AGENDA ITEM:	Independent Contractor Agreements
Prepared by:	Kevin Bultema, Assistant Superintendent
x Consent	Board Date December 14, 2016
Information Or	nly
Discussion/Act	tion

Background Information

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

- Donna Henderson (PVHS, ASB)
- Candace LiVolsi (CHS, ASB)
- Michelle Mori (Secondary Sites)
- Michael Neasham (CJHS, ASB)
- Dylan Smith (Inspire, ASB)
- Sandy McWhorter (Inspire)
- Aidan Sobon (Inspire, ASB)

Educational Implications

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

Fiscal Implications

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

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Со	mpleted By: Tim Keating	Phone: (530) 891-3050	
1.	This Agreement is made by and between Chico Unifi Name: Donna Henderson	ed School District Pleasant Valley High Scho	ool and:
	Email Address: pvcoachdonna@gma	all.com	
	Street Address/POB: 3060 Viento Drive		
	City, State, Zip Code: Chico, CA 95973		
	Phone:		
	Taxpayer ID/SSN:		
	This agreement will be in effect From: 11/28/16 Site Code: 020	To: 12/31/16 Location(s) of Services: Pleasant Val	lley High School
2.	Scope of Work to be performed and Goal (Strategic Pla Services (attach separate sheet if necessary): a. Scope of Work: Tournament Director for 2 Boys Basket each tourney.		
3.	ASB Account(s) Affected	ASB Account #	Percentage 100,00%
			0.00%
	b		0.00%
4.	Payment to Independent Contractor for services ac invoices, the District will pay the Independent Contract \$2.00 Hourly Rate X 300.00 # Hours = (For Flat Rate fees, please place the flat rate under "h	ctor not to exceed the payment criteria as \$600.00 Total for Services	follows:
			•
	Additional Expenses (if applicable, in the event of cha	NY 12 (2.2)	
	Item:	\$	
	Item:	\$	
		\$ 0.00 Total of Additional Exp \$ 600.00 Grand Total (Services	
5.	Completed BS10A "Certificate of Independent Consult	ant Agreement" guideline is On File	Attached
6,	Completed W9 "Request for Taxpayer Identification N	umber/Certification" form is: On File	Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name:	ICA#	
The Independent Contractor will perform said services ind compensation or unemployment benefits in connection with ti	lependently, not as an employee of the District; therefore, the Inis Independent Contractor Simple Including Unemployment Insurance, Social Security, and Income Ta	nall assume full responsibility for
2. Independent Contractor shall furnish, at his/her own expense unless agreed upon under Additional Expenses on page I of this	, all labor, materials, equipment and other items necessary to carry	out the terms of this Agreement,
In the performance of the work herein contemplated, the Inc work, the District being interested in the results obtained.	dependent Contractor with the authority to control and direct the p	
 If applicable, the Independent Contractor will certify in writi per Board Policy #3515.6 prior to commencement of services. Contractor. 	ng, using Administration Form #35IS.6., that criminal background . This requirement also applies to any subcontractors or employ	checks have been completed as sees utilized by the Independent
	d harmless the District, its Board of Trustees, employees and agent in the performance of this Agreement, including, but not limited to pendent Contractor's employee or agents	
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.	
completion thereof. Independent Contractor agrees to comply v	District and shall be subject to the District's general right of inspo with all Federal, State, Municipal and District laws, rules and regular endent Contractor's business, equipment and personnel engaged	tions that are now, or may in the
9. The Independent Contractor will be paid by vendor check as		and within 20 days of sociate of
invoice and authorization of payment forwarded to the CUSD A	ccounts Payable department along with the original invoice.	
as of the date of receipt of such notice.	cause, upon 30 days' written notice to the other. Vendor shall be p	ald for work actually performed
12. AGREED TO AND ACCEPTED:	Donnattenderson	11/20/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED: Signature of ASB Advisor	Stefanie Volk-	11 28 1 U
14. APPROVED:	,,,,,,,	
Signature of Site Administrator	T Shaphand Printed Name	u 2011
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
16. ASB Approved Purchase Order # 17328		

Originating Administrator Signature (Blue Ink)

Date



ICA#





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Co	mpleted By: Jenise Coon	Phone: 891	-3027	
1.	This Agreement is made by and between Chico Unifi Name: Candace LiVolsi	ied School Distri	ict	and:
	Email Address: ajoyfulharp@gmail.c	com		
	Street Address/POB: PO Box 492046			
	City, State, Zip Code: Redding. CA 96049			
	Phone:			
	Taxpayer ID/SSN:			
	This agreement will be in effect From: 12/15/16	To: 1/15/17		
	Site Code: 010	Location(s)	of Services: CHS	
	Scope of Work: Rehearsals and performance accompanies			
	b. Goal (if applicable):			
3.				
5,	ASB Account(s) Affected a. Choral Music		ASB Account # 401	Percentage
				0.00%
	b			0.00%
4.	Payment to Independent Contractor for services a invoices, the District will pay the Independent Contra			
	\$350.00 Hourly Rate X 1.00 # Hours =		Total for Services	, 101104131
	(For Flat Rate fees, please place the flat rate under "			ours.)
	Additional Expenses (if applicable, in the event of cha	anges to service	or other expense types)	
	Item:	\$		
	Item:	\$		
		\$ 0.00	Total of Additional Exp	penses
		\$ <u>350.00</u>	Grand Total (Services	+ Additional Expenses)
5.	Completed BS10A "Certificate of Independent Consul	ltant Agreement	" guideline is: On File	✓ Attached
6.	Completed W9 "Request for Taxpayer Identification N	Number/Certifica	ation" form is: On File	✓ Attached

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

ICA# Independent Contractor Name: 1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page I of this Agreement. 3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6., that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent 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.	Candace LiVolsi	11/8/2016
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED: Signature of ASB Advisor	Jenise Coon Printed Name	111416 Date
Signature of Site Administrator 15. APPROVED:	Printed Name	11-17-16 Date
Signature of District Administrator, Business Services	Printed Name ASBEXECUTIVE OUNCIL	Date
QQ IS	20) Agriffill	11-17-16
16, ASB-Approved Purchase Order # Signature of ASB Accounting Technician	Originating Administrator Signature (Blue Ink)	11"/7-16 Date

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Independent Contractor Agreement

n	pleted By:	Ann bio	uany			Phone: (530) 891-3050			
	This Agree	ment i	s made by a	nd between C	Chico Unified S	ichool Distri	ct and:			
			N	ame: Michelle M	Mori					
			Email Add	ress: michellen	nori08@gmail.com	Table land	Level			
		Str	eet Address/	POB: 216 W Sa	cramento Avenue	, Apt#B				
		City	,, State, Zip (Code: Chico, Ca	95926					
				none:						
			Taxpayer ID,	/SSN: <u></u>						
	This agree	ment w	ill be in effe	ct From: 1/9/17	7	To: 5/31/17				
	Site Code:	6700				Location(s)	of Services: Sec	condary Sites		
						Site Plan, Oth	ner) to be achiev	ved as a resu	ılt of Indepei	ndent Contra
				et if necessary					L II. IZI EANI	
	a. Scope	of Wo	rk: Tohacco L	Ise Prevention I	Education grant	"Tobacco Pre	vention Specialist mplementation of	<u>" will meet wil</u> all TUPF orai	n ine KLEAN : nt activities as	siudeni groups. needed.
	+		PVHS and	CHS on a week	kiy basis, and w	ili assist with i	inplementation of	all TOT L gra	in delivities do	necded.
	-								Piur	
		ı <i>c</i> 11	L.L. V. odupali	ion, and preventio	n of tobarro use					
	b. Goal (it appile	cable); educati	ion, and preventio	II of tobacco doc					
	(A) 45 45		1 1				- !4 4\.			
	a. 01-669 b	0-0-1110-	-3900-5800-570-	6700	onding to acco					
	a. 01-669 b	0-0-1110-	-3900-5800-570-	6700				Object	Site	Manager
	a. 01-669 b. c. Perce	0-0-1110-	-3900-5800-570- Fund	Resource	Project/Year	Goal	Function	Object 5800	Site 570	Manager
	a. 01-669 b. c. Perco	0-0-1110-	-3900-5800-570-	6700				5800	Site 570	Manager 6700
	a. 01-669 b. c. Perco	0-0-1110-	-3900-5800-570- Fund	Resource	Project/Year	Goal	Function			310(120)3
	a. 01-669 b. c. Perc. 1 100% 2 0% 3 0%	0-0-1110- ent (%)	3900-5800-570- Fund	Resource 8690	Project/Year	Goal 1110	Function 3900	5800 5800 5800	570	6700
	a. 01-669 b. c. Perc. 1 100% 2 0% 3 0%	ent (%)	9900-5800-570-	Resource 6690	Project/Year	Goal 1110 ally rendere	Function 3900 d and support	5800 5800 5800 ed by Inde	570 pendent Cor	6700
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	a. 01-669 b. c. Perco 1 100% 2 0% 3 0% Payment invoices, t	ent (%) to Inde	Fund o1 ependent Co	Resource 6690	Project/Year	Goal 1110 ally rendere	Function 3900 d and support	5800 5800 5800 ed by Indept criteria as	pendent Corfollows:	6700
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	a. 01-669 b. c. Perco 1 100% 2 0% 3 0% Payment invoices, t \$ 20.00 Additional Item:	ent (%) to Inde he Dist Ra	Fund ot ependent Co rict will pay t ate X 175,00 ases (if applic	Resource 6690 Intractor for the Independe Quanticable, in the example of the second s	Project/Year 2*() services actual ent Contractor ity Hours vent of change	Goal 1110	Function 3900 d and supported the paymen 3,500.00 Tor other expen	5800 5800 5800 ed by Indept criteria as otal for Sense types)	pendent Corfollows; vices	6700
	a. 01-669 b. c. Perco 1 100% 2 0% 3 0% Payment invoices, t \$ 20.00 Additional Item:	ent (%) to Inde he Dist Ra I Expen	Fund o1 ependent Co rict will pay t ate X 175,00 ases (if applic	Resource 6690 Intractor for the Independe Quantitable, in the example of Independent Resource	Project/Year Project/Year Services actual ent Contractor ity Hours vent of change ent Consultan	Goal 1110	Function 3900 d and supported the paymen 3,500.00 T or other expen Total of Ad Grand Total	5800 5800 5800 ed by Indept criteria as otal for Sense types) ditional Exp	pendent Cor follows: vices enses - Additional I	e700

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

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

as of the date of faculty of saciffication		
12. AGREED TO AND ACCEPTED:		
MMU MMi	Michelle Mori	12/5/16
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	Ann Brodsky	12/15/16
Signature of Originating Administrator	Printed Name	Date ' '
14. APPROVED:	John Bohannon	12/7/16
Algnature of District Administrator OR Director of Categorical Programs 15. APPROVED:	Printed Name	Date
Signature of District Administrator, Business Services	Printed Name	Date
16. AUTHORIZATION FOR PAYMENT CHECK REQUIRED (Invoice to accompany payment request): Partial Payment through: Full or Final Payment	DISPOSITION OF CHECK by Accounts Pay Check released upon completion of serv Send to Site Administrator (date): Mail to Independent Contractor	
\$		
Amount	Originating Administrator Signature (Blue Ink)	Date

- 4 44			
CA#			
CAI			_



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	1.	This Agreement is ma	de by and betwe	en CUSD - CJHS A	SB and:	
			2.7 (2.1) (2.1) (3.1) (3.1)	hael Neasham		
				sham.mike@gma		
				5 Stonybrook Driv	θ	
		City, Sta	te, Zip Code: Rec	d Bluff, CA 96080		
			Phone:			
		Taxp	ayer ID/SSN:			
		This agreement will be	in effect From: _	1/1/16	To: 5/31/17	<u> </u>
		Location of Services:	Chico Junior Hig	gh gym		
	2.	Scope of Work to be p Services : a. Scope of Work:	Square dance o	aller for all day fina	al western day	r) to be achieved as a result of Independent Contractor dance. This is for all CJHS students to participate in Friday, February 3, 2017.
3,	. ASB	account name(s) payin		ity for the students ASB account #: 444	Amou	r square dance abilities with a live caller, int: \$300.00
	2					
	a.				Š	
	b.	1 L Oldb			\$	
					\$	
4	b. c. Pay inve	yment to Independ en oices, the District will pa 300.00 Hourly Rate	t Contractor for ay the Independe	services actually nt Contractor not # Hours = \$	to exceed the \$ 300.00 Tot	d supported by Independent Contractor initiated payment criteria as follows: al for Services 1" for number of hours.)
4	b. c. Pay invo \$ \$ (Fo	yment to Independ en oices, the District will pa 300.00 Hourly Rate r Flat Rate fees, please ditional Expenses (if ap m:	t Contractor for ay the Independe X 1.00 place the flat rat	services actually nt Contractor not # Hours = \$ e under "hourly ra	to exceed the \$ 300.00 Tot ate" and use " service or othe	d supported by Independent Contractor initiated payment criteria as follows: al for Services 1" for number of hours.) er expense types)
4	b. c. Pay invo \$ \$ (Fo	yment to Independ en oices, the District will pa 300.00 Hourly Rate r Flat Rate fees, please ditional Expenses (if ap m:	t Contractor for ay the Independe X 1.00 place the flat rat	services actually nt Contractor not # Hours = \$ e under "hourly ra	to exceed the \$ 300.00 Tot here" and use " service or othe \$ 0.00 Tot	d supported by Independent Contractor initiated payment criteria as follows: al for Services 1" for number of hours.)
	b. c. Pavinvo \$ \$ (Fo Add Iter	yment to Independ en oices, the District will pa 300.00 Hourly Rate r Flat Rate fees, please ditional Expenses (if ap m:	t Contractor for ay the Independe X 1.00 place the flat rat	services actually nt Contractor not # Hours = \$ e under "hourly rate rent of changes to \$ \$ \$ \$ \$	to exceed the \$300.00 Totate" and use " service or othe \$0.00 Totate \$300.00 Gradus \$300.00 Grad	d supported by Independent Contractor initiated payment criteria as follows: al for Services 1" for number of hours.) er expense types) tal of Additional Expenses and Total (Services + Additional Expenses)

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name: Michael Neas	sham	CAII
1. The Independent Contractor will perform said services compensation or unemployment benefits in connection wipayment of all Federal, State and Local taxes or contributio Contractor's employees. 2. Independent Contractor shall furnish, at his/her own expeunless agreed upon under Additional Expenses on page I of 3. In the performance of the work therein contemplated, the work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in sper Board Policy #3515.6 prior to commencement of servicent 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 6. Independent Contractor will provide to Assistant Superiocombined single limits of general liability and automobile combined single limits of general liability and automobile confliction thereof. Independent Contractor agrees to comfuture become applicable to Independent Contractor, Inc. Agreement or occurring out of the performance of such ope 9. The Independent Contractor shall provide an original invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization of payment forwarded to the CUS invoice and authorization	Independently, not as an employee of the District; the this Independent Contractor Agreement. Independents, including Unemployment Insurance, Social Security, ense, all labor, materials, equipment and other items need this Agreement. Independent Contractor with the authority to control exiting, using Administration Form #3515.6., that criminities. This requirement also applies to any subcontract thold harmless the District, its Board of Trustees, employee in the performance of this Agreement, including, in independent Contractor's employee or agents. Intendent, Business Services, upon request, a Certificat exerage as required by the District. Intendent Contractor's employee to the District is preement without the written consent of the other part the District and shall be subject to the District suse, reply with all Federal, State, Municipal and District laws, relependent Contractor's business, equipment and personal and independent Contractor. To the Originating Administrator, Independent Contractor D Accounts Payable department along with the original contractor of the original payable department along with the original contractor of the Original contractor o	herefore, the District is not liable for worker nt Contractor shall assume full responsibility for and Income Taxes with respect to Independer cessary to carry out the terms of this Agreement and direct the performance of the details of the nal background checks have been completed a tors or employees utilized by the Independer loves and agents from any and all liability or lose at not limited to, any claim due to injury and/or e of Insurance showing a minimum \$1,000,000 y. at right of inspection to secure the satisfactor oles and regulations that are now, or may in the sonnel engaged in operations covered by this actor shall be paid within 30 days of receipt of Linvoice.
11. Either party may terminate this agreement, with or with as of the date of receipt of such notice. 12. AGREED TO AND ACCEPTED:	Michael Neasham	
Michael Neasham Signature of Independent Contractor	Printed Name	11/14/16
13. AGREED TO AND ACCEPTED. Signature of ASS Advisor	Chad Allen	11/10/14 Date
14. APPROVED:	Pedro Caldera	11/14/10
Signature of Signatiministrator	Printed Name	Date
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO # 406028		
all Roseaux	Ally Richelieu	11-16-17

PRINTED NAME AND TITLE

ICA#		
ICA#		



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Cor	npleted By: Doris Luther	Phone: 891	-3090	
1.	This Agreement is made by and between Chico Unified Name: Dylan Smith	School Distr	rict Inspire School of Arts and Sciences	and:
	Email Address: djas97@gmail.com			
	Street Address/POB: 1366 Wanderer Lane			
	City, State, Zip Code: Chi∞, CA 95973			
	Phone:			
	Taxpayer ID/SSN:	1 - 1 - 1		
	This agreement will be in effect From: 10/14/16 Site Code: 380	To: 10/14/16 Location(s)	of Services: Inspire School of Arts and Science	9S
2.	Scope of Work to be performed and Goal (Strategic Plan, Services (attach separate sheet if necessary): a. Scope of Work: sound set up			t Contracto
	a. Scope of Working Sound See up			
3.	b. Goal (if applicable): great sound at Talent Show ASB Account(s) Affected a. Art Club		ASB Account # Percentage 100.00%	•
	b.		0.00%	
	C		0.00%	_
4.	Payment to Independent Contractor for services acturn invoices, the District will pay the Independent Contractor \$50.00 Hourly Rate X 1.00 # Hours = (For Flat Rate fees, please place the flat rate under "ho	or not to exc \$ 50.00	eed the payment criteria as follows: Total for Services	tor initiate
	Additional Expenses (if applicable, in the event of change	ges to service	e or other expense types)	
	Item:	\$	The same of the sa	
	Item:	\$ 0.00	Total of Additional Expenses	
		\$ 50.00 \$ 50.00	Grand Total (Services + Additional Expenses	2000
		5.00.00	Grand Total (Services + Additional Exper	1565)
5.	Completed BS10A "Certificate of Independent Consultar	nt Agreemer	nt" guideline is: ✓ On File Attached	
6.	Completed W9 "Request for Taxpayer Identification Nur	mber/Certifi	cation" form is: 🗸 On File Attached	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name: Dylan Smith	ICA#	
The Independent Contractor will perform said services independent compensation or unemployment benefits in connection with this compensation.	pendently, not as an employee of the District; therefore, the District; therefore, the District; therefore, the District independent Contractor sha Cluding Unemployment Insurance, Social Security, and Income Taxe	ll assume full responsibility to
2. Independent Contractor shall furnish, at his/her own expense, a	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 A	Agreement. pendent Contractor with the authority to control and direct the pe	rformance of the details of th
work, the District being interested in the results obtained.		
per Board Policy #3515.6 prior to commencement of services. Tontractor.	g, using Administration Form #3515.6., that criminal background cl This requirement also applies to any subcontractors or employee	s utilized by the Independer
5. Independent Contractor agrees to defend, Indemnify and hold	harmless the District, its Board of Trustees, employees and agents the performance of this Agreement, Including, but not limited to,	from any and all liability or los
damage sustained by Independent Contractor, and/or the Independent	endent Contractor's employee or agents.	
 Independent Contractor will provide to Assistant SuperIntend combined single limits of general liability and automobile coverage 	lent, Business Services, upon request, a Certificate of Insurance sh	owing a minimum \$1,000,00
7. Neither party shall assign nor delegate any part of this Agreem	ent without the written consent of the other party.	
8. The work completed herein must meet the approval of the D	pistrict and shall be subject to the District's general right of Inspec ith all Federal, State, Municipal and District laws, rules and regulation	tion to secure the satisfactor
future become applicable to Independent Contractor, Indepen	dent Contractor's business, equipment and personnel engaged	in operations covered by th
Agreement or occurring out of the performance of such operation	ins.	
9. The Independent Contractor will be paid by vendor check as at 10. Independent Contractor shall provide an original invoice to	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.	
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 performe
12. AGREED TO AND ACCEPTED:	1 (101.1
A M	Dylan Smill	11/8/10
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED	. z . ř .	1 1
XXIVI	Linnea Smith	11/4/110
Signature of ASB Advisor	Printed Name	Date
Signature of ASB Advisor	Timed Name	
14. APPROVED:		
James & DAS	Jerry Crosby	11/3/16
Signature of Site Administrator	Printed Name	Date
7		
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
16. ASB Approved Purchase Order #		
TO. MOD Approved Fundidate Order #		

Originating Administrator Signature (Blue Ink)

Date

CA#
CA#



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

his Agreement		nd between C		School Distri	ct and:			
		lame: Sandy Modern		edu	and the second			
C+.		POB: 1310 Arbu		.edu				
	A SANTON AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF	W. 1990 C. 199						
Cit	the second secon	Code: Chico, CA	(93920					
	Taxpayer ID	/33N: ,	-					
his agreement y	vill bo in offo	et Fram: 12/5/1	16	To: 12/8/16				
his agreement v ite Code: ³⁸⁰	viii be ili elle	Ct From: 12/0/1			af Camilana, Incr	aire School of Arte	and Sciences	
nte coue. <u>300</u>	7			Location(s)	of Services: Insp	one School of Arts	and ociences	
. Scope of Wo	rk: <u>compile</u>	grading surv	vey data				7	
. Goal (if appli	cable): survey	data compiled						
general budget								
•								3 X
					Function	Object	Site	Manage
Percent (%)						Object 5800	Site 380	Manage 8380
Percent (%) 1 100.00% 2 0.00%	Fund	Resource	Project/Year	Goal	Function			
Percent (%)	Fund	Resource	Project/Year	Goal	Function	5800		
Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indepvoices, the Dist \$ 12.00 He	Fund 09 ependent Co rict will pay tourly Rate X	Resource 0000 ntractor for s he Independe 8.00	Project/Year 0 services actuant Contractor # Hours =	Goal 1110 Illy rendered not to excee \$\$96.00	Function 2700 and supported the payment	5800 5800 5800 ed by Indepe	andent Cont	8380
Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indepvoices, the Dist	Fund 09 ependent Co rict will pay tourly Rate X	Resource 0000 ntractor for s he Independe 8.00	Project/Year 0 services actuant Contractor # Hours =	Goal 1110 Illy rendered not to excee \$\$96.00	Function 2700 and supported the payment	5800 5800 5800 ed by Indepe	andent Cont	8380
Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indenvoices, the Dist \$ 12.00 He For Flat Rate fee	Fund 09 ependent Co rict will pay to ourly Rate X s, please pla	ntractor for s he Independe 8.00 ce the flat rat	Project/Year 0 services actuant Contractor # Hours = te under "hou	Goal 1110 Illy rendered not to excee \$\$96.00 rly rate" and	Function 2700 and supported the payment Total for Seriouse "1" for nu	5800 5800 5800 ed by Indeper criteria as for vices umber of hou	andent Cont	8380
Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indepvoices, the Dist \$ 12.00 He	Fund 09 ependent Corict will pay tourly Rate X es, please pla ses (if applic	ntractor for s he Independe 8.00 ce the flat rat	Project/Year 0 services actua nt Contractor # Hours = re under "hou	Goal 1110 Illy rendered not to excee \$ 96.00 rly rate" and	Function 2700 and supported the payment Total for Seriouse "1" for nu	5800 5800 5800 ed by Indeper criteria as for vices umber of hou	andent Cont	8380
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Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indervoices, the District \$12.00 Here or Flat Rate feed dditional Expensem:	Fund 09 ependent Co rict will pay tourly Rate X es, please pla ses (if applic	ntractor for s he Independe 8.00 ce the flat rat able, in the ev	Project/Year 0 services actua nt Contractor # Hours = e under "hou	Goal 1110 Illy rendered not to excee \$\$96.00 rly rate" and es to service of \$	Function 2700 and supported the payment Total for Ser use "1" for nu	5800 5800 5800 ed by Indeper criteria as for vices umber of hourse types)	andent Contillows:	8380
Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indenvoices, the Dist \$ 12.00 He For Flat Rate fee dditional Expendem:	Fund 09 ependent Corict will pay tourly Rate X es, please pla	ntractor for s he Independe 8.00 ce the flat rat able, in the ev	Project/Year 0 services actua nt Contractor # Hours = re under "hou	Goal 1110 Illy rendered not to excee \$\$96.00 rly rate" and es to service of \$\$\$, \$\$0.00 \$	Function 2700 and supported the payment Total for Ser use "1" for nu or other expense Total of Add Grand Total	5800 5800 5800 ed by Indeper criteria as for vices imber of hours se types)	andent Contillows: rs.) ases additional Ex	8380
Percent (%) 1 100.00% 2 0.00% 3 0.00% ayment to Indervoices, the District \$12.00 Here or Flat Rate feed dditional Expensem:	Fund 09 ependent Corict will pay tourly Rate X es, please pla	ntractor for s he Independe 8.00 ce the flat rat able, in the ev	Project/Year 0 services actua nt Contractor # Hours = re under "hou	Goal 1110 Illy rendered not to excee \$\$96.00 rly rate" and es to service of \$\$\$, \$\$0.00 \$	Function 2700 and supported the payment Total for Ser use "1" for nu or other expense Total of Add Grand Total	5800 5800 5800 ed by Indeper criteria as for vices imber of hours se types)	andent Contillows: rs.) ases additional Ex	8380

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Sandy McWhorter	CA#
1. The Independent Contractor will perform said services independently, not as an ecompensation or unemployment benefits in connection with this Independent Contract payment of all Federal, State and Local taxes or contributions, including Unemployment	tor Agreement. Independent Contractor shall assume full responsibility for
Contractor's employees.	
2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equunless agreed upon under Additional Expenses on page I of this Agreement.	
3. In the performance of the work herein contemplated, the Independent Contractor w	th the authority to control and direct the performance of the details of the
work, the District being interested in the results obtained.	
4. If applicable, the Independent Contractor will certify in writing, using Administration	Form #3515.6., that criminal background checks have been completed as

per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.

5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of independent Contractor's pegligence in the performance of this Agreement, including but not limited to any claim due to injury and/or

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

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	Sandy McWhorter Printed Name	12 5 16 Date
13. RECOMMENDED:		
Signature of Originating Administrator 14. APPROVED:	Printed Name	
·		
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 P	
(Invoice to accompany payment request): Partial Payment through: Full or Final Payment	(check released upon completion of so Send to Site Administrator (date):	
\$	110	
Amount	Originating Administrator Signature (Blue Ink)	Date

ICA#	



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

Coi	mpleted By: Doris Luther		Phone: (530)	891-3090		
1.	This Agreement is made by and betw Name: Ai		fied School Distric	Inspire School of Arts and Scie	nces	and:
	Email Address: as	obon.school@gma	il.com			
	Street Address/POB: 77					
	City, State, Zip Code: Ch	ico, CA 95973				
	Phone:			11 /1 1		
	Taxpayer ID/SSN:					
	This agreement will be in effect From:	11/1/16	To: 6/30/17	11 P 15		
	Site Code: 380		Location(s) o	of Services: Inspire	11.00	
3.	b. Goal (if applicable): beautiful sets ASB Account(s) Affected	27 1		ASB Account #	Percentage	
٥,	a. Production Team	. Lie		212	100.00%	
	b				0.00%	
	c				0.00%	
4.	Payment to Independent Contractor invoices, the District will pay the Indep \$\frac{11.00}{\text{For Flat Rate fees, please place the flat.}}	endent Contra # Hours	actor not to excee = \$550.00	d the payment criteria as Total for Services	follows:	initiate
	Additional Expenses (if applicable, in a ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:ltem:		\$ \$	or other expense types)		
	,		\$ 0.00	 Total of Additional Exp	enses	
			\$ 550.00	Grand Total (Services +		s)
5.	Completed BS10A "Certificate of Indep	oendent Consu	ıltant Agreement"	guideline is: On File	Attached	
6.	Completed W9 "Request for Taxpayer	Identification	Number/Certificat	tion" form is: On File	/ Attached	

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: 7 "dan Gobon"	ICA#
1. The Independent Contractor will perform said services independently, not as an er compensation or unemployment benefits in connection with this Independent Contractor	or Agreement. Independent Contractor shall assume full responsibility for
payment of all Federal, State and Local taxes or contributions, including Unemployment	nsurance, 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 contractor shall furnish at his/her own expense, all labor, materials, equipment contractor shall furnish.	oment 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 wit	h the authority to control and direct the performance of the details of the

- work, the District being interested in the results obtained.
- 4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6., that criminal background checks have been completed as
- per Board Policy #35I5.6 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.

Aidan Sobon

- 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	Printed Name	11/28/2010 Date / 28/2010
13. RECOMMENDED: Signature of ASB Advisor	Jarrah Myles Printed Name	1 2 5 16
14. APPROVED: Signature of Site Administrator 15. APPROVED:	Printed Name	(2/5//6 Date
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