AGENDA ITEM:	Independent Contractor Agreements
Prepared by:	Kevin Bultema, Assistant Superintendent
x Consent	Board Date February 15, 2017
Information On	ıly
Discussion/Act	ion

### **Background Information**

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

- Sharon DeMeyer (Inspire, ASB)
- Brian Ellis (PVHS, ASB)
- Great Outdoors Landscape Maintenance, Joe Morris (Bidwell Jr)
- Nicholas Medici (PVHS, 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.

ICA#	
ICAH	



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

# **ASB Independent Contractor Agreement**

Со	mpleted By: Dorls Luther		Phone: (530	) 891-3090		
1.	This Agreement is made by and be	tween Chico Unifi Sharon DeMeyer	ed School Distri	ct Inspire School of Arts and Scie	ences	and:
		stdemeyer@comcast.n	et			
	Street Address/POB:					
	City, State, Zip Code:			· · · · · · · · · · · · · · · · · · ·		
	Phone:					
	Taxpayer ID/SSN;	1		2		
	This agreement will be in effect Fro Site Code: 380	m: <u>7/1/16</u>	To: 6/30/17	of Services; Inspire School	of Arts and Sciences	
	Services (attach separate sheet if no a. Scope of Work: photography docu		rforming arts even	ls		
	b. Goal (if applicable): quality photos		T N	4 X I	10	
3.	ASB Account(s) Affected a. Choir, Orchestra, Production Team, Music	el Theatre, Theatre, Danc	e, Choreography	ASB Account # various	Percentage 100.00%	
	b				0.00%	
	с				0.00%	*
4.	Payment to Independent Contract invoices, the District will pay the Inc \$ 100.00 Hourly Rate X 10.00 (For Flat Rate fees, please place the	lependent Contrac = # Hours =	tor not to excee \$ 1,000.00	d the payment criteria as total for Services	follows:	initiated
	Additional Expenses (if applicable, i	n the event of char	\$	or other expense types)		
	Item:		\$			
			\$ 0.00	Total of Additional Expe		
			\$ 1,000.00	Grand Total (Services +	Additional Expenses	
5,	Completed BS10A "Certificate of Ind	ependent Consulta	ant Agreement"	guideline is: 🗸 On File	Attached	
6.	Completed W9 "Request for Taxpay	er Identification Nu	umber/Certificat	cion" form is: 🗸 On File	Attached	

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Signature of ASB Accounting Technician

Independent Contractor Name: Sharon DeMey	er er	ICA#
<ol> <li>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; incontractor's employees.</li> </ol>	pendently, not as an employee of the District; therefor Independent Contractor Agreement. Independent Cont	ractor shall assume full responsibility fo
2. Independent Contractor shall furnish, at his/her own expense, a		to carry out the terms of this Agreement
unless agreed upon under Additional Expenses on page I of this A 3. In the performance of the work herein contemplated, the Inde		ect the performance of the details of the
work, the District being interested in the results obtained.		
<ol> <li>If applicable, the Independent Contractor will certify in writing per Board Policy #35I5.6 prior to commencement of services.</li> </ol>		
Contractor.		
5. Independent Contractor agrees to defend, indemnify and hold arising in any way out of Independent Contractor's negligence in		
damage sustained by Independent Contractor, and/or the Indepe	endent Contractor's employee or agents.	
<ol><li>Independent Contractor will provide to Assistant SuperIntend combined single limits of general liability and automobile coverage</li></ol>		Surance showing a minimum \$1,000,000
7. Nelther 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 completion thereof. Independent Contractor agrees to comply wi		
future become applicable to Independent Contractor, Indepen	dent Contractor's business, equipment and personnel	
Agreement or occurring out of the performance of such operatio 9. The Independent Contractor will be paid by vendor check as an		
10. Independent Contractor shall provide an original invoice to t	he Originating Administrator. Independent Contractor s	hall be paid within 30 days of receipt o
invoice and authorization of payment forwarded to the CUSD Acc 11. Either party may terminate this agreement, with or without or	counts Payable department along with the original invoice	e. shall be paid for work actually performed
as of the date of receipt of such notice.	adde, apon so doys written notice to the other, veridor s	was be paid for from detailly performed
12. AGREED TO AND ACCEPTED:		
1/ ( )M	-	
Margar Sell Jegen	Sharon DeMeyer	1.17.17
Signature of Independent Contractor	Printed Name	Date
13. RECOMMENDED:	<u>%</u>	
1 000 -	- 1 101	7
Jaret & Nothing	Jamah L. Myles	
Signature of ASB Advisor	Printed Name	Date /
14. APPROVED:		
// /. 1	- 6-1	11.2/11
This (M)	Jerry Crosloy	
Signature of Site Administrator	Printed Name	Daţé /
15. APPROVED:		
	S. 111	
Signature of District Administrator, Business Services	Printed Name	Date
business services		
16. ASB Approved Purchase Order#		

Originating Administrator Signature (Blue Ink)



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

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

## **ASB Independent Contractor Agreement**

Co	mpleted By: Brian Ellis	Phone: (916) 759-0281	
1.	This Agreement is made by and between Chico Unifi Name: Brian Ellis	ied School District Pleasant Valley High Scho	ol ASB and:
	Email Address: bellls10@mail.csuch	nlco edu	
	Street Address/POB; 642 W. 6th Ave	3	
	City, State, Zip Code: Chico, CA 95926		
	Phone:		
	Taxpayer ID/SSN:		
	This agreement will be in effect From: 10/1/16	To: 2/28/17	
	Site Code: 020	Location(s) of Services: Pleasant Vall	lev High School
2.	Scope of Work to be performed and Goal (Strategic Pla Services (attach separate sheet if necessary): a. Scope of Work: Strength and conditioning training for the		
3.	b. Goal (if applicable):ASB Account(s) Affected a. Wrestling	ASB Account #	Percentage 100.00%
	b		0.00%
	č		0.00%
4.	Payment to Independent Contractor for services ac invoices, the District will pay the Independent Contract \$250.00 Hourly Rate X 1.00 # Hours = (For Flat Rate fees, please place the flat rate under "F	stor not to exceed the payment criteria as \$250.00 Total for Services	follows:
	Additional Expenses (if applicable, in the event of charletem:	s solution of Additional Expense types)  \$ \$ \$_0.00 \$_250.00  Grand Total (Services +	
5.	Completed BS10A "Certificate of Independent Consult	ant Agreement" guideline is: On File	Attached
i.	Completed W9 "Request for Taxpayer Identification No	umber/Certification" form is: On File	Attached

#### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

INDEPENDENT CONTRACTOR TERIVIS AND CO	NDITIONS					
Independent Contractor Name:		ICA#				
<ol> <li>The Independent Contractor will perform said service compensation or unemployment benefits in connection we payment of all Federal, State and Local taxes or contribution Contractor's employees.</li> </ol>	ith this independent Contractor Agreement, independer	nerefore, the District is not liable for worker's				
2. Independent Contractor shall furnish, at his/her own expuniess agreed upon under Additional Expenses on page 1 of	of this Agreement.					
<ol><li>In the performance of the work herein contemplated, th work, the District being interested in the results obtained.</li></ol>	ne Independent Contractor with the authority to control a					
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.						
<ol><li>Independent Contractor agrees to defend, indemnify an arising in any way out of Independent Contractor's neglige damage sustained by Independent Contractor, and/or the</li></ol>	ence in the performance of this Agreement, including, bu	yees and agents from any and all liability or loss t not limited to, any claim due to injury and/or				
6. Independent Contractor will provide to Assistant Super combined single limits of general liability and automobile of	intendent, Business Services, upon request, a Certificate	of Insurance showing a minimum \$1,000,000				
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 confuture become applicable to Independent Contractor, In Agreement or occurring out of the performance of such 9. The Independent Contractor will be paid by vendor chec 10. Independent Contractor shall provide an original involutional invoice and authorization of payment forwarded to the CU 11. Either party may terminate this agreement, with or with the contractor of the contrac	greement without the written consent of the other party f the District and shall be subject to the District's general inply with all Federal, State, Municipal and District laws, rudependent Contractor's business, equipment and personal perations. It is as an Independent Contractor. Ice to the Originating Administrator. Independent Contractor SD Accounts Payable department along with the original	al right of inspection to secure the satisfactory ules and regulations that are now, or may in the connel engaged in operations covered by this actor shall be paid within 30 days of receipt of invoice.				
as of the date of receipt of such notice.	nout cause, upon 30 days' written notice to the other. Ve	ndor shall be paid for work actually performed				
12. AGREED TO AND ACCEPTED:						
_ Bun A Elle	Brian Ellis	1/30/17				
Signature of Independent Contractor	Printed Name	Date				
13. RECOMMENDED:		2				
Signature of ASB Advisor	Printed Name	Date				
14. APPROVED:		1 ,				
/ MY	Tohn Shephal	2/1/2				
Signature of Site Administrator	Printed Name	Date Date				
15. APPROVED:						
Signature of District Administrator, Business Services	Printed Name	Date				

Signature of ASB Accounting Technician

16. ASB Approved Purchase Order #\_

Originating Administrator Signature (Blue Ink)

ICA#		



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

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

# Independent Contractor Agreement

npleted By: Denise This Agreement	e McKeon							
					Phone:	891-3080		
	is made hy a	and hatwaan	Chica Unified	School Dist	dat and			
Chi		Name: Great O						
CH		dress: Joemfoo			ice, ooe worns			78
		Control of the contro		711				
		/POB: 1264 Ma						
Cit		Code: Chico, C	A 95926					
925 II S		hone:						
	Security Nu		0					
For ve	endors using	a taxpayer id	lentification n	umber plea	se complete a	Contract Su	mmary form	•
This agreement v	vill be in effe	ect From: 2/13/	17	To: 4/30/17				
Site Code: 050	740				of Services; Bio	lwell Jr. High	- Special Ed G	arden
Services (attach s a. Scope of Wo	rk: Install irrig	ation in garden,	includes labor a	and materials	cost.		s .	<del></del>
(1)		******						*****
	*****							1
b.		330 CO						
c		17:00:28/1.3	<del></del>		****			
	Fund	Resource	Project/Year	Goal	Function	Object	Site	I Manager
Percent (%)	Fund	Resource 9024	Project/Year	Goal	Function	Object 5800	Site	Manager
Percent (%)	10,000,000,000	1 10000	7-7			5800		
Percent (%)	10,000,000,000	1 10000	7-7			5800 5800		
Percent (%) 1 1000% 2 0%	10,000,000,000	1 10000	7-7			5800		
Percent (%) 1 1000% 2 0%	oi pendent Coi ict will pay t	9024 ntractor for s he Independe	ervices actua	lly rendered	and supported the payment	5800 5800 5800 ed by Indep	oso pendent: Con	tractor initia
Percent (%)  1 pop/ 2 0% 3 0%  Payment to Indeprovoices, the Distriction of the Districti	pendent Col ict will pay t urly Rate X	ntractor for s	ervices actua nt Contractor Quantity ( <sup>One</sup>	lly rendered not to excee	and supported the payment = \$0.00	5800 5800 5800 ed by Indep t criteria as	pendent Confollows:	tractor initia
Percent (%)  1 1000% 2 0% 3 0%  Payment to Indeprivoices, the District Ho	pendent Col ict will pay t urly Rate X	ntractor for s	ervices actua nt Contractor Quantity ( <sup>One</sup>	lly rendered not to excee	and supported the payment = \$0.00	5800 5800 5800 ed by Indep t criteria as	pendent Confollows:	tractor initia
Percent (%)  1 1000% 2 0% 3 0%  Payment to Indeprivoices, the District Holder H	pendent Col ict will pay t urly Rate X	ntractor for s	ervices actua nt Contractor Quantity i <sup>One</sup> ent of change	illy rendered not to exceed-Time	and supported the payment = \$0.00	5800 5800 5800 ed by Indep t criteria as	pendent Confollows:	tractor initia
Percent (%)  1 1000% 2 0% 3 0%  Payment to Indeprivoices, the District Ho	pendent Col ict will pay t urly Rate X	ntractor for s	ervices actua nt Contractor Quantity ! <sup>One</sup> ent of change	lly rendered not to exceed Time sto service of \$	and supported the payment = \$0.00	5800 5800 5800 ed by Inder t criteria as Tota	pendent Con follows: all for Services	tractor initia
Percent (%)  1 1000% 2 0% 3 0%  Payment to Indeprivoices, the District Holder H	pendent Col ict will pay t urly Rate X	ntractor for s	ervices actua nt Contractor Quantity ! <sup>One</sup> ent of change	illy rendered not to exceed-Time	and supported the payment = \$0.00  or other expense	5800 5800 5800 ed by Indept criteria as Total	pendent Con follows: al for Services	atractor initia
Percent (%)  1 1000% 2 0% 3 0%  Payment to Indeprivoices, the District Holder H	pendent Col ict will pay t urly Rate X	ntractor for s	ervices actua nt Contractor Quantity (One ent of change	lly rendered not to exceed Time sto service of \$	and supported the payment = \$0.00  or other expense	5800 5800 5800 ed by Indept criteria as Total	pendent Con follows: all for Services	atractor initia
Percent (%)  1 1000% 2 0% 3 0%  Payment to Indeprivoices, the District Holder H	pendent Cor ict will pay t urly Rate X ses (if applica	ntractor for s he Independe able, in the ev	ervices actua nt Contractor Quantity (One ent of change	lly rendered not to exceed to service of \$ \$ 0.00 \$ 1,600.00	and supported the payment = \$0.00  or other expense Total of Add Grand Total	5800 5800 5800 ed by Indept criteria as Total se types) ditional Experiences +	pendent Con follows: al for Services enses Additional E	atractor initia

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Great Outdoors Lands	cane Maintenance .loe Morris	CA#					
The Independent Contractor will perform said services independent or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, in Contractor's employees.	pendently, not as an employee of the District; therefore, independent Contractor Agreement. Independent Contra	ctor shall assume full responsibility for					
2. Independent Contractor shall furnish, at his/her own expense, a unless agreed upon under Additional Expenses on page I of this A	greement.						
3. In the performance of the work herein contemplated, the Indework, the District being interested in the results obtained.							
	. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, , that criminal background checks have been completed as er Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent ontractor.						
. 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 rising 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 will provide to Assistant Superintend combined single limits of general liability and automobile coverage.	ent, Business Services, upon request, a Certificate of Insu	rance showing a minimum \$1,000,000					
7. Neither party shall assign nor delegate any part of this Agreem	ent without the written consent of the other party,	f inspection to secure the satisfactory					
8. The work completed herein must meet the approval of the D completion thereof. Independent Contractor agrees to comply wi future become applicable to Independent Contractor, Indepen	th all Federal, State, Municipal and District laws, rules and	regulations that are now, or may in the					
Agreement or occurring out of the performance of such operatio	ns.	igaged iii operations covered by this					
<ol> <li>The Independent Contractor will be paid by vendor check as an 10. Independent Contractor shall provide an original invoice to the contractor shall provide an original invoice to the contractor.</li> </ol>	he Originating Administrator. Independent Contractor sha	all be paid within 30 days of receipt of					
invoice and authorization of payment forwarded to the CUSD Acc 11. Either party may terminate this agreement, with or without or		all be paid for work actually performed					
as of the date of receipt of such notice.	<b>9</b>	s.					
12. AGREED O AND ACCEPTED:	222212	alalin					
Signature of Independent Contractor	Printed Name	Date					
1/	Fillited Name	Date					
18 RECOMMENDED:	1000000 10000	00/00/00/N					
Signature of Originating Administra) or	Leonard Lopez Printed Name	Date					
14. APPROVED:	Trince (vanie	Butto					
and the state of t							
Signature of District Administrator OR Director of Categorical Programs	Printed Name	Date					
15. APPROVED:							
Clausture of District Administrator	Printed Name	Date					
Signature of District Administrator, Business Services	,	Date					
16. AUTHORIZATION FOR PAYMENT	DISDOGITION OF CUECUL	D I I					
CHECK REQUIRED (Invoice to accompany payment request):	DISPOSITION OF CHECK by Accounts (check released upon completion of	services)					
Partial Payment through:	end to Site Administrator (date):	2-24-17					
Full or Final Payment	Mail to Independent Contractor						

Originating Administrator Signature (Blue Ink)

ICA#	



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

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

## **ASB Independent Contractor Agreement**

Co	mpleted By: Nicholas Medici	Phone: (530) 520-7555	
1.	This Agreement is made by and between Chico Unified Name: Nicholas Medici	School District Pleasant Valley High School	ol ASB and:
	Email Address: nmedici85@gmail.com		
	Street Address/POB: 1017 Esplanade #10		
	City, State, Zip Code: Chico, CA 95926		
	Phone;		
	Taxpayer ID/SSN:		
	This agreement will be in effect From: 10/1/16 Site Code: 020	To: 2/28/17 Location(s) of Services: Pleasant Vall	ev High School
	Site Code: 020	Location(s) of Services. Trododite van	Cy riigii Conooi
	Services (attach separate sheet if necessary):  a. Scope of Work: Strength and conditioning specialist for the improve their performance.	e wrestling team, Provide and structure a Tra	ining Program for the athletes to
3,	<ul> <li>b. Goal (if applicable): For the athletes to make weight for the ASB Account(s) Affected</li> <li>a. Wrestling</li> </ul>	ASB Account #	Percentage 100,00%
	b		0.00%
	C		0.00%
4.	Payment to Independent Contractor for services actu invoices, the District will pay the Independent Contracto \$250.00 Hourly Rate X 1.00 # Hours =	nally rendered and supported by Indep or not to exceed the payment criteria as	pendent Contractor initiated follows:
	(For Flat Rate fees, please place the flat rate under "ho	urly rate" and use "1" for number of ho	ours.)
	Additional Expenses (if applicable, in the event of change		
	Item:	\$	
	Item:	\$	
		\$ 0.00 Total of Additional Expe	enses
	N.	\$250.00 Grand Total (Services +	Additional Expenses)
5.	Completed BS10A "Certificate of Independent Consultan	nt Agreement" guideline is: On File	Attached
5.	Completed W9 "Request for Taxpayer Identification Nun	mber/Certification" form is: On File	Attached

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

16. ASB Approved Purchase Order#\_\_\_\_\_

Signature of ASB Accounting Technician

Independent Contractor Name:	ICA#	
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. Nelther 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.		and for work and any performed
12. AGREED TO AND ACCEPTED:  Nicholas Mesici Signature of Independent Contractor	Nicholas Madrei Printed Name	1/30/17 Date
13. RECOMMENDED:		
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:	Ä. ~	1.17
Signature of Site Administrator	T. Shyle	<u>∂</u>
15. APPROVED:	riffica Name	Date
Signature of District Administrator, Business Services	Printed Name	Date

Originating Administrator Signature (Blue Ink)