From: 10/1/1	16	To: 12/31/16				
	te Code: 380					of Services: Ins	oire School of Art	s and Sciences	
Se	ope of Work to be rvices (attach sepa Scope of Work:	arate she coordina	et if necessary ating, guest t): eaching, and	choreograp	ohina for Chic	o Inspire Da	ance Team	
b.	Goal (if applicab	I_\. Increas	co contomporany o	vnodence of CLDa	noo Toom		A STATE OF THE STA		
1 u	nding/Program/Gr AME			F					
a. b. c.									
b.								Site	Manager
b.								Site	Manager
b. c.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	100000	
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b. c.	Percent (%) 1 100.00% 2 0.00% 3 0.00%	Fund 09	Resource 9123	Project/Year 0 ervices actual	Goal 3818	Function 1000 and supporte	Object 5800 5800 5800	380 endent Con	8380
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b. c. Parinv \$.	Percent (%) 1 100.00% 2 0.00% 3 0.00% yment to Indeper oices, the District 300.00 Hourl	Fund 09 ndent Co will pay t 7 Rate X lease pla	Resource 9123 ntractor for s he Independe 1.00 ce the flat rat	Project/Year 0 ervices actual nt Contractor H Hours =	Goal 3818 ly rendered not to excee \$ \$300.00 ly rate" and	Function 1000 and supported the payment Total for Seruse "1" for nu	Object 5800 5800 5800 ed by Indepet criteria as forvices	380 endent Confollows:	8380
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b. c. Parinv \$\frac{1}{5} (For Add Iter	Percent (%) 1 100.00% 2 0.00% 3 0.00% yment to Indeper roices, the District 300.00 Hourlor Flat Rate fees, p ditional Expenses m:	Fund 09 Indent Co will pay t Y Rate X Ilease pla (if applic	Resource 9123 Intractor for she Independe 1.00 ce the flat rat able, in the ev of Independe	Project/Year 0 services actual nt Contractor Prours = e under "hour ent of changes are under thous ent of the changes are under the changes are under thous ent of the changes are under thous ent of the changes are under the chan	Goal 3818 ly rendered not to excee \$ \$300.00 ly rate" and s to service of \$ \$0.00 \$ \$300.00 Agreement"	Function 1000 and supported the payment Total for Seruse "1" for nu or other expense Total of Add Grand Total guideline is:	Object 5800 5800 5800 ed by Indepert criteria as forvices (with the company of th	andent Confollows: rs.) ases additional Example 1998	8380 tractor initia

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Tianna Haynie	CA#	
compensation or unemployment benefits in connection with	Independently, not as an employee of the District; therefore, the I h this Independent Contractor Agreement. Independent Contractor sl ns, including Unemployment Insurance, Social Security, and Income Ta	nall assume full responsibility fo
2. Independent Contractor shall furnish, at his/her own experunless agreed upon under Additional Expenses on page I of	nse, all labor, materials, equipment and other items necessary to carry this Agreement. Independent Contractor with the authority to control and direct the p	
work, the District being interested in the results obtained.		
 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 background ces. This requirement also applies to any subcontractors or employ	checks have been completed a ees utilized by the Independen
arising in any way out of Independent Contractor's negligen damage sustained by Independent Contractor, and/or the Infe. Independent Contractor will provide to Assistant Superincombined single limits of general liability and automobile co 7. Neither party shall assign nor delegate any part of this Ag. The work completed herein must meet the approval of tocompletion thereof. Independent Contractor agrees to completion thereof. Independent Contractor, Ind Agreement or occurring out of the performance of such ope 9. The Independent Contractor will be paid by vendor check 10. Independent Contractor shall provide an original invoice Invoice and authorization of payment forwarded to the CUSI	ntendent, Business Services, upon request, a Certificate of Insurance overage as required by the District. reement without the written consent of the other party. the District and shall be subject to the District's general right of inspoly with all Federal, State, Municipal and District laws, rules and regula ependent Contractor's business, equipment and personnel engage parations.	o, any claim due to injury and/o showing a minimum \$1,000,000 ection to secure the satisfactor tions that are now, or may in the d in operations covered by thi
12. AGREED TO AND ACCEPTED:		
James To AND ACCELLED. James To AND ACCELLED. James To AND ACCELLED. James To AND ACCELLED.	Transa Haly-Hayne	10 25 U
13. RECOMMENDED:		
Ann (SM)	Printed Name	11/1/16
Signature of Originating Administrator 14. APPROVED:	rifficed Name /	Date
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	DISPOSITION OF CHECK by Accounts Paya	
(Invoice to accompany payment request): Partial Payment through: Full or Final Payment	(check released upon completion of servi Send to Site Administrator (date): Mail to Independent Contractor	ces)

Originating Administrator Signature (Blue Ink)

CA#			
CATT			



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	uther	With the second		Phone: _ ⁸⁹¹ -				Contract of the second
This Agreement		nd between (lame: Tlanna Ha		chool Distri	ict and:			
		dress: tlannahay						
Str	eet Address	POB: PO Box 7	′ 508				1-	
Cit	y, State, Zip	Code: Chico, CA	95927				190	Maa
	Pl	none:					100	6
	Taxpayer ID,	/SSN:						
This agreement v	vill he in effe	ct From: 1/1/17	7	To: 6/30/17				
Site Code: 380	riii be iii ciic	cerroin,		INTERNATION OF THE PROPERTY OF	of Services: Insp	olre School of Art	s and Sciences	
17.00					or bar ridesi		120 10 10 10 10 10 10 10 10 10 10 10 10 10	
Scope of Work to	be performe	d and Goal (St	trategic Plan, S	ite Plan, Oth	er) to be achie	ved as a resu	t of Indepen	dent Contra
Services (attach s	eparate shee	et if necessary	·):					
a. Scope of Wo	rk:_coordina	ating, guest t	eaching, and	choreograp	phing for Chic	o Inspire Da	ance Team	
One Hin	opatra	te Kee to	- Derrices	Show	n below.			
	0	O						
b. Goal (if appli-	cable); increas	e contemporary ex	xperience of CI Dar	nce Team				
	53.00 (S20) (S2.00 (S2.							
Funding/Program	/Grant Affec	ted Icorresno	nding to accou	inte listed in	itam 4):			
	/ Ulalle Allee	rea Iron esho	Hullig to accou	III I S II S LEU III	ILUIT 41.			
AAAC					2-5-112 - 7 -			
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a. AME b.								
a. AME								
a. AME b.					Function	Object	Site	Manager
a. AME b						Object 5800	Site	Manager
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a. AME b. c. Percent (%) 1 100.00%	Fund	Resource	Project/Year	Goal	Function	5800		
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Tianna Haynie	CA#	
compensation or unemployment benefits in connection with thi	pendently, not as an employee of the District; therefore, the Dis s Independent Contractor Agreement. Independent Contractor sha cluding Unemployment Insurance, Social Security, and Income Taxo	Il assume full responsibility fo
	all labor, materials, equipment and other items necessary to carry o	ut the terms of this Agreemen
unless agreed upon under Additional Expenses on page I of this. 3. In the performance of the work herein contemplated, the Indework, the District being interested in the results obtained.	Agreement. ependent Contractor with the authority to control and direct the pe	rformance of the details of th
4. If applicable, the Independent Contractor will certify in writin per Board Policy #35I5.6 prior to commencement of services.	g, using Administration Form #3515.6. , that criminal background c This requirement also applies to any subcontractors or employee	necks have been completed a s utilized by the Independen
	harmless the District, its Board of Trustees, employees and agents the performance of this Agreement, including, but not limited to,	
damage sustained by Independent Contractor, and/or the Indep	endent Contractor's employee or agents.	
combined single limits of general liability and automobile covera	dent, Business Services, upon request, a Certificate of Insurance sh ge as required by the District.	owing a minimum \$1,000,000
7. Neither party shall assign nor delegate any part of this Agreen 8. The work completed begin must meet the approval of the I	nent without the written consent of the other party. District and shall be subject to the District's general right of inspec	tion to secure the satisfactor
completion thereof. Independent Contractor agrees to comply w	ith all Federal, State, Municipal and District laws, rules and regulation	ons that are now, or may in the
future become applicable to Independent Contractor, Independent or occurring out of the performance of such operation	ndent Contractor's business, equipment and personnel engaged ons.	in operations covered by thi
9. The Independent Contractor will be paid by vendor check as a	n Independent Contractor. the Originating Administrator. Independent Contractor shall be pa	id within 30 days of receipt o
invoice and authorization of payment forwarded to the CUSD Ac	counts Payable department along with the original invoice.	
 Either party may terminate this agreement, with or without of as of the date of receipt of such notice. 	ause, upon 30 days' written notice to the other. Vendor shall be pa	id for work actually performed
12. AGREED TO AND ACCEPTED:		
A A A A	Taraca HAMI Hama	مداده صحاديه
Jiailla Maijill	TIGHTO HOUR - HOUR	10,72/10
Signature of Independent Contractor	Printed Name	Date '
13. RECOMMENDED:		
/ last	Tara 1 (12-5) all	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
Signature of Originating Administrator	Printed Name	Date
14. APPROVED:		
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts Payab	
(Invoice to accompany payment request):	(check released upon completion of service Send to Site Administrator (date):	es)
Partial Payment through: Full or Final Payment	Mail to Independent Contractor	

Originating Administrator Signature (Blue Ink)



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

	ted By: Doris Luth			1	Phone: 891-				
This	s Agreement is		nd between C lame: Kalla Davi		School Distri	ct and:			
		Email Add	ress: kallamara	sco2013@gmall.c	om				
	Stree	et Address/	POB: PO Box 2	73					
	City,	State, Zip (Code: Forest Ra	nch, CA 95942					
			none:						
	Т	axpayer ID,	/SSN:L						
Thi	s agreement wil	ll bo in offo	ct Erom: 10/12	/16	To: 6/7/17				
	Code: 380	i be in ene	cerroin			of Services: Insp	ire		
Sitt	couc.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Location(s)	or ocrytocai			
Sen a.	Scope of Work	: classica	l singing trair						
b.	Goal (if applica	able); student	ts learning new ski	lls					
1998				77					
Fun	ding/Program/	Grant Affec	ted (correspo	nding to accou	unts listed in	item 4):			
-	AME CTE grant								
a.					A CONTRACTOR OF THE				
a. b.									
b.									
b.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	
b.	Percent (%)					Function 1000	5800	Site	Manage 8380
b. c.	Percent (%)	Fund	Resource	Project/Year	Goal		5800 5800		
b. c.	Percent (%)	Fund	Resource	Project/Year	Goal		5800		Manage 8380
b. c.	Percent (%) 1 0.00% 2 0.00% 3 0.00% ment to Indepoices, the Distriction House	Fund 09 endent Co ct will pay t urly Rate X	Resource 9123 ntractor for s he Independe 5.00	Project/Year 0 services actua nt Contractor # Hours =	Goal 3818 Illy rendered not to excee \$\$200.00	1000 I and supported the payment	5800 5800 5800 ed by Indepet criteria as forvices	380 endent Controllows:	8380
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Pay invo \$ 1 (For Add	Percent (%) 0.00% 0.00% 0.00% 0.00% o.00% o.00% o.00% ment to Indepoles, the District of the	Fund 09 endent Coct will pay t urly Rate X please pla	Resource 9123 Intractor for she Independe 5.00 Ice the flat rat	Project/Year 0 services actua nt Contractor # Hours = te under "hou	Goal 3818 Illy rendered not to excee \$\$200.00 rly rate" and as to service of \$\$	l and supported the paymentTotal for Sell use "1" for no	5800 5800 5800 ed by Indepet criteria as forvices umber of hou	380 endent Controllows:	8380
b. c. Pay invo \$ * (For	Percent (%) 0.00% 0.00% 0.00% 0.00% o.00% o.00% o.00% ment to Indepoles, the District of the	Fund 09 endent Coct will pay t urly Rate X please pla	Resource 9123 Intractor for she Independe 5.00 Ice the flat rat	Project/Year 0 services actua nt Contractor # Hours = te under "hou	Goal 3818 Illy rendered not to excee \$\$200.00 rly rate" and as to service \$\$\$	and supported the payment and for Sell use "1" for nutron or other expen	5800 5800 5800 ed by Indepet criteria as forvices imber of house types)	andent Confollows:	8380
b. c. Pay invo \$\$'(For	Percent (%) 0.00% 0.00% 0.00% 0.00% o.00% o.00% o.00% ment to Indepoles, the District of the	Fund 09 endent Coct will pay t urly Rate X please pla	Resource 9123 Intractor for she Independe 5.00 Ice the flat rat	Project/Year 0 services actua nt Contractor # Hours = te under "hou	Goal 3818 Illy rendered not to excee \$\$200.00 rly rate" and es to service 6\$\$\$\$\$(\$\$5,000)\$	and supported the payment of the payment of the payment or other expension of Additional total total of Additional total tot	5800 5800 5800 ed by Indepet criteria as forvices umber of house types)	endent Contollows:	8380 tractor initi
b. c. Pay invo \$\$'(For	Percent (%) 0.00% 0.00% 0.00% 0.00% o.00% o.00% o.00% ment to Indepoles, the District of the	Fund 09 endent Coct will pay t urly Rate X please pla	Resource 9123 Intractor for she Independe 5.00 Ice the flat rat	Project/Year 0 services actua nt Contractor # Hours = te under "hou	Goal 3818 Illy rendered not to excee \$\$200.00 rly rate" and as to service \$\$\$	and supported the payment of the payment of the payment or other expension of Additional total total of Additional total tot	5800 5800 5800 ed by Indepet criteria as forvices imber of house types)	endent Contollows:	8380 tractor initi
Payinvo \$\$ (For Additional Item	Percent (%) 0.00% 0.00% 0.00% 0.00% o.00% o.00% o.00% ment to Indepoles, the District of the	Fund 09 endent Cor ct will pay t urly Rate X please pla es (if applic	Resource 9123 Intractor for she Independe 5.00 Ice the flat rat able, in the ev	Project/Year 0 services actua ent Contractor # Hours = te under "hou yent of change	Goal 3818	and supported the payment of the payment of the payment or other expension of Additional Total Open State of Total of Additional Total Open State of Total Open State	5800 5800 5800 ed by Indeper t criteria as for vices umber of house se types)	andent Confollows: ars.) arses Additional Ex	8380 tractor initi

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Kalla Davidson		CALL
The Independent Contractor will perform said service compensation or unemployment benefits in connection was a service compensation.	es independently, not as an employee of the District; therefor with this independent Contractor Agreement. Independent Cont	ractor shall assume full responsibility
payment of all Federal, State and Local taxes or contribution Contractor's employees.	ons, including Unemployment Insurance, Social Security, and In	come Taxes with respect to Independe
2. Independent Contractor shall furnish, at his/her own expuniess agreed upon under Additional Expenses on page I		
work, the District being interested in the results obtained.		
per Board Policy #35I5.6 prior to commencement of ser Contractor.	writing, using Administration Form #3515.6., that criminal bac vices. This requirement also applies to any subcontractors or	employees utilized by the Independent
arising in any way out of independent Contractor's negligon	nd hold harmless the District, its Board of Trustees, employees a ence In the performance of this Agreement, including, but not I	nd agents from any and all liability or lo imited to, any claim due to injury and/
damage sustained by Independent Contractor, and/or the 6. Independent Contractor will provide to Assistant Super combined single limits of general liability and automobile	rintendent, Business Services, upon request, a Certificate of In:	surance showing a minimum \$1,000,0
7. Neither party shall assign nor delegate any part of this A	Agreement without the written consent of the other party.	
8. The work completed herein must meet the approval o	f the District and shall be subject to the District's general right	of inspection to secure the satisfactor
future become applicable to Independent Contractor. In	nply with all Federal, State, Municipal and District laws, rules an Independent Contractor's business, equipment and personnel	d regulations that are now, or may in the
Agreement or occurring out of the performance of such of	perations.	engages in operations torcice by the
9. The Independent Contractor will be paid by vendor cher	ck as an Independent Contractor. ice to the Originating Administrator. Independent Contractor s	hall he hald within 20 days of secolat
invoice and authorization of payment forwarded to the CL	JSD Accounts Payable department along with the original invoic	e.
11. Either party may terminate this agreement, with or wit	thout cause, upon 30 days' written notice to the other. Vendor s	hall be paid for work actually perform
as of the date of receipt of such notice.		
12. AGREED TO-AND ACCEPTED:		
16000	Kaila Davidson	10171/11
		10/91/10
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
// /1.1	7 1 1	
Gry (M)	_ Serry Ussloy	1/3/16
Signature of Originating Administrator	Printed Name	Date /
14, APPROVED:		
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		
15. APPROVED:		
20.711.110.125		
04	The same services	
Signature of District Administrator,	Printed Name	Date
Business Services		
16. AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Account	s Payable:
Invoice to accompany payment request):	(check released upon completion of	
Partial Payment through:	Send to Site Administrator (date	A STATE OF THE STA
Full or Final Payment	Mail to Independent Contractor	

Originating Administrator Signature (Blue Ink)

CA#				
CUL				



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

	eted By: Doris Luthe	<u>r</u>			Phone: 891-3	090			
Th	is Agreement is n	nade by ar	nd between C	hico Unified S	ichool Distric	t and:			
	•	N:	ame: Donald To	wnley					
			ress: dstownley						
	Street	Address/	POB: 326 Pinon	Way					
	City. S	tate. Zip C	ode: Red Bluff,	CA 96080					
	//		one:						
	Та	xpayer ID/	Marie Communication of the Com						
Th	is agreement will	be in effec	at From: 7/1/16		To: 6/30/17				
	te Code: 380					f Services: Insp	re School of Arts	and Sciences	
	ope of Work to be rvices (attach sep Scope of Work:	arate shee	t if necessary):					
	10011910	00	1						
			September 1				14		Sec. 1
b.	Goal (if applicat	JoV finely tu	ned planos						
a. b.	inding/Program/G general fund		ted (correspo						
C.			- N				*****	-	
Г	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
	1 100,00%	09	0000	0	1110	1000	5800	380	8380
	2 0.00%						5800		
-	3 0.00%						5800		
_						The same of the sa			
in \$\$	nyment to Indepe voices, the District § 145.00 Hour	will pay the Y	ne Independe 3.00	nt Contractor # Hours =	not to excee \$ \$ 435.00	d the payment Total for Ser	criteria as fo vices	llows:	tractor initi
in \$ \$	voices, the District	will pay the Y	ne Independe 3.00	nt Contractor # Hours =	not to excee \$ \$ 435.00	d the payment Total for Ser	criteria as fo vices	llows:	tractor initi
inv \$ <u>\$</u> (Fo	voices, the District 145.00 Hour	will pay the ly Rate X please place	ne Independe 3.00 ce the flat rat	nt Contractor # Hours = e under "hou	not to excee \$ \$ 435.00 rly rate" and	d the payment Total for Ser use "1" for nu	criteria as fo vices mber of hou	llows:	tractor initi
inv \$4 (Fo	voices, the District § 145.00 Hour or Flat Rate fees, I dditional Expenses	will pay the will pay the way and was will pay the was placed as the will pay the w	ne Independe 3.00 ce the flat rat	nt Contractor # Hours = e under "hou	not to excee \$ \$ 435.00 rly rate" and	d the payment Total for Ser use "1" for nu	criteria as fo vices mber of hou	llows:	tractor initi
Inv \$4 (Fo	voices, the District § 145.00 Hour or Flat Rate fees, dditional Expenses em:	will pay the will pay the way and was will pay the was placed as the will pay the w	ne Independe 3.00 ce the flat rat able, in the ev	nt Contractor # Hours = e under "hou	not to excee \$ 435.00 rly rate" and es to service of \$\$	d the payment Total for Ser use "1" for nu	criteria as fo vices mber of hou	llows:	tractor initio
inv \$4 (Fo	voices, the District § 145.00 Hour or Flat Rate fees, I dditional Expenses	will pay the will pay the way and was will pay the was placed as the will pay the w	ne Independe 3.00 ce the flat rat able, in the ev	nt Contractor # Hours = e under "hou	not to excee \$ \$ 435.00 rly rate" and	d the payment _Total for Ser use "1" for nu or other expens	criteria as fo vices mber of hou se types)	llows: rs.)	tractor initi
inv \$4 (Fe	voices, the District § 145.00 Hour or Flat Rate fees, dditional Expenses em:	will pay the will pay the way and was will pay the was placed as the will pay the w	ne Independe 3.00 ce the flat rat able, in the ev	nt Contractor # Hours = e under "hou	not to excee \$ 435.00 rly rate" and es to service of \$\$	d the paymentTotal for Ser use "1" for nu or other expensTotal of Add	criteria as fo vices mber of hou	illows: rs.)	
(For Acceptance Internal Inter	voices, the District § 145.00 Hour or Flat Rate fees, dditional Expenses em:	will pay the second se	ne Independe 3.00 ce the flat rat able, in the ev	nt Contractor # Hours = e under "hou ent of change	not to excee \$ \\$ 435.00 rly rate" and es to service \$ \\$ \\$ \\$ \\$ 0.00 \$ \\$ \\$ \\$ \\$ 435.00	d the paymentTotal for Ser use "1" for nu or other expens Total of Ado Grand Total	criteria as fo vices mber of hou se types) litional Exper (Services + A	illows: rs.)	
find (Fr Act Ite	voices, the District \$ 145.00 Hour or Flat Rate fees, dditional Expenses em:	will pay the trip Rate X please place s (if applicate Certificate	ne Independe 3.00 ce the flat rat able, in the ev	nt Contractor # Hours = e under "hou rent of change	not to excee \$ \\$ 435.00 rly rate" and es to service \$ \\$ \$ \\$ 0.00 \$ \\$ 435.00 \$ Agreement"	d the paymentTotal for Ser use "1" for nu or other expens Total of Ado Grand Total guideline is:	criteria as fo vices mber of hou se types) ditional Exper (Services + A	ollows: rs.) nses additional Ex	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Amount

Independent Contractor Name: Don Townley	CA#	
compensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, in	pendently, not as an employee of the District; therefore, the Di is Independent Contractor Agreement. Independent Contractor shi Including Unemployment Insurance, Social Security, and Income Tax	all assume full responsibility fo
Contractor's employees.	The state of the s	
	all labor, materials, equipment and other items necessary to carry o	ut the terms of this Agreemen
[18] [18] [18] [18] [18] [18] [18] [18]	Agreement. ependent Contractor with the authority to control and direct the po	erformance of the details of th
work, the District being interested in the results obtained.	- oder Adeleter to grant garle C. H. A. et al. I.	
	ig, using Administration Form #3515.6., that criminal background of This requirement also applies to any subcontractors or employe	
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 los
	the performance of this Agreement, Including, but not limited to,	any claim due to injury and/o
damage sustained by Independent Contractor, and/or the Indep		
combined single limits of general liability and automobile covera	dent, Business Services, upon request, a Certificate of Insurance s	nowing a minimum \$1,000,00
7. Neither party shall assign nor delegate any part of this Agreen		
	District and shall be subject to the District's general right of inspe-	tion to secure the satisfactor
completion thereof. Independent Contractor agrees to comply w	ith all Federal, State, Municipal and District laws, rules and regulati	ons that are now, or may in th
	ndent Contractor's business, equipment and personnel engaged	In operations covered by thi
Agreement or occurring out of the performance of such operations. The Independent Contractor will be paid by vendor check as a		
	n independent contractor. the Originating Administrator. Independent Contractor shall be pa	ald within 30 days of receipt o
invoice and authorization of payment forwarded to the CUSD Ac		na mann 30 days of receipt o
그것 이 아이 오늘 내용을 하는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	ause, upon 30 days' written notice to the other. Vendor shall be pa	id for work actually performed
as of the date of receipt of such notice.		
12 ACREED TO AND ACCEPTED.		
12. AGREED TO AND ACCEPTED:		
Donalds. Towney	DONALD S. TOWNLEY	10/28/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
7		
Channe bedde	Terral (PS)OU	11/1/16
Signature of Originating Administrator	Printed Name	Date
Signature of Originating Administrator	rinted fante	Date
14. APPROVED:		
Signature of District Administrator OR	Printed Name	Date
Director of Categorical Programs		7.37.7
15. APPROVED:		
	A complete to the second secon	
Signature of District Administrator,	Printed Name	Date
Business Services		
16, AUTHORIZATION FOR PAYMENT		
CHECK REQUIRED	DISPOSITION OF CHECK by Accounts Payab	le:
(Invoice to accompany payment request):	(check released upon completion of service	es)
Partial Payment through:	Send to Site Administrator (date):	420
Full or Final Payment	Mail to Independent Contractor	
\$		

Originating Administrator Signature (Blue Ink)

ICA#			



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

Co	mpleted By: Doris Lulher	Phone: 891	-3090	
1.	This Agreement is made by and between Chico Un Name: Justin Thomson	nified School Distr	ict Inspire School of Arts and Scien	nces and:
	Email Address: Wattvo Hyce Street Address/POB: 1140 Arcadlan Ave	nson 58 @ gw	wil. com	
	City, State, Zip Code: Chlco, CA 95926			
	Phone:			
	Taxpayer ID/SSN:			
	This agreement will be in effect From: 10/24/16 Site Code: 380	To: 11/3/16	of Services; Inspire School	of Arts and Sciences
	Site Code:	Location(s)	of Services, Inspire oction	And and ociences
2.	Scope of Work to be performed and Goal (Strategic Services (attach separate sheet if necessary):	Plan, Site Plan, Ot	her) to be achieved as a resu	ult of Independent Contracto
	a. Scope of Work: sound board operator one-time flat rate fee for	Survices, S	noun below.	
	b. Goal (if applicable): great sound at the Fall Music Conc	ert		4
3.	ASB Account(s) Affected a. Fall Music Concert		ASB Account #	Percentage 100.00%
	b			0.00%
	С.			0.00%
4.	Payment to Independent Contractor for services invoices, the District will pay the Independent Cont \$ 200.00 Hourly Rate X 1.00 Hourly Rate X	tractor not to exce	ed the payment criteria as Total for Services	follows:
	(For Flat Rate fees, please place the flat rate unde	r "hourly rate" an	d use "1" for number of ho	ours.)
	Additional Expenses (if applicable, in the event of cliem:	changes to service	or other expense types)	
	Item:	\$		
		\$ 0.00	Total of Additional Exp	enses
		\$ 200.00	Grand Total (Services +	Additional Expenses)
5.	Completed BS10A "Certificate of Independent Cons	sultant Agreemen	t" guideline is: ✓ On File	Attached
6.	Completed W9 "Request for Taxpayer Identification	n Number/Certific	ation" form is: 🗸 On File	Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Justin Tho	omson	#
 The Independent Contractor will perform said service compensation or unemployment benefits in connection w payment of all Federal, State and Local taxes or contribution 	es Independently, not as an employee of the District; therefore, the vith this Independent Contractor Agreement. Independent Contractorons, including Unemployment Insurance, Social Security, and Income	r shall assume full responsibility for
Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expuniess agreed upon under Additional Expenses on page 1 of the contractor shall furnish.	pense, all labor, materials, equipment and other items necessary to car	rry out the terms of this Agreemen
	he Independent Contractor with the authority to control and direct th	ne performance of the details of th
4. If applicable, the independent Contractor will certify in	writing, using Administration Form #3515.6., that criminal backgrou vices. This requirement also applies to any subcontractors or empl	ind checks have been completed a loyees utilized by the Independer
arising in any way out of Independent Contractor's neglig- damage sustained by Independent Contractor, and/or the 6. Independent Contractor will provide to Assistant Super combined single limits of general liability and automobile 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 cor	rintendent, Business Services, upon request, a Certificate of Insurance coverage as required by the District. Agreement without the written consent of the other party. If the District and shall be subject to the District's general right of in hippy with all Federal, State, Municipal and District laws, rules and regundependent Contractor's business, equipment and personnel engage	d to, any claim due to injury and/c ce showing a minimum \$1,000,00 spection to secure the satisfactor ulations that are now, or may in th
invoice and authorization of payment forwarded to the CL	ck as an Independent Contractor, ice to the Originating Administrator, Independent Contractor shall b ISD Accounts Payable department along with the original invoice. Thout cause, upon 30 days' written notice to the other. Vendor shall b	
12. AGREED TO AND ACCEPTED:		
- Just N Jan	Justin Thomson	10/31/16
Signature of Independent Contractor	Printed Name	Date /
13. RECOMMENDED:		1 1
May Con Im	Mary Lou Lim	11/3/16
Signature of ASB Advisor	Printed Name	Date /
14. APPROVED:		
Chry (sy	Jerry Crosley	11/1/16
Signature of Site Administrator	Printed Name/	Date
16. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
16. ASB Approved Purchase Order #		
Signature of ASB Accounting Technician	Originating Administrator Signature (Blue Ink)	Date

Originating Administrator Signature (Blue Ink)

ICA#			
ICATI			



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Cor	mpleted By: _Doris Luther	Phone: 891-3090	
1.	This Agreement is made by and between Chico Uni Name: Donald Townley	ified School District Inspire School of Arts and Scien	ices and:
	Email Address: dstownley@gmail.com	m	
	Street Address/POB: 326 Pinon Way		
	City, State, Zip Code: Red Bluff, CA 96080		
	Phone:		
	Taxpayer ID/SSN:		
	This agreement will be in effect From: 7/1/16 Site Code: 380	To: 6/30/17 Location(s) of Services: Inspire School of	of Arts and Sciences
2.	Scope of Work to be performed and Goal (Strategic F Services (attach separate sheet if necessary):	Plan, Site Plan, Other) to be achieved as a resu	ılt of Independent Contractor
	a. Scope of Work: plano tuning	shown bolow.	
		A CONTRACTOR OF THE PARTY OF TH	100,00
	b. Goal (if applicable): finely tuned plano		
3.	ASB Account(s) Affected	ASB Account #	Percentage
	a. various (Orchestra, Musical Theatre, Cholr)		100.00%
	b		0.00%
	с		0.00%
4.	Payment to Independent Contractor for services invoices, the District will pay the Independent Contr \$ 145.00 Hourly Rate X 3.00 # Hours	ractor not to exceed the payment criteria as f	pendent Contractor initiated follows:
	(For Flat Rate fees, please place the flat rate under	"hourly rate" and use "1" for number of ho	urs.)
	(10) That that a read) produce prince the that rate answer		
	Additional Expenses (if applicable, in the event of cl	hanges to service or other expense types)	
	Item:	\$	
	Item:	\$	
		\$ 0.00 Total of Additional Expe	enses
		\$ 435.00 Grand Total (Services +	
5.	Completed BS10A "Certificate of Independent Cons	ultant Agreement" guideline is: 🗸 On File	Attached
6.	Completed W9 "Request for Taxpayer Identification	Number/Certification" form is: On File	Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name: Donald Town	ley	ICA#
 The Independent Contractor will perform said services inc compensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, Contractor's employees. 	his Independent Contractor Agreement, Independent	erefore, the District is not liable for worker's
2. Independent Contractor shall furnish, at his/her own expense unless agreed upon under Additional Expenses on page I of this	e, all labor, materials, equipment and other items nece s Agreement	ssary to carry out the terms of this Agreement,
3. In the performance of the work herein contemplated, the indwork, the District being interested in the results obtained.		nd direct the performance of the details of the
4. If applicable, the Independent Contractor will certify in writi per Board Policy #3515.6 prior to commencement of services	ng, using Administration Form #3515.6., that crimina	Il background checks have been completed as
Contractor.		
Independent Contractor agrees to defend, Indemnify and hol arising in any way out of Independent Contractor's negligence damage sustained by Independent Contractor, and/or the Inde	in the performance of this Agreement, including, but	not limited to, any claim due to injury and/or
6. Independent Contractor will provide to Assistant Superinter	ndent, Business Services, upon request, a Certificate	of Insurance showing a minimum \$1,000,000
combined single limits of general liability and automobile cover 7. Neither party shall assign nor delegate any part of this Agree	ment without the written consent of the other party.	
The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply	with all Federal, State, Municipal and District laws, rule	es and regulations that are now, or may in the
future become applicable to Independent Contractor, Indepe Agreement or occurring out of the performance of such operati		nnel engaged in operations covered by this
The Independent Contractor will be paid by vendor check as 10. Independent Contractor shall provide an original invoice to		ctor shall be paid within 30 days of receipt of
invoice and authorization of payment forwarded to the CUSD A 11. Either party may terminate this agreement, with or without as of the date of receipt of such notice.	ccounts Payable department along with the original in	nvoice.
12. AGREED TO AND ACCEPTED:		
De al & Im - has	DONAL & C. Transland	in hely
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:		
May don In.	Mary Con Linn	1/3/1/2
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		
Thomas Coly	Jern Umslay	. 1.111
Signature of Site Administrator	Printed Name	Date/
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
L6. ASB Approved Purchase Order #		

Originating Administrator Signature (Blue Ink)



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Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor (attach separate sheet if necessary): a. Scope of Work: Charter School Proposition 39 Facilities Requests b. Goal (if applicable): Meet Proposition 39 Requirements Funding/Program/Grant Affected (corresponding to accounts listed in item 4): a. Developer Fees b. C. Percent (%) Fund Resource Project/Year Goal Function Object Site Manage 1 100.00% 25 0000 0 00000 7200 5800 570 6100 2 0.00% 5800 5800 3 0.00% 5800 5800 Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initinvoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\$ \$60.00 Hourly Rate \$6.67 # Hours = \$,\$4.000.00 Total for Services For Flat Rate fees, please place the flat rate under "hourly rate" and use "1" for number of hours.) Additional Expenses (if applicable, in the event of changes to service or other expense types)	-1		- David Grander		Phone:				
Street Address/POB: 649 Balley Croek Dive City, State, Zip Code: Lake Almanor, CA 96137 Phone: Taxpayer ID/SSN: This agreement will be in effect From: 11/4/16 To: 3/31/16 Location(s) of Services: Facilities & Construction Dept. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contraservices (attach separate sheet if necessary): a. Scope of Work: Charter School Proposition 39 Facilities Requests b. Goal (if applicable): Meel Proposition 39 Requirements Funding/Program/Grant Affected (corresponding to accounts listed in item 4): Developer Fees b. C. Percent (%) Fund Resource Project/Year Goal Function Object Site Manage 1 100.00% 25 0000 0 00000 7200 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 3 0.00% 5800 570 6100 Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initinvoices, the District will pay the independent Contractor not to exceed the payment criteria as follows: \$\$ 580.00	inis Agreement	ls made by a	nd between G lame: Mary K. L	hico Unified !	School Distri	et and:		2965	
Street Address/POB: 649 Balley Croek Dive City, State, Zip Code: Lake Almanor, CA 96137 Phone: Taxpayer ID/SSN: This agreement will be in effect From: 11/4/16 To: 3/31/16 Location(s) of Services: Facilities & Construction Dept. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contraservices (attach separate sheet if necessary): a. Scope of Work: Charter School Proposition 39 Facilities Requests b. Goal (if applicable): Meel Proposition 39 Requirements Funding/Program/Grant Affected (corresponding to accounts listed in item 4): Developer Fees b. C. Percent (%) Fund Resource Project/Year Goal Function Object Site Manage 1 100.00% 25 0000 0 00000 7200 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 2 0.00% 5800 570 6100 3 0.00% 5800 570 6100 Payment to Independent Contractor for services actually rendered and supported by Independent Contractor initinvoices, the District will pay the independent Contractor not to exceed the payment criteria as follows: \$\$ 580.00		Email Add	dress:						
City, State, Zip Code: _Lake Almanor, CA 96137	St	reet Address/	POB: 649 Bailey	.Creek Drive					
Phone: Taxpayer ID/SSN: This agreement will be in effect From: 11/4/16 To: 3/31/16 Location(s) of Services: Facilities & Construction Dept. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor (attach separate sheet if necessary): a. Scope of Work: Charter School Proposition 39 Facilities Requests b. Goal (if applicable): Meet Proposition 39 Requirements Funding/Program/Grant Affected (corresponding to accounts listed in item 4): a. Developer Fees b. Co. Percent (%) Fund Resource Project/Year Goal Function Object Site Manage 1 1 100.00% 25 0000 0 0000 7200 5800 570 8100 1 2 0.00% 5800 570 8100 1 2 0.00% 5800 570 8100 1 2 0.00% 5800 570 8100 1 2 0.00% 5800 570 8100 1 2 0.00% 5800 570 8100 1 2 0.00% 5800 5800 570 8100 1 3 0.00% 5800 5800 570 8100 1 3 0.00% 5800 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 3 0.00% 5800 570 8100 1 4 0.00% 5800 570 8100 1 5 0.00% 580	Cit	ty, State, Zip (Code: Lake Alma	anor, CA 96137					
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INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Mary K. Leary

CA#

- 1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.
- 2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page I of this Agreement.
- 3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
- 4. If applicable, the Independent Gontractor will certify in writing, using Administration Form #3515.6., that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.
- 5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.
- 6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District.
- 7. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.
- 8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are:now, or may in the future become applicable to Independent Contractor, Independent Contractor's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.
- 9. The Independent Contractor will be paid by vendor check as an Independent Contractor.
- 10. Independent Contractor shall provide an original invoice to the Originating Administrator. Independent Contractor shall be paid within 30 days of receipt of Invoice and authorization of payment forwarded to the CUSD Accounts Payable department along with the original Invoice.
- 11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:		
Signature of Independent Contractor	Mary K. Leary Printed Name	//-7-/6 Date
13. RECOMMENDED:	· 7	/ 1
Signature of Originating Administrator	Julia M. Kistle Printed Name	11/9/16 Date:
14. APPROVED:		
Signature of District Administrator OR Director of Categorical Programs	Printed Name	Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	
16. AUTHORIZATION FOR PAYMENT CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Link or Final Payment	DISPOSITION OF CHECK by Accounts P (check released upon completion of se Send to Site Administrator (date): Mail to Independent Contractor	ervices)
\$Amount	Originating Administrator Signature (Blue Ink)	