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

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

			1		
	1,	This Agreement is made by and betw	veen CUSD - CHS As Jeserae Dahlgren	SB and:	
		Email Address: m	nlssdesabraham@gn	nall.com	
		Street Address/POB: 4	Trieste Way		_
		City, State, Zip Code: C	hico, CA 95926		Andreas Control of the Control of th
		Phone: (8	530) 864- <u>5997</u>	When the same of t	
		Taxpayer ID/SSN:			
		This agreement will be in effect From	8/8/16	To: 8/27/16	
		Location of Services: CHS field			
	2.	Services : a. Scope of Work: Contact & org	anize parent volunt	eers for work shi	o be achieved as a result of Independent Contractor fts, food donations & creating signs; organize y and coaches' meeting; be day-of contact.
		h Goal (if applicable):			The state of the s
		b Goal (If applicable):			
2	۸ς۶		AND THE PROPERTY OF THE PROPER	Amount	
3,		B account name(s) paying for services:	ASB account #: 625	Amount	1 150,00
3,	ASE a. b.		ASB account #:	Amount	
3,	a.	B account name(s) paying for services: Field Hockey	ASB account #:	Amount	
3,	a. b. c. Pa	B account name(s) paying for services: Field Hockey	ASB account #: 625  for services actually dept Contractor not	Amount \$ \$3 \$ rendered and s	supported by Independent Contractor Initiated
	a. b. c. Pa Inv \$\$ (Fo	B account name(s) paying for services: Field Hockey  syment to Independ ent Contractor foolices, the District will pay the Independent 12.50 Hourly Rate X 28.00 or Flat Rate fees, please place the flat indicational Expenses (if applicable, in the	ASB account #: 625  for services actually dent Contractor not # Hours = \$	Amount \$ \$3 \$ rendered and s to exceed the pa \$ 360.00 Total f ate" and use "1"	supported by Independent Contractor Initiated yment criteria as follows: for Services for number of hours.)
	a. b. c. Pa Inv \$\$ (Fo	B account name(s) paying for services: Field Hockey  syment to Independ ent Contractor foolices, the District will pay the Independent 12.50 Hourly Rate X 28.00 or Flat Rate fees, please place the flat indicational Expenses (if applicable, in the	ASB account #: 625  for services actually dent Contractor not # Hours = \$	Amount \$ \$3 \$ rendered and s to exceed the pa \$ 350.00 Total service or other of	supported by Independent Contractor Initiated syment criteria as follows: for Services for number of hours.)
4.	a. b. c. Pa inv \$\$ (Fo Ad Ite	B account name(s) paying for services: Field Hockey  syment to Independ ent Contractor foolices, the District will pay the Independ of 12.50 First Rate fees, please place the flat inditional Expenses (if applicable, in the em:	ASB account #: 625  for services actually dent Contractor not# Hours = \$ rate under "hourly r event of changes to \$ \$ \$ \$ \$	Amount \$ \$3 \$  rendered and s to exceed the pa \$ 350.00 Total \$ 350.00 Total \$ 350.00 Grand	supported by Independent Contractor Initiated yment criteria as follows: for Services for number of hours.) expense types)

#### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

# Independent Contractor Name: Deserae Dahlgren

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DATE

- 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.

SIGNATURE OF ASB OFFICER

- 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:		
	Derne Dahlan	Deserae Dahlgren	7/1/16
	Signature of Independent Contractor	Printed Name	Date
	13. AGREED TO AND ACCEPTED:		,
	Signature of ASB Advisor	KIM LUJAWA MUSSElman Printed Name	7/1/16 Date
Č	14. APPROVED:	Mark Beeler	7/1/16
	Signature of Site Administrator	Printed Name	Date
	15. APPROVED:		
	Signature of District Administrator,	Printed Name	Date
٠	Business Services		
	ASB APPROVED PO#		
á	Persin Anulmaly	Olivia Richardson	7/1/16

PRINTED NAME AND TITLE

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

	ed By: Bonnie M	Accarny			Phone: (530)	691-3000	-		THE WITTER
This	Agreement is	s made by ar	d between C	hico Unified S	chool Distric	t and:			
		N	ame: Loy Mallso	on - Mattison Enter	prises				
		Email Add	ress: loy@surev	vest.net					
	Stre	eet Address/	POB: 7038 Almo	ond Hill Court					
	City	, State, Zip C	ode: Orangeva	le, CA 95662					
		Ph	one: (916) 849	0502					
		Taxpayer ID/	'SSN:				-		
This	agreement w	ill be in effe	ct From: 7/1/16		To: 6/30/17				
	Code: 570	AN AMERICA SECTION	27.110.110.110.110.110.110.110.110.110.11		Location(s)	of Services:			
	44.000 A 1.40					A			dont Contra
Scop	oe of Work to	be performe	d and Goal (St	rategic Plan, S	ite Plan, Oth	er) to be achiev	ed as a resu	iit of indeper	ideni Contrac
Serv	vices (attach s	eparate shee	t if necessary	):	er 1 1 1 2 1 2 4 1 1 1	11 - 41 - 12 - 12 - 12 - 12 - 12 - 12		us saucolot	ion of EDAT
a.	Scope of Wor	k: ERATE	consulting -	refine scope	of work, wa	lk through saf	ety meetin	gs, complet	ION OI ERAI
						trict communi	cation, cor	struction m	anagement,
		review b	ills for appro	priate rebate	S				
b.	Goal (if applie	cable): To comp	lete ERATE applica	ion process, to appro	priately deploy tec	hnology, to effectively	deliver curriculur	n and manage the	operation of the dis
ν.	Godi (ii uppii								
-	II Inu - uua ua	ICront Affor	ted learnesse	nding to acco	intelleted in	item 4).			
	oing/Program	oppost Fund (CT	El or Discounted	Advanced Services	unts nsteu m S	item 4/i			
a.	- California Telecc						197		
b.			100 <sub>10</sub> - 100						
C.			المنافع المنافع الم						
_	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
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-		01	0000		1	7 11 11 11 11 11 11 11 11 11 11 11 11 11	5800		
1 2	0.00%			W					
3	0.00%	r because of			kina kibir sis	1	0000		
Payr	oices, the Dist	rict will pay t	he Independe	ent Contractor	not to excee	and supported the paymen	t criteria as	pendent Confollows:	tractor in
\$\$1	115.00 H	ourly Rate X	150.00	_# Hours =	\$ \$ 17,250.00	Total for Se	rvices		
(For	r Flat Rate fee	s, please pla	ce the flat ra	te under "hou	rly rate" and	d use "1" for nu	umber of ho	ours.)	
Add	litional Expen	ses (if applic	able, in the ev	ent of change	es to service	or other expen	se types)		
Iten					\$	WE SERVICE			
Itell					\$				
ILan	ni				\$\$ 0.00	Total of Ad	ditional Evn	enses	
Iten					\$ \$ 17,250.00			· Additional E	(vnoncos)
Iten							LISPIVICES		
Iten					Ψ <u>, τματοιιστ</u>	Grand rota	i (oci vicca i	/ du la conjunt	мреносој
	npleted BS10/	A "Certificate	of Independe	ent Consultan	T	guideline is:			мрением
Com					t Agreement	" guideline is:	On File	Attached	мреноезу
Com					t Agreement		On File	Attached	луспосој

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

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is Independent Contractor Agreement. Independent Contractor shall	i assume full responsibility for
, all labor, materials, equipment and other Items necessary to carry or Agreement.	it the terms of this Agreement,
lependent Contractor with the authority to control and direct the pe	rformance of the details of the
ng, using Administration Form #3515.6., that criminal background cl . This requirement also applies to any subcontractors or employee	necks have been completed as s utilized by the Independent
d harmless the District, its Board of Trustees, employees and agents in the performance of this Agreement, including, but not limited to,	from any and all liability or loss any claim due to injury and/or
ndent, Business Services, upon request, a Certificate of Insurance stage as required by the District.	owing a minimum \$1,000,000
ment without the written consent of the other party.	tion to secure the satisfactory
with all Federal. State. Municipal and District laws, rules and regulate	ons that are now, or may in the
endent Contractor's business, equipment and personnel engaged	in operations covered by this
an Independent Contractor.	
o the Originating Administrator. Independent Contractor shall be pa	ld within 30 days of receipt of
cause, upon 30 days' written notice to the other. Vendor shall be pa	ild for work actually performed
	, ,
Loy Mattison	6/23/16
	Date
Tillica Name	
	, ( . (,
John Vincent, IT Director	6/27/16
Printed Name	Date ( /
Joanne Parsley, Asst Supt	6-27-16
Printed Name	Date
Kevin Bultema	
Printed Name	Date
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	es)
Y Internstantial Property of the Property of t	
Originating Administrator Signature (Blue Ink)	Date
	ependently, not as an employee of the District; therefore, the Dis is Independent Contractor Agreement. Independent Contractor shall including Unemployment Insurance, Social Security, and Income Taxe, all labor, materials, equipment and other items necessary to carry or a Agreement. Idependent Contractor with the authority to control and direct the penne, using Administration Form #3515.6., that criminal background cit. This requirement also applies to any subcontractors or employee of dharmless the District, its Board of Trustees, employees and agents in the performance of this Agreement, including, but not limited to, pendent Contractor's employee or agents. In the performance of this Agreement, including, but not limited to, pendent Contractor's employee or agents. In the performance of this Agreement, including, but not limited to, pendent Contractor's employee or agents. In the performance of this Agreement, including, but not limited to, pendent Contractor's employee or agents. In the performance of this Agreement, including, but not limited to, pendent Contractor's employee or agents.  In the performance of this Agreement, including, but not limited to, pendent Contractor's business, equipment and personnel engaged ions.  In the performance of the other party.  District and shall be subject to the District's general right of inspectively and interest of the other contractor shall be pactically and personnel engaged ions.  In Independent Contractor.  In the performance of the other party.  District and shall be subject to the District's general right of inspectively and personnel engaged ions.  In Independent Contractor of the Other party.  District and shall be subject to the District's general right of inspectively and personnel engaged ions.  In Independent Contractor of the Other party.  District and shall be subject to the District's general right of inspectively and personnel engaged ions.  In Independent Contractor of the Other party.  District and shall be accepted by the party of the party of the

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

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

		Com	pleted By: GILBERT	O MOJICA	Phone: <u>(</u> 530	0) 570-8361	
					DVIIC ACD		
		1.	This Agreement is ma	de by and between CUSD	- PVH2 A2R and:		
				Name: GILBERTO			
			Er	mail Address: <u>GILMO52@</u>	YAHOO.COM		
			Street A	Address/POB: 150 W 21S	r STREET		
			City, Sta	te, Zip Code: CHICO, CA	95928		
				Phone: <u>(530) 570-8</u>	361		
			Taxp	payer ID/SSN:			
			This agreement will be	e in effect From: 7/25/16	To: <u>7/29/16</u>	6	
			Location of Services:	PVHS			
			Scope of Work to be p	performed and Goal (Strate	egic Plan, Site Plan, Otl	her) to be achieved as a result of Independent Contract	.o
			a. Scope of Work:	VIKING FOOTBALL CA	MP		
							1
			b Goal (if applicable	TO TEACH THE FUNDA	AMENTALS OF FOOT	TBALL .	#
	3.	ASB	account name(s) payi		count #: Am	nount:	
		a.	FOOTBALL	630	<u>\$</u>	\$600.00	
		b.					
		c.			\$		
	4.	Pay	ment to Independ e	nt Contractor for service	es actually rendered a	and supported by Independent Contractor initiated he payment criteria as follows:	
			pices, the District Will p	e X 40.00 # Hours	= ¢ \$600.00 T	Total for Services	
		\$\$	15.00 Hourly Rat	e X 40.00 # Hours	"hourly rate" and us	e "1" for number of hours.)	
		(For	r Flat Rate fees, please	place the flat rate under	Hourly late and as	C 2 To hams of the same,	
		Λde	litional Expenses (if at	oplicable, in the event of c	hanges to service or o	other expense types)	
		Iter			\$		
		Iter			\$		
		Ittel	114:		\$ \$ 0.00	Total of Additional Expenses	
					\$ \$600.00	Grand Total (Services + Additional Expenses)	
5.	Con	nplete	ed BS10A"Certificate o	f Independent Consultant	Agreement" guideline	e is: On File 🚺 Attached	
6.	Con	nplete	ed W9 "Request for Ta	xpayer ID Number/Certific	cation" form is:	On File 🗹 Attached	

# INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name:	CA#	
<ol> <li>The Independent Contractor will perform said services indep compensation or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, incl</li> </ol>	endently, not as an employee of the District; therefore, the Dist Independent Contractor Agreement. Independent Contractor shall uding Unemployment Insurance, Social Security, and Income Taxes	with respect to Independent
	I labor, materials, equipment and other items necessary to carry out greement. Jendent Contractor with the authority to control and direct the peri	
work, the District being interested in the results obtained.	, using Administration Form #3515.6. , that criminal background ch his requirement also applies to any subcontractors or employees	ecks have been completed as
Contractor.  5. Independent Contractor agrees to defend, indemnify and hold arising in any way out of independent Contractor's negligence in	narmless the District, its Board of Trustees, employees and agents fi the performance of this Agreement, including, but not limited to, a	rom any and all liability or loss any claim due to injury and/or
6. Independent Contractor will provide to Assistant Superintend combined single limits of general liability and automobile coverage.	ent, business services, upon request, a certificate of management, gets required by the District.	
8. The work completed herein must meet the approval of the D completion thereof. Independent Contractor agrees to comply with the perome applicable to Independent Contractor,	th all Federal, State, Municipal and District laws, rules and regulation dent Contractor's business, equipment and personnel engaged i	
Agreement or occurring out of the performance of such operation.  9. The Independent Contractor will be paid by vendor check as an	ns. I Independent Contractor. he Originating Administrator. Independent Contractor shall be pai	id within 30 days of receipt o
12: AGREED TO AND ACCEPTED:  Signature of Independent Contractor	Cilberto Movica Printed Name	4/11/16 Date
13. AGREED TO AND ACCEPTED:  Muh Cull Signature of ASB Advisor	MANK Coxley Printed Name	6-20-16 Date
14. APPROVED: Signature of Site Administrator	Printed Name	C/as/IC Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
المنافعة المنافعة والمنافعة علاقة		
ASB APPROVED PO # ASB 17019		

PRINTED NAME AND TITLE

Haley Barnhart ASB Secretary

CA#			
CA#_			



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

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

	Completed By: MARK COOLEY Phone: (530) 891-3050
	1. This Agreement is made by and between CUSD - PVHS ASB and:
	Name: CHRIS THOMAS
	Email Address: CHRIS1172@ATT.NET
	Street Address/POB: 3065 ROCKY MOUNTAIN WAY
	City, State, Zip Code: CHICO, CA 95973
	Phone: (530) 321-1052
	Taxpayer ID/SSN:
	This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
	<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contract Services:</li> <li>a. Scope of Work:</li> </ol> VIKING FOOTBALL CAMP
	a. Scope of Work. VIKING FOOTBALL CAMP
3.	h Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL  ASB account name(s) paying for services: ASB account #: Amount:  a. FOOTBALL  b. \$ \$600.00  c. \$ \$
4.	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$ \frac{\$15.00}{\$15.00} Hourly Rate X 40.00 # Hours = \$ \$600.00 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)
	Item:  \$ Item:  \$
, Com	pleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
Com	pleted W9 "Request for Taxpayer ID Number/Certification" form is:

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## INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name:	CA#	
compensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, in Contractor's employees.  2. Independent Contractor shall furnish, at his/her own expense, unless agreed upon under Additional Expenses on page I of this 3. In the performance of the work herein contemplated, the Independent District being interested in the results obtained.  4. If applicable, the Independent Contractor will certify in writing Page Board Policy #3515.6 prior to commencement of services. Contractor.  5. Independent Contractor agrees to defend, indemnify and hole arising in any way out of Independent Contractor's negligence damage sustained by Independent Contractor, and/or the Indefendent Single limits of general liability and automobile cover 7. Neither party shall assign nor delegate any part of this Agree 8. The work completed herein must meet the approval of the	ependently, not as an employee of the District; therefore, the District is Independent Contractor Agreement. Independent Contractor shall including Unemployment Insurance, Social Security, and Income Taxes, all labor, materials, equipment and other items necessary to carry ou Agreement.  Itependent Contractor with the authority to control and direct the period, using Administration Form #3515.6., that criminal background chairs requirement also applies to any subcontractors or employees and harmless the District, its Board of Trustees, employees and agents for the performance of this Agreement, including, but not limited to, a pendent Contractor's employee or agents.  Indent, Business Services, upon request, a Certificate of Insurance shall age as required by the District.  District and shall be subject to the District's general right of inspect with all Eederal. State, Municipal and District laws, rules and regulation.	s with respect to Independent t the terms of this Agreement, formance of the details of the lecks have been completed as s utilized by the Independent from any and all liability or loss any claim due to injury and/or owing a minimum \$1,000,000 tion to secure the satisfactory ons that are now, or may in the
future become applicable to Independent Contractor, Independent or occurring out of the performance of such operat	endent Contractor's business, equipment and personner engaged i	ii operations covered by time
	an Independent Contractor.  o the Originating Administrator. Independent Contractor shall be paid to the Contractor shall be paid to the Contractor of the C	id within 30 days of receipt of
the state of the s	ccounte pavanie genariment along with the original involce.	
11-Either party may terminate this agreement, with or without as of the date of receipt of such notice.	cause, upon 30 days' written notice to the other. Vendor shall be pai	a lot trom accasily positions
12. AGREED TQ-AND-ACCEPTED:		
	Mis Thomas	4-4-16
Mr Manus Contractor	Printed Name	Date
Signature of Independent Contractor	Timed Name	
13. AGREED TO AND ACCEPTED:	Mank Cooley	6-20-16
Signature of ASB Advisor	Printed Name (	Date
14. APPROVED:	TSLIN	6/28/16
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO# ASB 170	lle	
Heley Barnhart	Haley Barnhart ASB Secretary	6/16/16
SIGNATURE OF ASB OFFICER	PRINTED NAME AND TITLE	DATE

CA#		



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

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

	Completed By: DARREN MARSHALL	Phone: (530) 864-1600
	1. This Agreement is made by and between CUSD - PVHS  Name: DARREN MARSHAL  Email Address: DMARSHAL@CHICO  Street Address/POB: 101 AHWANNEE CO  City, State, Zip Code: CHICO, CA 95928  Phone: (530) 864-1600  Taxpayer ID/SSN:	DISD.ORG
	Location of Services: PVHS	
	Scope of Work to be performed and Goal (Strategic Plan, Services:     a. Scope of Work: VIKING FOOTBALL CAMP	Site Plan, Other) to be achieved as a result of Independent Contractor
	b Goal (if applicable): TO TEACH THE FUNDAMENTAL	S OF FOOTBALL
	3. ASB account name(s) paying for services:  a. FOOTBALL  b	Amount: \$ \$600.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	invoices, the District will pay the Independent Contractor not \$\\$ \\$ 15.00 Hourly Rate X 40.00 # Hours = \$ (For Flat Rate fees, please place the flat rate under "hourly in the services according to t	to exceed the payment criteria as follows: \$ 600.00 Total for Services
	Additional Expenses (if applicable, in the event of changes to Item: \$	\$ 0.00 Total of Additional Expenses  \$ 600.00 Grand Total (Services + Additional Expenses)
5.	i. Completed BS10A"Certificate of Independent Consultant Agreeme	ent" guideline is:
6.	<ol><li>Completed W9 "Request for Taxpayer ID Number/Certification" fo</li></ol>	rm is:

# INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name:	CATT	ict is not liable for worker's
Independent Contractor Name:  1. The Independent Contractor will perform said services Independent compensation or unemployment benefits in connection with this Ir payment of all Federal, State and Local taxes or contributions, inclu	ndently, not as an employee of the District; therefore, the Distr ndependent Contractor Agreement. Independent Contractor shall ding Unemployment Insurance, Social Security, and Income Taxes	assume full responsibility for 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 Agr 3. In the performance of the work herein contemplated, the Indepe	sidelic coliciactor with the damenty	ormance of the details of the
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writing, per Board Policy #3515.6 prior to commencement of services. Th	is fedulicing also obbuse to any	
Contractor.  5. Independent Contractor agrees to defend, indemnify and hold he arising in any way out of Independent Contractor's negligence In the damage sustained by Independent Contractor, and/or the Independent Contractor agrees to defend, indemnify and hold he arising in any way out of Independent Contractor agrees to defend, indemnify and hold he arising in any way out of Independent Contractor agrees to defend, indemnify and hold he arising in any way out of Independent Contractor's negligence In the Independent Contractor agrees to defend, indemnify and hold he arising in any way out of Independent Contractor's negligence In the Independent Contractor's negligence Independent Contractor's n	the performance of this rigid contains, the	
6. Independent Contractor will provide to Assistant Superintendent	as required by the District.	owing a minimum \$1,000,000
combined single limits of general liability and automobile coverage 7. Neither party shall assign nor delegate any part of this Agreeme 8. The work completed herein must meet the approval of the Dis	in without the Witch to the District's general right of inspect	ion to secure the satisfactory
8. The work completed herein must meet the approval of the Dis completion thereof. Independent Contractor agrees to comply will future become applicable to Independent Contractor, Independent	hall Federal, State, Municipal and District laws, rules and regulatio ent Contractor's business, equipment and personnel engaged i	ns that are now, or may in the noperations covered by this
Agreement or occurring out of the performance of such operation	5.	
10. Independent Contractor shall provide an original invoice to the	le Originating Administratory macposite the original invoice.	d within 30 days of receipt of
invoice and authorization of payment forwarded to the CUSD Account. Either party may terminate this agreement, with or without cast of the date of receipt of such notice.	use, upon 30 days' written notice to the other. Vendor shall be pai	a for work actually performed
12. AGREED TO AND ACCEPTED:		*
Dan 7 mahall	Darren L. Marshall	4-28-16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:	44	1, 2011
Murch Colf	MARK Cooley	4-28-16 Date
Signature of ASB Advisor	Printed Name	Dute
14. APPROVED:		8/20/1
- Administrator	Printed Name	Date
Signature of Site Administrator		
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
ASB APPROVED PO# ASS 17017		
Haley Barnhart	Haley Barnhart ASB Secreta	4 6/16/16
SIGNATURE OF ASB OFFICER	PRINTED NAME AND TITLE	DATE

0 8 11	
CA#	
C/ 1/1	



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

	Completed By: TROY FERGUSON Phone: (530) 624-3893
	1. This Agreement is made by and between CUSD - PVHS ASB and:
	Name: TROY FERGUSON
	Email Address: TROY@NORTHVALLEYBUILDING.COM
	Street Address/POB: 27 AMBER WAY
	City, State, Zip Code: CHICO, CA 95926
	Phone: <u>(530) 624-3893</u>
	Taxpayer ID/SSN:
	This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
	<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contra Services:</li> </ol>
	a, Scope of Work: VIKING FOOTBALL CAMP
	b Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL
90.5	ASB account name(s) paying for services: ASB account #: Amount:
	a. FOOTBALL 630 \$ \$600.00
	b \$
	C, \$
	. Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiate
	invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
	\$ \$ 15.00 Hourly Rate X 40.00 # Hours = \$ \$ 600.00 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)
	tem:
	Item:
	\$ \$ 0.00 Total of Additional Expenses
	\$ \$600.00 Grand Total (Services + Additional Expenses)
	mpleted BS10A"Certificate of Independent Consultant Agreement" guideline is: 🗸 On File 🗌 Attached
5. C	inplicated Bolloy, Contamination of the Contaminati

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# INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

1 . I Contractor Nama		
compensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, It Contractor's employees.  2. Independent Contractor shall furnish, at his/her own expense unless agreed upon under Additional Expenses on page I of this.  3. In the performance of the work herein contemplated, the Inwork, the District being interested in the results obtained.  4. If applicable, the Independent Contractor will certify in writinger Board Policy #3515.6 prior to commencement of services Contractor.  5. Independent Contractor agrees to defend, Indemnify and hoarising in any way out of Independent Contractor's negligence damage sustained by Independent Contractor, and/or the Independent Contractor will provide to Assistant Superinte combined single limits of general liability and automobile coverable in the party shall assign nor delegate any part of this Agreen.  8. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply future become applicable to Independent Contractor, I	ing, using Administration Form #3515.6., that criminal background of This requirement also applies to any subcontractors or employed and harmless the District, its Board of Trustees, employees and agents in the performance of this Agreement, including, but not limited to, expendent Contractor's employee or agents.  In the performance of this Agreement, including, but not limited to, expendent Contractor's employee or agents.  In the performance of this Agreement, including, but not limited to, expendent Contractor's upon request, a Certificate of Insurance signates as required by the District.  In the performance of this Agreement, including, but not limited to, expendent without the written consent of the other party.  In the District and shall be subject to the District's general right of insperious and all performance of the District laws, rules and regulations.  In the performance of this Agreement, include and District laws, rules and regulations.  In the performance of this Agreement, including, but not limited to, and insperious as a performance of the District laws, rules and regulations.  In the performance of this Agreement, including, but not limited to, and insperious as a performance of the District laws, rules and regulations.  In the performance of this Agreement, including, but not limited to, and agents to the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and regulations are required by the District laws, rules and required by the District laws, rules are required by the District laws, rules and required by the Dist	es with respect to Independent ut the terms of this Agreement, erformance of the details of the checks have been completed as es utilized by the Independent from any and all liability or loss, any claim due to injury and/or howing a minimum \$1,000,000 ction to secure the satisfactory ions that are now, or may in the in operations covered by this aid within 30 days of receipt o
12. AGREED TO AND ACCEPTED:		4-4-16
Signature of Independent Contractor	Printed Name	Date
18 AGREED TO AND ACCEPTED:	11 ( )	1 76 10
Much Cooly	Printed Name	6-10-16 Date
Signature of ASB Advisor	Printed Name (	
14. APPROVED:	TShill	6/28/16
Signature of 8 te Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO# ASB 17018		
16000 Thomas hart	Haley Barmart ASB Secretary	6/16/16
Travel Source for	PRINTED NAME AND TITLE	DATE

PRINTED NAME AND TITLE

AII	
:A#	



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

		Completed By: TOM LEROSSIGNOL Phone: (530) 588-6873
		This Agreement is made by and between CUSD - PVHS ASB and:     Name: TOM LEROSSIGNOL
		Email Address: TLEROSSIGNOL@CHICOUSD.ORG
		Street Address/POB: 473 POSODA WAY #6
		City, State, Zip Code: CHICO, CA 95973
		Phone: (530) 588-6873
		Taxpayer ID/SSN:
		This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
		2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services:
		a. Scope of Work: VIKING FOOTBALL CAMP
		b Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL
	3.	ASB account name(s) paying for services: ASB account #: Amount: 630 \$ \$600.00
		a. TOOTBALL
		b \$
		c\$
	4.	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\$\\$15.00\$ Hourly Rate X 40.00 # Hours = \$ \$600.00 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)
		tem:
		S   S   S   O.00   Total of Additional Expenses   S   S   600.00   Grand Total (Services + Additional Expenses)
5.	Com	pleted BS10A"Certificate of Independent Consultant Agreement" guideline is: 🕡 On File 🔲 Attached
6.	Com	pleted W9 "Request for Taxpayer ID Number/Certification" form is:

Independent Contractor Name: Tom Le Rossignol 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

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

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.  4. If applicable, the Independent Contractor will certify in writin per Board Policy #3515.6 prior to commencement of services. 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 Independent Contractor will provide to Assistant Superintencombined single limits of general liability and automobile covers. Neither party shall assign nor delegate any part of this Agreer. The work completed herein must meet the approval of the completion thereof. Independent Contractor agrees to comply of future become applicable to Independent Contractor, Independent Ontractor, Independent Ontracto	g, using Administration Form #3515.6., that criminal background of This requirement also applies to any subcontractors or employee I harmless the District, its Board of Trustees, employees and agents in the performance of this Agreement, including, but not limited to, sendent Contractor's employee or agents. dent, Business Services, upon request, a Certificate of Insurance shage as required by the District.  Ment without the written consent of the other party.  District and shall be subject to the District's general right of inspectivith all Federal, State, Municipal and District laws, rules and regulation and Contractor's business, equipment and personnel engaged ons.  The Originating Administrator. Independent Contractor shall be pa	rformance of the details of the necks have been completed as sutilized by the Independent from any and all liability or loss any claim due to injury and/or nowing a minimum \$1,000,000 tion to secure the satisfactory ons that are now, or may in the in operations covered by this aid within 30 days of receipt o
12. AGREED TO AND ACCEPTED:		11.
	Tom LETZOSSIGNEUL	4/4/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
13. AGREED TO AND ACCEPTED.	Many Cooley	6-20-16
Mun walls	Printed Name	Date
Signature of ASB Advisor	Printed Name /	Date
14. APPROVED:		chili
1881	J. Shepha	4/28/19
Signature of Site Administrator	Printed Name	Date /
15. APPROVED:		
13. AT NOVED.		
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO# ASB 17019		
Haley Bornhard	Haley Barnhart ASB Secretary	6/16/16
V. 00-7	PRINTED NAME AND TITLE	DATE
CICNATURE OF ASB OFFICER	PRINTED NAME AND THE	CO ACCURATE OF THE PROPERTY OF

CA#		
CUL	100000000000000000000000000000000000000	-



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

		Completed By: MIKE GERLACH	Phone: <u>(530) 966-4636</u>
		This Agreement is made by and between CUSD - PVHS A     Name: MIKE GERLACH	ASB and:
		Email Address: MGERLACH2223@Y	AHOO COM
		Street Address/POB: 702 MADRONE	4 100.00W
		City, State, Zip Code: CHICO, CA 95926	
		Phone: (530) 966-4636	*
		Taxpayer ID/SSN:	
		This agreement will be in effect From: 7/25/16  Location of Services: PVHS	то: 7/29/16
		<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, S Services:</li> </ol>	ite Plan, Other) to be achieved as a result of Independent Contractor
		a. Scope of Work: VIKING FOOTBALL CAMP	
	3.	b Goal (if applicable): TO TEACH THE FUNDAMENTALS  3. ASB account name(s) paying for services: ASB account #: 630	Amount:
		a. 1001B/CL	\$
		b	\$
		c,	\$
	4,	invoices, the District will pay the Independent Contractor not t	\$ 600.00 Total for Services
		Additional Expenses (if applicable, in the event of changes to solution:    Sample   Sample	\$ 0.00 Total of Additional Expenses
		\$	\$ 600.00 Grand Total (Services + Additional Expenses)
5.	Com	empleted BS10A"Certificate of Independent Consultant Agreement	" guideline is: On File Attached
6.	Com	mpleted W9 "Request for Taxpayer ID Number/Certification" forn	n is:

## INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

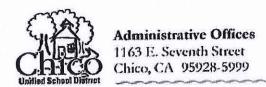
Independent Contractor Name:	CA#	
<ol> <li>The Independent Contractor will perform said services indecompensation or unemployment benefits in connection with the payment of all Federal, State and Local taxes or contributions, in</li> </ol>	ependently, not as an employee of the District; therefore, the I is Independent Contractor Agreement. Independent Contractor s ncluding Unemployment Insurance, Social Security, and Income Ta	xes 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 1 of this 3. In the performance of the work herein contemplated, the Ind	lependent Contractor with the authority to control and direct the	performance of the details of the
per Board Policy #3515.6 prior to commencement of services.	ng, using Administration Form #3515.6. , that criminal backgrounc . This requirement also applies to any subcontractors or employ	
arising in any way out of Independent Contractor's negligence i	d harmless the District, its Board of Trustees, employees and agen in the performance of this Agreement, including, but not limited to pendent Contractor's employee or agents. Indent, Business Services, upon request, a Certificate of Insurance	
1. I to the terminal liability and automobile cover	age as required by the pistrict.	
<ol> <li>Neither party shall assign nor delegate any part of this Agree</li> <li>The work completed herein must meet the approval of the</li> </ol>	ment without the written consent of the One party.  District and shall be subject to the District's general right of insy with all Federal, State, Municipal and District laws, rules and regul endent Contractor's business, equipment and personnel engage	pection to secure the satisfactor ations that are now, or may in the ad in operations covered by thi
Agreement or occurring out of the performance of such operat  9. The Independent Contractor will be paid by vendor check as  10. Independent Contractor shall provide an original invoice to invoice and authorization of payment forwarded to the CUSD A  11. Either party may terminate this agreement, with or without	ions. an Independent Contractor. o the Originating Administrator, Independent Contractor shall be	paid within 30 days of receipt o
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:	Michael Gerlach	4/4/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:	Mark Cooley	6-20-16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		1/20/11
Signature of Site Administrator	Printed Name	Date
15, APPROVED:		
Signature of District Administrator, Business Services	Printed Name	Date

ASB APPROVED PO# ASB 17020 SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary 6/16/16

PRINTED NAME AND TITLE

CA#		
C/111		



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

	Completed By: CHE' NELMS Phone: (530) 864-3029
	1. This Agreement is made by and between CUSD - PVHS ASB and:  Name: CHE' NELMS
	Email Address: CHE_NELMS@YAHOO.COM
	Street Address/POB: 3253 ROCKIN M DRIVE
	City, State, Zip Code: CHICO, CA 95973
	Phone: (530) 864-3029
	Taxpayer ID/SSN:
	This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
	<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contract Services:</li> </ol>
	a. Scope of Work: VIKING FOOTBALL CAMP
	b Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL
3.	ASB account name(s) paying for services: ASB account #: Amount:
	a. FOOTBALL
	b \$
	c \$
4	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\frac{\\$ \\$ 15.00}{\} \] Hourly Rate X \[ \frac{40.00}{\} \] # Hours = \[ \\$ \\$ \frac{\\$ 600.00}{\} \] 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)
	tem:
	S
5. Co	mpleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
6. Co	mpleted W9 "Request for Taxpayer ID Number/Certification" form is:

#### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

### Independent Contractor Name:

SIGNATURE OF ASB OFFICER

CA#

DATE

- 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 receipt of such notice.		
12. AGREED TO AND ACCEPTED:  Signature of Independent Contractor	Che Nelms Printed Name	4/4/2016 Date
13. AGREED TO AND ACCEPTED:  Muh Corol  Signature of ASB Advisor	MARK Cooley Printed Name	6-20-16 Date
14. APPROVED: Signature of Site Administrator 15. APPROVED:	T. Shyll Printed Name	6/28/16 Date
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO# ASB (702)		
Haley Barnhard	Haley Barnhart ASB Secretary	6/16/16

PRINTED NAME AND TITLE

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

	Completed By: STEVE BAILEY	Phone: <u>(530)</u> 330-9151
	1. This Agreement is made by and bet	ween CUSD - PVHS ASB and:
	Name:	STEVE BAILEY
		SBOLIVES@GMAIL.COM
	Street Address/POB: _	2631 COUNTY ROAD
	City, State, Zip Code: _	CHICO, CA 95943
		(530) 330-9151
	Taxpayer ID/SSN:	
	This agreement will be in effect Fron Location of Services: PVHS	n: <u>7/25/16</u> To: <u>7/29/16</u>
	Services :	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor  OTBALL CAMP
	b Goal (if applicable): TO TEACH	THE FUNDAMENTALS OF FOOTBALL
	3. ASB account name(s) paying for services:	630 & \$600.00
	a. <u>FOOTBALL</u>	
	b,	
	С.	
	invoices, the District will pay the Independent \$15.00 Hourly Rate X 40.00	for services actually rendered and supported by Independent Contractor initiated indent Contractor not to exceed the payment criteria as follows:  # Hours = \$ \$600.00 Total for Services  rate under "hourly rate" and use "1" for number of hours.)
	525	
		e event of changes to service or other expense types)
	Item:	Ş
	Item:	\$ \$ 0.00 Total of Additional Expenses
		\$ \$600.00 Grand Total (Services + Additional Expenses)
		STATE AS A STATE OF THE STATE O
5.	Completed BS10A"Certificate of Independent	Consultant Agreement" guideline is:
6.	Completed W9 "Request for Taxpayer ID Num	ber/Certification" form is: On File Attached

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### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name:		
<ol> <li>The Independent Contractor will perform said services indep compensation or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, inc</li> </ol>	endently, not as an employee of the District; therefore, the Dist Independent Contractor Agreement. Independent Contractor shal Iuding Unemployment Insurance, Social Security, and Income Taxe	
	ll labor, materials, equipment and other items necessary to carry ou	
unless agreed upon under Additional Expenses on page I of this A	pendent Contractor with the authority to control and direct the per	formance of the details of the
	, using Administration Form #3515.6. , that criminal background ch	ecks have been completed as
per Board Policy #3515.6 prior to commencement of services. T	his requirement also applies to any subcontractors or employee	s utilized by the independent
5. Independent Contractor agrees to defend, indemnify and hold	narmless the District, its Board of Trustees, employees and agents f 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 independent Contractor Contracto	ent, Business Services, upon request, a Certificate of Insurance sh	owing a minimum \$1,000,000
Line de limite of gonoral liability and automobile coverat	ze as required by the District.	
		vi t the eatlefector
		tion to secure the satisfactor
future become applicable to independent Contractor, indepen	dent Contractor's business, equipment and personnel engaged	Market Barrella and action 1
Agreement or occurring out of the performance of such operatio 9. The Independent Contractor will be paid by vendor check as an	ladonondont Contractor	
to the state Contractor chall provide an original invoice to t	the Originating Administrator, independent contractor shall be pa	id within 30 days of receipt o
11. Either party may terminate this agreement, with or without c	ause, upon 30 days' written notice to the other. Vendor shall be pa	id for work actually performe
as of the date of receipt of such notice.		
A A STATE OF THE PROPERTY OF T		
12. AGREED TO AND ACCEPTED:		
C# 2 //	CTILLE BATIEN	4-4-2016
Dur Day	SIEVE WHILL (P)	Date
Signature of Independent Contractor	Printed Name	Date
TO AND ACCEPTED.		
13. AGREED TO AND ACCEPTED:	///	1 5 .
MI Constant	Murk Cosley	6-20-16
- Mun Cours		Date
Signature of ASB Advisor	Printed Name /	Dute
A ARREOVED.		
14. APPROVED:		1. 1.
<i>N N</i>	( Shoh)	4/28/16
	Printed Name	Date
Signature of Site Administrator	Printed Name	
AE AEDDOVED		
15, APPROVED:		
The second secon	Printed Name	Date
Signature of District Administrator,	Plinted Name	17-17-17-17-17-17-17-17-17-17-17-17-17-1
Business Services		
and the second s		

PRINTED NAME AND TITLE

Haley Barnhart ASB Secretary 6/16/16

CA#			
CA# _			



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

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

		Completed By: GIANCAROLO GUGLIELMI Phone: (530) 720-1806
		This Agreement is made by and between CUSD - PVHS ASB and:     Name: GIANCCARLO GUGLIELMI
		Email Address: CGUGLIELMI95@GMAIL.COM
		Street Address/POB: 46 ABBOTT CIRLCE
		City, State, Zip Code: CHICO, CA 95928
		Phone: (630) 720-1806
		Taxpayer ID/SSN:
		This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
		2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services:
		a. Scope of Work: VIKING FOOTBALL CAMP & DAY OF SET-LIP
	3.	ASB account name(s) paying for services:  a. FOOTBALL  b
	4.	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\\$15.00
		(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)
		tem:
		Item: \$ Total of Additional Expenses \$ Total (Services + Additional Expenses)
5.	Com	pleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
6.	Com	pleted W9 "Request for Taxpayer ID Number/Certification" form is:

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

SIGNATURE OF ASB OFFICER

Independent Contractor Name: G. Guglie	lmi ca#	
1. The Independent Contractor will perform said services indep	endently, not as an employee of the District; therefore, the Dis Independent Contractor Agreement, Independent Contractor sha	il 9220ttie tall techolicipilità foi
payment of all Federal, State and Local taxes or contributions, inc	luding Unemployment Insurance, Social Security, and Income Taxe	es with respect to independent
2. Independent Contractor shall furnish, at his/her own expense, a	ll labor, materials, equipment and other items necessary to carry or greement.	
3. In the performance of the work herein contemplated, the Inde	pendent Contractor with the authority to control and direct the pe	rformance of the details of the
work, the District being interested in the results obtained. 4. If applicable, the Independent Contractor will certify in writing per Board Policy #3515.6 prior to commencement of services.	5, using Administration Form #3515.6. , that criminal background cl his requirement also applies to any subcontractors or employee	hecks have been completed as as 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
I and build an and ont Contractor and for the Indense	the performance of this Agreement, including, but not limited to, endent Contractor's employee or agents.	
6. Independent Contractor will provide to Assistant Superintend	ent, Business Services, upon request, a Certificate of insurance size as required by the District.	nowing 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.  Istrict and shall be subject to the District's general right of inspec	tion to secure the satisfactor
Little blassed Indonendant Contractor agrees to comply Wi	ith all Federal, State, Municipal and District laws, rules and regulation dent Contractor's business, equipment and personnel engaged	ons that are now, or may in the
Agreement or occurring out of the performance of such operatio	ns,	
9. The Independent Contractor will be paid by vendor check as at 10. Independent Contractor shall provide an original invoice to 1	the Originating Administrator. Independent Contractor snall be pa	aid within 30 days of receipt o
	counts Payable department along with the original invoice. ause, upon 30 days' written notice to the other. Vendor shall be pa	
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:		
ful By Wh.	Giancarb Guylielmi	4/4/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
Much Corales	Mark Cooley	6-20-16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		- 1 1
1010	J. Shyll	6/28/16
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
ASB APPROVED PO# ASB 17023		
Haley Barnhart	11 ( , 0 ) ( , 100 0 - )	Liula
Haley Barnhart	Haley Barnhart ASB Secretary	6/16/16

PRINTED NAME AND TITLE



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

	Completed By: JOHN MORRIS Phone: (530) 520-5993
	1. This Agreement is made by and between CUSD - PVHS ASB and:  Name: JOHN MORRIS
	Email Address: JDEMFOOTBALL@YAHOO.COM
	Street Address/POB: 1264 MANZANITA AVE
	City, State, Zip Code: CHICO CA 95926
	Phone: (530) 520-5993
	Taxpayer ID/SSN:
	This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
	Location of Services: PVHS
	<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor</li> <li>Services:</li> </ol>
	a. Scope of Work: VIKING FOOTBALL CAMP
	b Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL.
	3. ASB account name(s) paying for services: ASB account #: Amount:
	a. <u>FOOTBALL TEAM</u> 630 \$ \$600.00
	b \$
	c,\$
	4. Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated
	invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:
	\$ \$ 15.00 Hourly Rate X 40.00 # Hours = \$ \$ 600.00 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)
	Item:
	tem:
	\$ 0.00 Total of Additional Expenses
	\$ \$600.00 Grand Total (Services + Additional Expenses)
5.	Completed BS10A"Certificate of Independent Consultant Agreement" guideline is:
	Completed W9 "Request for Taxpayer ID Number/Certification" form is:

#### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

HADEL FLADERI COMMISSION TERMINATURE		
Independent Contractor Name:	CA#	
<ol> <li>The independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker compensation or unemployment benefits in connection with this independent Contractor Agreement. Independent Contractor shall assume full responsibility f payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and income Taxes with respect to Independe</li> </ol>		
Contractor's employees.  2. Independent Contractor shall furnish, at his/her own expense,	all labor, materials, equipment and other items necessary to carry o	ut the terms of this Agreement,
unless agreed upon under Additional Expenses on page I of this	Agreement. ependent Contractor with the authority to control and direct the pe	erformance of the details of the
work the Dietrict being interested in the results obtained.	g, using Administration Form #3515.6. , that criminal background c	
4. If applicable, the Independent Contractor will certify in writing per Board Policy #3515.6 prior to commencement of services.	This requirement also applies to any subcontractors or employee	es utilized by the Independent
Contractor	harmless the District, its Board of Trustees, employees and agents	
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 Indep	endent Contractor's employee or agents. Ient, Business Services, upon request, a Certificate of Insurance si	howing a minimum \$1,000,000
combined single limits of general liability and automobile covera	ge as required by the District.	
7. Neither party shall assign nor delegate any part of this Agreen 8. The work completed herein must meet the approval of the I	district and shall be subject to the District's general right of inspec	ction to secure the satisfactory
completion thereof Independent Contractor agrees to comply w	ith all Federal, State, Municipal and District laws, rules and regulatindent Contractor's business, equipment and personnel engaged	ons that are now, or may in the
Agreement or occurring out of the performance of such operation	ons.	
9. The Independent Contractor will be paid by vendor check as a	the Originating Administrator. Independent Contractor shall be pa	ald within 30 days of receipt of
invoice and authorization of payment forwarded to the CUSD Ac	counts Payable department along with the original invoice. cause, upon 30 days' written notice to the other. Vendor shall be pa	
as of the date of receipt of such notice.	ause, upon ao days written notice to the other vendo. Shan ao pi	7
12/AGREED TO AND ACCEPTED:		24
12 Agricultura Allanda	23000M - 155	11/9/110
Charles III	20N2 1.101112	Date
Signature of Independent Contractor	Printed Name	Date
13/AGREED TO AND ACCEPTED:	1/1	
Mid Consell	Mark (coley	6-20-16
Signature of ASB Advisor	Printed Name	Date
14, APPROVED:		
14 APPROVED.	Ta 11	(1)4716
	S. Shayihar	<u> </u>
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
*		

ASB APPROVED PO # ASB 17024

SIGNATURE OF ASB OFFICER

ASB Secretary 6/16/16

PRINTED NAME AND TITLE

CA#		



530/891=3000 Fix 891=3220 www.ChicoLisD.org

		Completed By: RYAN SCHIMKE	hone: <u>(530) 519-7923</u>
		This Agreement is made by and between CUSD - PVHS AS     Name: RYAN SCHIMKE	SB and:
		Email Address: RYAN.SHIMKE@GMA	L.COM
		Street Address/POB: 1521 LA LINDA CT	
		City, State, Zip Code: CHICO, CA 95926	
	9	Phone: (530) 519-7923	
		Taxpayer ID/SSN:	
		This agreement will be in effect From: 7/25/16 The Location of Services: PVHS	o: <u>7/29/16</u>
			te Plan, Other) to be achieved as a result of Independent Contracto
	a	b Goal (if applicable): TO TEACH THE FUNDAMENTALS  3. ASB account name(s) paying for services: ASB account #:	OF FOOTBALL  Amount:
	9	a. FOOTBALL 630	\$ \$600.00
		b	\$
			<u> </u>
		С	Ψ
	2	4. Payment to Independ ent Contractor for services actually r invoices, the District will pay the Independent Contractor not to \$\\$ 15.00 Hourly Rate X 40.00 # Hours = \$ 5 (For Flat Rate fees, please place the flat rate under "hourly rate"	exceed the payment criteria as follows: \$ 600.00 Total for Services
		A Line Line 195 U. I. L. L. H	les en ether evenes times
		Additional Expenses (if applicable, in the event of changes to se	rivice of other expense types)
		Item: \$	
		Item:	\$ 0.00 Total of Additional Expenses \$ 600.00 Grand Total (Services + Additional Expenses)
5.	Со	Completed BS10A"Certificate of Independent Consultant Agreement	guideline is: On File Attached
6.	Со	Completed W9 "Request for Taxpayer ID Number/Certification" form	is: On File Attached

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Haley Bambart

SIGNATURE OF ASB OFFICER

	CAH	iv.
Independent Contractor Name:	CA# pendently, not as an employee of the District; therefore, the I	District is not liable for worker!
compensation or unemployment benefits in connection with thi payment of all Federal, State and Local taxes or contributions, in	is Independent Contractor Agreement. Independent Contractor si cluding Unemployment Insurance, Social Security, and Income Ta	nall assume full responsibility to
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.  3. In the performance of the work herein contemplated, the India	Agreement.  ependent Contractor with the authority to control and direct the	performance of the details of the
work the District being interested in the results obtained.	ng, using Administration Form #3515.6. , that criminal background	
per Board Policy #3515.6 prior to commencement of services.	This requirement also applies to any subcontractors or employ	ees utilized by the Independen
arising in any way out of Independent Contractor's negligence in	I harmless the District, its Board of Trustees, employees and agen n the performance of this Agreement, including, but not limited t	ts from any and all liability or los o, any claim due to injury and/o
demand austained by Indonendent Contractor, and/or the Indep	endent Contractor's employee or agents. dent, Business Services, upon request, a Certificate of Insurance	
combined single limits of general liability and automobile coverage	age as required by the District.	V <del>7</del> 1
7. Neither party shall assign nor delegate any part of this Agreer  8. The work completed herein must meet the approval of the	District and shall be subject to the District's general right of insp	ection to secure the satisfactor
	vith all Federal, State, Municipal and District laws, rules and regula ndent Contractor's business, equipment and personnel engage	ations that are now, or may in th
Agreement or occurring out of the performance of such operation	ons.	
9. The Independent Contractor will be paid by vendor check as a	an Independent Contractor. the Originating Administrator. Independent Contractor shall be	paid within 30 days of receipt o
invaling and putherization of navment forwarded to the CUSD Ac	counts Payable department along with the original invoice. cause, upon 30 days' written notice to the other. Vendor shall be	
<ol> <li>Either party may terminate this agreement, with or without as of the date of receipt of such notice.</li> </ol>	cause, upon 50 days. Written notice to the other, vendor shan be	paid for morn actually personne
12. AGREED TO AND ACCEPTED:		
12. Adilled to AND Accel 125.	8 C1'1	4-4-16
n	Ryan Schinke	Date
Signature of Independent Contractor	Printed Name	Duto
13. AGREED TO AND ACCEPTED:		,
Much Could	& Mank Cooley	6-20-16
Signature of ASB Advisor	Printed Name (	Date
14, APPROVED:	<u>.</u>	1 132
101	Theohand	6/28/16
Signature of Site Administrator	Printed Name	Date
	1	
15. APPROVED:		
		<u> </u>
Signature of District Administrator,	Printed Name	Date
Business Services		
	*	
ACR MAR		
ASB APPROVED PO# ASB 17025		

PRINTED NAME AND TITLE

Haley Barnhart ASB Secretary 6/16/16

CA#		150.01	



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

		Compl	leted By: CARLOS	SAUCEDO		Phone: <u>(530)</u> 5	70-0910
		1. Th	nis Agreement is ma	ade by and betwee	een CUSD - PVHS ARLOS SAUCEDO	ASB and:	
			E				
			Street	Address/POB: 14	50 SPRINGFIELD	DRIVE SUITE 97	
			City, St	ate, Zip Code: Ch	HICO, CA 95965		
				Phone: (5	30) 570-0910		
			Tax	payer ID/SSN:			
		Th Lo	nis agreement will b ocation of Services:	e in effect From: PVHS	7/25/16	To: 7/29/16	
		Se	ervices :			, Site Plan, Other)	to be achieved as a result of Independent Contractor
		a.	Scope of Work:	VIKING FOOT	BALL CAMP		
		b	Goal (if applicable	L ); TO TEACH TH	E FUNDAMENTA	LS OF FOOTBALI	
	3.		count name(s) payi		ASB account #: 630	Amount	:: 600.00
		33 1 1/2	OOTBALL			φ <u>ψ</u>	300.00
		b			-	۶	
		с			-	Ψ	
	4.	Payme involce \$ \$ 15.	es, the District will p	ay the Independe	ent Contractor no	y rendered and s t to exceed the pa \$ 600.00 Total	supported by Independent Contractor initiated yment criteria as follows:
		βΨ 10.	at Pata foos plasse	nlace the flat ra	_# Hours = \\ \ te under "hourly	rate" and use "1"	for number of hours.)
		(FOI FI	at Nate Iees, piease	place the nat ra	te under nouny		tor marines, or meaner,
		Additio	onal Expenses (if ap	plicable, in the e	vent of changes to	service or other	expense types)
		Item:	onal anjoined (ii ap	promoter and a	\$		
		Item:			\$_	1-2-2-3-1	
		1/4/20/19/20			\$_	\$ 0.00 Total	of Additional Expenses
					\$_	\$ 600.00 Grand	d Total (Services + Additional Expenses)
5.	Com	pleted E	3S10A"Certificate of	Independent Co	nsultant Agreeme	nt" guideline is:	On File Attached
6.	Com	pleted V	V9 "Request for Tax	payer ID Number	r/Certification" fo	rm is:	On File Attached

#### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

And a Ca	40010	
Independent Contractor Name: Car 105' Sa	CA#	District is not liable for worker's
compensation or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, inc	Independent Contractor Agreement, Independent Contractor s	hall assume full responsibility for
Contractor's employees.  2. Independent Contractor shall furnish, at his/her own expense, a	ıll labor, materials, equipment and other items necessary to carry	out the terms of this Agreement,
unless agreed upon under Additional Expenses on page I of this A 3. In the performance of the work herein contemplated, the Inde	greement, pendent 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 per Board Policy #3515.6 prior to commencement of services.	g, using Administration Form #3515.6. , that criminal background This requirement also applies to any subcontractors or employ	i checks have been completed as rees utilized by the Independent
Contractor.		
5. Independent Contractor agrees to defend, Indemnify and hold arising in any way out of Independent Contractor's negligence in	the performance of this Agreement, including, but not limited it	o, any claim due to injury and/or
damage sustained by Independent Contractor, and/or the Indepe	endent Contractor's employee or agents.	
6. Independent Contractor will provide to Assistant Superintend combined single limits of general liability and automobile coverage.	ent, Business Services, upon request, a Certificate of insurance ge as required by the District.	snowing 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.	antian to require the entirfactor
8. The work completed herein must meet the approval of the D completion thereof. Independent Contractor agrees to comply w	th all Federal, State, Municipal and District laws, rules and regul	itions that are now, or may in the
future become applicable to Independent Contractor, Indepen	dent Contractor's business, equipment and personnel engage	d in operations covered by this
Agreement or occurring out of the performance of such operation. The Independent Contractor will be paid by vendor check as a	n Independent Contractor.	
10. Independent Contractor shall provide an original invoice to	the Originating Administrator. Independent Contractor shall be	paid within 30 days of receipt of
invoice and authorization of payment forwarded to the CUSD Acc 11. Either party may terminate this agreement, with or without or	ause, 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:		
Boule our Lailant	Causina M Samon	4-4-16
Marine Marine Contractor	Printed Name	Date
Signature of Independent Contractor	Filited Name	Duto
13. AGREED TO AND ACCEPTED:	11.	
Mach Cord	Mark (190/ex	6-20-16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		1 1.0
Mr Min	J. Shiphed	6/20//6
Signature of Site Administrator	Printed Name	Date
	*	
15. APPROVED:		
		1200
Signature of District Administrator,	Printed Name	Date
Business Services		
100 1001		
ASB APPROVED PO# ASB 17026		
Halace Ramahart	Haley Barnhart ASB Secretary	6/11/11
TI ally training	DENTITED NAME AND THE	DATE

CA#		



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

		Completed By: ERIC ASCENCIO Phone: (530) 592-6658
		1. This Agreement is made by and between CUSD - PVHS ASB and:  Name: ERIC ASCENCIO  Email Address: ASCENCIOERIC@YAHOO.COM  Street Address/POB: 43 LAKODA COURT  City, State, Zip Code: CHICO, CA 95973  Phone: (530) 592-6658  Taxpayer ID/SSN:
		This agreement will be in effect From: 7/25/16 To: 7/29/16  Location of Services: PVHS
		<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contracto Services:</li> <li>a. Scope of Work: VIKING FOOTBALL CAMP</li> </ol>
		b Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL
	3,	ASB account name(s) paying for services:  a. FOOTBALL  b
	4.	Payment to Independ ent Contractor for services actually rendered and supported by Independent Contractor initiated invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\frac{\\$5 \frac{15.00}{15.00}}{15.00}\$ Hourly Rate X \$\frac{40.00}{10.00}\$ # Hours = \$\frac{\\$5 \frac{600.00}{10.00}\$ 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)  Item:  \$ \$ \$0.00 \$ Total of Additional Expenses \$ 600,00 Grand Total (Services + Additional Expenses)
5.	Com	oleted BS10A"Certificate of Independent Consultant Agreement" guideline is:
6.	Com	oleted W9 "Request for Taxpayer ID Number/Certification" form is:

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Eric AS	C+ O CID CA#	
1. The Independent Contractor will perform said services in	dependently, not as an employee of the District; therefore, the District in the District; the District in	ali assume full responsibility for
Contractor's employees.  2. Independent Contractor shall furnish, at his/her own expens	se, all labor, materials, equipment and other items necessary to carry o	ut the terms of this Agreement,
unless agreed upon under Additional Evnenses on page I of th	is Agreement. ndependent Contractor with the authority to control and direct the pe	
work, the District being interested in the results obtained.	ting, using Administration Form #3515.6., that criminal background of	hecks have been completed as
per Board Policy #3515.6 prior to commencement of service	s. This requirement also applies to any subcontractors or employed	es utilized by the Independent
Contractor.  5. Independent Contractor agrees to defend, indemnify and he	old harmless the District, its Board of Trustees, employees and agents	from any and all liability or loss
demand sustained by Independent Contractor, and/or the Ind	e in the performance of this Agreement, including, but not limited to, lependent Contractor's employee or agents.	
6. Independent Contractor will provide to Assistant Superinte	endent, Business Services, upon request, a Certificate of Insurance si erage as required by the District.	nowing a minimum \$1,000,000
7. Neither party shall assign nor delegate any part of this Agre	ement without the written consent of the other party.  e District and shall be subject to the District's general right of inspe	ction to secure the satisfactory
as maletion thereof Independent Contractor agrees to comply	y with all Federal, State, Municipal and District laws, rules and regulati pendent Contractor's business, equipment and personnel engaged	ions that are now, or may in the
Agreement or occurring out of the performance of such operation	ations.	
The Independent Contractor will be paid by vendor check a     Independent Contractor shall provide an original invoice	to the Originating Administrator, Independent Contractor shall be pa	aid within 30 days of receipt of
involes and authorization of navment forwarded to the CUSD	Accounts Payable department along with the original invoice. ut cause, upon 30 days' written notice to the other. Vendor shall be pa	
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:	1	4-4-11
	Eric Ascencio	1 1 16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
M. b. Could	Mark Cooley	6-20-16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		1 1.
11 1011	T. Shephel	6/28/16
Signature of Site/Administrator	Printed Name	Date
15. APPROVED:		
13. AT 110 712.		
Signature of District Administrator,	Printed Name	Date
Business Services		
ASB ABBROVED BO # ASB 17027		
ASB APPROVED PO# HOD 102		
Haley Bambart	Haley Barnhard ASB Secretary	6/16/16
SIGNATURE OF ASB OFFICER	PRINTED NAME AND TITLE	DATE

CA#			



530/891-3000 fas 891-3220 www.ChisoUSD.org

	Completed By: ADDISON DWYER	Phone: <u>(530)</u> 514-4234
	1. This Agreement is made by and between CUSD - PVH	S ASB and:
	Name: ADDISON DWYER	
	Email Address: ADWYER44@GMA	
	Street Address/POB: <u>1273 DALE WAY</u>	
	City, State, Zip Code: <u>CHICO, CA 95926</u>	
	Phone: (530) 514-4234	
	Taxpayer ID/SSN:	
	7/25/16	To: <u>7/29/16</u>
	This agreement will be in effect From: 7/25/16	10
	Location of Services: PVHS	
	2. Scope of Work to be performed and Goal (Strategic Pla	n, Site Plan, Other) to be achieved as a result of Independent Contracto
	Services :	
	a. Scope of Work: VIKING FOOTBALL CAMP	
	TO TEACH THE ELINDAMENT	ALS OF FOOTBALL
	b Goal (if applicable): TO TEACH THE FUNDAMENT	ALS OF TOO IDALE
		i i i i i i i i i i i i i i i i i i i
3.		f: Amount:
	a, FOOTBALL 630	φουσίου
	b	_ <u>Ş</u>
	C,	_ \$
		II
4.	<ul> <li>Payment to Independ ent Contractor for services actual</li> </ul>	illy rendered and supported by Independent Contractor initiated
	invoices, the District will pay the Independent Contractor n	of to exceed the payment criteria as follows:
	\$ \$ 15.00 Hourly Rate X 40.00 # Hours = \$	\$ 600.00 Total for Services
	(For Flat Rate fees, please place the flat rate under "hourl	y rate" and use "1" for number of hours.)
	A CONTRACTOR OF THE CONTRACTOR	to make an allow the successful and
	Additional Expenses (if applicable, in the event of changes	to service or other expense types)
	Item:	
	Item:	\$ 0.00 Total of Additional Expenses
	Ş	
	\$	\$ 600.00 Grand Total (Services + Additional Expenses)
5. Con	mpleted BS10A"Certificate of Independent Consultant Agreen	nent" guideline is: On File 🗸 Attached
6. Con	mpleted W9 "Request for Taxpayer ID Number/Certification"	form is: On File 🗸 Attached

Addison

### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

A 1-1-1		
Independent Contractor Name: Add SIN	Dwyer CA#	t i t i t i i i i t ti l i i fi i i i i i i i i i i i i i i i
compensation or unemployment benefits in connection with this payment of all Federal, State and Local taxes or contributions, in	pendently, not as an employee of the District; therefore, the D s Independent Contractor Agreement. Independent Contractor sh cluding Unemployment Insurance, Social Security, and Income Tax	ian assume run responsibility for
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 A 3. In the performance of the work herein contemplated, the Inde	Agreement. Pendent Contractor with the authority to control and direct the p	
work, the District being interested in the results obtained.	g, 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 employe	es utilized by the Independent
Contractor.  5. Independent Contractor agrees to defend, indemnify and hold	harmless the District, its Board of Trustees, employees and agent	s from any and all liability or loss
arising in any way out of Independent Contractor's negligence in damage sustained by Independent Contractor, and/or the Indep	the performance of this Agreement, including, but not limited to	o, any claim due to injury and/or
6 Independent Contractor will provide to Assistant Superintend	dent, Business Services, upon request, a Certificate of Insurance :	showing a minimum \$1,000,000
combined single limits of general liability and automobile covera 7. Neither party shall assign nor delegate any part of this Agreen	nent without the written consent of the other party.	
a The week completed barola must meet the annroyal of the I	district and shall be subject to the District's general right of inspe	ection to secure the satisfactory
completion thereof. Independent Contractor agrees to comply we future become applicable to Independent Contractor, Independent	ith all Federal, State, Municipal and District laws, rules and regular indent Contractor's business, equipment and personnel engaged	in operations covered by this
Agreement or occurring out of the performance of such operation	ons.	
9. The Independent Contractor will be paid by vendor check as a 10, Independent Contractor shall provide an original invoice to	the Originating Administrator, Independent Contractor snall be p	oald within 30 days of receipt of
turning and puth extraction of naumont forwarded to the CLISD Ac	counts Payable department along with the original invoice. cause, upon 30 days' written notice to the other. Vendor shall be p	
as of the date of receipt of such notice.		
12. AGREED TO AND ACCEPTED:		
12	Addison Duyer	4/4/16
	Printed Name	Date
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:		
Much. Coll	MARK Cooler	6-20-16
Signature of ASB Advisor	Printed Name	Date
14. APPROVED:		5-11
14. APPROVED.		c/20/11
The same	J. Shipher	(e / 9°// (e )
Signature of Site Administrator	Printed Name	Date
15. APPROVED:		
Signature of District Administrator,	Printed Name	Date
Business Services		
ASB APPROVED PO # ASB 17029		
ASB APPROVED PO # / / / / /		
Haley Burnhaint	Haley Bornhart ASB Secretary	6/16/16
SIGNATURE OF ASB OFFICER	PRINTED NAME AND TITLE	DATE

CA#		
C/ til		



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

	Completed By: CHRIS MCHENRY Phone: (530) 518-9226	
	This Agreement is made by and between CUSD - PVHS ASB and:     Name: CHRIS MCHENRY	
	Email Address: CNMCHENRY8@GMAIL.COM	
	Street Address/POB: 1015 LUPIN AVE	
	City, State, Zip Code: CHICO, CA 95973	
	Phone: (530) 518-9226	
	Taxpayer ID/SSN:	
	This agreement will be in effect From: 7/25/16 To: 7/29/16	
	Location of Services: PVHS	
	<ol> <li>Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Indeper Services:</li> <li>a. Scope of Work:</li> </ol> VIKING FOOTBALL CAMP	ndent Contractor
	b Goal (if applicable): TO TEACH THE FUNDAMENTALS OF FOOTBALL	
	3. ASB account name(s) paying for services: ASB account #: Amount:	
	a. <u>FOOTBALL</u> 630 \$ \$600.00	
	b. \$	
	c\$	
		star initiated
	4. Payment to Independ ent Contractor for services actually rendered and supported by Independent Contra	ctor initiated
	invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\$ 15.00 Hourly Rate X 40.00 # Hours = \$ \$600.00 Total for Services	
	\$\$ 15.00 Hourly Rate X 40.00 # Hours = \$ \$600.00 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)	
	Item:	
	Item: \$ \$ \$ 0.00 Total of Additional Expenses	
	\$ \$600.00 Grand Total (Services + Additional Expenses	1202
	S Grand Total (Scrytces in Additional Expension	503)
5.	Completed BS10A"Certificate of Independent Consultant Agreement" guideline is:	
6.	Completed W9 "Request for Taxpayer ID Number/Certification" form is:	

#### INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

#### Independent Contractor Name:

CA#

- 1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.
- 2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page I of this Agreement,
- 3. In the performance of the work herein contemplated, the independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
- 4. If applicable, the Independent Contractor will certify in writing, using Administration Form #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.
- port, 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:	nut cause, upon so uays written notice to the other vendor shall be p	,
	Chris McHenry	4/4/16
Signature of Independent Contractor	Printed Name	Date
13. AGREED TO AND ACCEPTED:  Signature of ASB Advisor	MARK Cooley Printed Name	<u>C-20-16</u> Date
14. APPROVED:		1 2
Signature of Site Administrator  15. APPROVED:	Printed Name	C/2 K/I( Date
Signature of District Administrator, Business Services	Printed Name	Date
ASB APPROVED PO# ASB 17028		
Haley Bornbort	Haley Bornhart ASB Secretar	7 6/16/16
SIGNATURE OF ASB OFFICER	PRINTED NAME AND TITLE	DATE



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

#### **CONSULTANT AGREEMENT**

	A completed BS10a. "Certificate of Independent Consultant Agreement" guideline is:  On File (click to view)  Attached if not on file				
2.	A completed W9 "Request for Taxpayer Identification Number and Certification" form is:  On File (click to view)  Attached if not on file				
	This Agreement to furnish certain consulting services is made by and between Chico Unified School District and:				
	Name: Family Behavior Solutions, LLC dba Family First Street Address/POB: 333 Main St. #200 City, State, Zip Code: Chico, CA 95928 Phone: 916-698-7854 Taxpayer ID/SSN:				
	This agreement will be in effect from: 7/1/2015 to: 6/30/2016 Location(s) of Services: various				
3.	Scope of Work to be performed: (attach separate sheet if necessary)  Behavior consulation and follow-up of selected students				
4.	Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Consultant Services: FAPE				
5.	Funding/Programs Affected: (corresponding to accounts below)  1) Special Education  2)  3)				
6,	Pct. (%) Fund Resource Proj/Yr Goal Function Object Site Manager  1) 100 01 6500 0 7600 5800 570 6500  2) 5800 5800 5800				
7.	Is there an impact to the General Fund, Unrestricted funding? Yes No				
	Payment to Consultant: For services actually rendered and supported by Consultant initiated invoices, the District will pay consultant not to exceed the payment criteria as follows:				
8.					
8.					
	District will pay consultant not to exceed the payment criteria as follows:  \$ 85.00 Per Unit, times 160.00 #Units = \$ 13,600.00 Total for Services  Additional Expenses				
	District will pay consultant not to exceed the payment criteria as follows:  \$ 85.00 Per Unit, times 160.00 #Units = \$ 13,600.00 Total for Services				

#### CONSULTANT TERMS AND CONDITIONS

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

#### Consultant Name: Family Behavior Solutions, LLC dba Family First

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

http://www.chicousd.org/documents/BUSINESS/Consultant Agreement/BS 10a 11 04 rev.pdf. IRS publication SWR 40 and IRS Ruling 87-41 will assist in determining the payment method applied to this Agreement.

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

12. AGREED TO AND ACCEPTED: (If determined to be a Contract Jonathan McCabe 2015.07.31 10:20:59 -07'00'	Jonathan McCabe, Director	reduce takes Willinglary	
(Signature of Consultant)	(Printed Name)	Date	
13. RECOMMENDED:			
Exic Siede	Eric Snedeker, Director	8/10/15	
(Signature of Originating Administrator)	(Printed Name)	Date	
14, APPROVED:			
	Jaclyn Kruger, Director		
(Signature of District Administrator, or Director of Categorical Programs)	(Printed Name)	Date	
APPROVED;	Consultant Contract Employee		
2032	Kevin Bultema, Asst. Supr.	8-12-15	
(Signature of District Admin, Business Services	(Printed Name)	Date	
15, Authorization for Payment:			
CHECK REQUIRED (Invoice to accompany payment request):  Partial Payment through:  Date	DISPOSITION OF CHECK by Accounts Payable: (check released upon completion of services) Send to Site Administrator:		
Full or Final Payment	Mail to Consultant	(Date Check Required)	
ė .			

### CHICO UNIFIED SCHOOL DISTRICT

1163 E. 7<sup>th</sup> Street, Chico, CA 95928 (530) 891-3000

### CONSULTANT AGREEMENT

For Services Provided to ASB

1. A con	npleted BS10a. "Guidelines for	Employing Independ		ultants" certificat	e is:	
	On FileX_	At	tached			
2. A con	npleted W9 "Request for Taxpa	yer Identification N	umber and Certifica	ation" form is:		
	On File _X	At	tached			
This Agreeme	ent to furnish certain consulting s	ervices is made by	and between Chico	Unified School D	istrict ASB a	nd:
Paradise, CA, Phone: (530) Taxpayer ID/S This agreemen	Bòx 3490- 265 -95967 Bangor, Ca. 95914 1521-8695	r)	rom: August 2016	To: June 20	17	
	Work to be performed: (attach seps for the 2016-17 Football season;		eague Contests			
4. Goal (Stra	ategic Plan, Site Plan, Other) to	be achieved as a res	ult of Consultant se	rvices:		
<ol> <li>ASB Fo</li> </ol>	unt name to be Charged: (correspotball #630-Non League otball #138 - League	oonding to accounts be	elow)	ė		
6. Account(s	s) to be Charged: Account					
1) ASB Fo 2) ATH Fo 3)	# Amount potball 630 \$2,500.00					
7. Payment	to Consultant: (for the above ser	vices, ASB will pay	Consultant as follo	ows)		
\$	0 Per Unit, times	0 # Units	= \$	\$5,000.00	Total for S	ervices
Unit: P	Per Hour Per Day X	Per School Year				
Additional Exp	enses; (i.e. mileage, hotel, air fare, etc)	\$ \$		\$	Total for	Addit'l Expense
		\$	5,000.00	71200 KT 2120 KT 2000 KT 2000	Total exceed)	
	\$5,001.00 or more require Board App	proval: (date to				
Board)		(t	o be completed by Busin	ness Services)		
				CA#		

8.

- a. The Consultant will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Consultant Agreement. Consultant shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Consultant's employees. (Not applicable to Contract Employee)
- b. Consultant shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.
- c. In the performance of the work herein contemplated, Consultant is an independent contractor, with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
- d. If applicable, the Consultant will certify in writing, using <u>Administration Form #3515.6.1</u>, that criminal background checks have been completed as per <u>Board Policy #3515.6</u> prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Consultant.
- e: Consultant agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Consultant's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Consultant, and/or the Consultant's employee or agents.
- f. Consultant will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District. (Not applicable to Contract Employee)
- g. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.
- h. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Consultant agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become, applicable to Consultant, Consultant's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

11. AGREED TO AND ACCEPTED: (If determined to be a Contract Employee, a payroll check will be issued with applicable taxes withheld.)  Thursday Shirey 7/7/16	
Killelf Shin Kimball Shirey 7/7/16	
(Signature of Consultant) (RECOMMENDED:  (Signature of Originating Faculty Advisor)  (Print Name)  (Date)	
ASB Requisition/PO#issued by ASB ** **ASB Requisition/PO# required before C.A. submitted to District approval.	
Haley Barnhart Haley Barnhart ASB Secretary 5/17/16	
(Signature of ASB Officer) (Print Name and Title) (Date)	
Sole Shepher Single 5/18/16	
(Signature of Principal) (Print Name and Title) (Date)	
APPROVED:  (Signature of Administrator – Business (Print Name and Title) (Date) Services)	
13. Authorization for Payment: Consultant Contract Employee	
(a). CHECK REQUIRED (Invoice to accompany payment request):	
Partial Payment thru: (Date)  Full or Final Payment	
(b). \$	
	THE PROPERTY OF



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

Cor	nple	ted By: John St	hepherd			Phone: <u>(530</u>	) 891-3050			
1.	Thi	s Agreement i		nd between (	Chico Unified S	School Distri	ct and:			
				ress: none	en e					
		Str		POB: 4885 Ball	s Ferry Rd.					
				Code: Anderson						
			Pł	none:						
			Taxpayer ID,	/SSN: 68-01570	79					
	This	agreement v	vill be in effe	ct From: 8/18/	16	To: 6/10/17				
		Code: <u>020</u>		<del></del>			of Services: PVI	HS		
2.		pe of Work to vices (attach s Scope of Wo	eparate shee	et if necessary	·):		ner) to be achie		•	ndent Contractor
2	b.						itam Al			
3.	run a.			rted (correspo /ar G Soccer (645	nding to acco ) = \$660.00	unts listed ir	item 4):			
	b.	Var B Soccer (#6	640) = \$660.00							
	c.	Ath B and G Soc	ccer (#138) = \$4,	950.00						
	_	Dersont (0/)	Cond	I Descures	T Drain at Was r	Cool	T Constian	Ohioat	Cita	Managar
4.		Percent (%) 0.00%	Fund 01	Resource 9014	Project/Year	Goal 1232	Function 4000	Object 5800	Site 020	Manager 2020
			1	3014		1.202	1	5800	020	2020
	17.5%	0.00%		<b>+</b>	<del>                                     </del>		<del>- </del>	5800	+	+
5.	invo	oices, the Disti	rict will pay t	he Independe	ent Contractor	not to exce	d and supporte ed the paymen Total for Se	t criteria as		tractor initiated
	T						d use "1" for nu		ours.)	
	Add Iten Iten	n:	8 8 8		=		or other expen Total of Ada Grand Tota	ditional Exp	enses Additional E	(xpenses)
6.	Con	npleted BS10A	A "Certificate	of Independe	ent Consultant	Agreement	" guideline is:	On File	Attached	
7.	Con	npleted W9 "F	Request for T	axpayer Ident	ification Num	ber/Certifica	ation" form is:	<b>√</b> On File	Attached	
		states all Con		55	ntractor contra rizing signatur		brought to the	Board for A	pproval.	

- a. The Consultant will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Consultant Agreement. Consultant shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Consultant's employees. (Not applicable to Contract Employee)
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- e. Consultant agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Consultant's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Consultant, and/or the Consultant's employee or agents.
- f. Consultant will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District. (Not applicable to Contract Employee)
- g. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.
- h. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Consultant agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become, applicable to Consultant, Consultant's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

11.	AGREED TO AND ACCEPTED:	(If determined to be a Contract Employee, a payroll check will be issued v	vith applicable taxes withheld.)
	blen C Commun	[40/N C. 00N/OE/Z]	Le-1-14
(12823 V	(Signature of Consultant)	(Print Name) (L	vate)
12.	Moladon	Pam Jackson	(Date)
	(Signature of Originating Faculty Advisor)	(Print Name)	(Date)
	\	100 p 111 mg #1700 5 1 11 100 tt	** A CD D     DO!
	APPROVED:	ASB Requisition/PO # 17005 issued by ASB **	**ASB Requisition/PO# required before C.A. submitted to District for approval.
	(Signature of ASB Officer)	(Print Name and Title)  Haley Barnhart ASB Secretary	5/17/16 (Date)
	(Signature of Principal)	(Print Name and Title)	<u>5/11)1C</u> (Date)
	APPROVED:	(First Name and Fixe)	(2)
	M THO , EE.		
	(Signature of Administrator – Business Services)	(Print Name and Title)	(Date)
13.	Authorization for Payment:	Consultant Contract E	mployee
	(a). CHECK REQUIRED (Invoice	to accompany payment request):	
	Partial Payment thru: (Date)		
	Full or Final Payment		
l			
	(b). \$		
	(Amount) (Originatin	g Administrator Signature – Use Blue Ink) (Dat	(e)

CA#				



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

Coi	nplet	ed By: John Si	hepherd			Phone: <u>(530)</u>	891-3050			5
1.	This	Agreement i		nd between ( lame: NCFHUA		School Distri	ct and:			
				dress: none	(Field Flooricy)					
		Str		/POB: 309 Avoc	et Ave.					
				Code: Davis, CA				-		
			Pl	hone:				,		
			Taxpayer ID	/SSN: 47-31273	11					
		agreement v Code: 020	vill be in effe	ct From: <u>8/18/</u>	16	To: 6/10/17 Location(s)	of Services: PV	HS		
2.	Serv	vices (attach s	separate shee	ed and Goal (S et if necessary Officials for 16	<b>/):</b>		er) to be achie		37.603	
	b.	Goal (if appli	cable):							
3.	Funda. b.	Ath FH (#138) =	\$1,870.00		70					
	C.									
4.		Percent (%)		Resource	Project/Year		Function	Object	Site	Manager
		0.00%	01	9014	0	1232	4000	5800	020	2020
	2	0.00%			-			5800		_
	3	0.00%		1				5800	100	
5.										tractor initiated
							d the paymen		follows:	
							Total for Se			
	(For	Flat Rate fee	s, please pla	ce the flat rat	te under "hou	ırly rate" and	use "1" for n	umber of ho	urs.)	
	Add						or other expen			
	Item				——	\$	===			
	Item	1:				\$				
						\$ 0.00		ditional Expe		
						\$ \$ 1,870.00	Grand Tota	l (Services +	Additional E	xpenses)
6.	Com	pleted BS10A	\ "Certificate	of Independe	ent Consultan	t Agreement"	guideline is:	On File	Attached	
7.	Com	pleted W9 "R	Request for T	axpayer Ident	ification Num	ber/Certifica	tion" form is:[	<b>√</b> On File	Attached	
		states all Con proval Date:			tractor contra rizing signatu		prought to the	Board for A	pproval.	
DUd	iu Af	provar Date:		board autilo	i izilig signatu	ic.				

- a. The Consultant will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Consultant Agreement. Consultant shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Consultant's employees. (Not applicable to Contract Employee)
- b. Consultant shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.
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covered by this Agreement or occ	urring out of the performance of such operations.	
I. AGREED TO AND ACCEPTED	D: (If determined to be a Contract Employee, a payroll check will be issued	with applicable taxes withheld.)
Steve Bur	Steve Brown	5-26-16
(Signature of Consultant)	(Print Name)	(Date)
2. RECOMMENDED:	Pam Jacuson	5-26-16 (Date)
(Signature of Originating Faculty Advisor)	(Print Name)	(Date)
APPROVED:	ASB Requisition/PO # issued by ASB **	**ASB Requisition/PO# required before C.A. submitted to District for approval.
Heley Barnhart	Haley Barnhart ASB Secretary (Print Name and Title)	5/17/16
(Signature of ASB Officer)	(Print Name and Title)	(Date)
(Signature of Principal)	(Print Name and Title)	S/18//( (Date)
APPROVED:	(Fine (value and Fine)	(Date)
(Signature of Administrator – Business Services)	(Print Name and Title)	(Date)
3. Authorization for Payment	Consultant Contract I	Employee
(a). CHECK REQUIRED (Invoice	e to accompany payment request):	
Partial Payment thru: (Date		
Full or Final Payment		
(b).		
\$	na Administrator Cignatura Lles Blue Indo	240)
(Amount) (Originati	ng Administrator Signature – Use Blue Ink) (Da	ate)

CA#				



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

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

Coi	mpleted By:	Shepherd			Phone: <u>(530</u>	) 891-3050			
1.	This Agreemen		nd between (		School Distri	ct and:			
			dress: rbarrett15						
	Ç	Street Address,				2 2			
		City, State, Zip							
			hone: (530) 891						
			/SSN: 68-03490				-		
	This agreement Site Code: 020				To: 6/10/17	of Services: PV			
2.	Scope of Work		et if necessary	·):	Site Plan, Oth	**************************************		ılt of Indeper	ndent Contractor
	-	plicable):							
3.	Funding/Progra a. B BkB (#610)		cted (correspo	nding to acco	unts listed in	item 4):			
	b. G Bkb (#615)	= \$4,400.00							
	c. Ath B and G E	3kB (#138) = \$5,50	0.00						
4.	Percent (%	) Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
	1 0.00%	01	9014	0	1232	4000	5800	020	2020
	2 0.00%					=	5800		
	3 0.00%	II.					5800		
5.	invoices, the Di	strict will pay t Hourly Rate <b>X</b>	he Independe	nt Contractor # Hours =	not to excee \$ \$ 16,500.00	ed the payment Total for Ser	criteria as f vices	follows:	tractor initiated
	Additional Expe	enses (if applic	able, in the ev	ent of change	es to service o	or other expens	se types)		
	Item:		556 		\$		200 20		
	Item:				\$				
					\$ \$ 0.00 \$ \$ 16,500.00	Total of Add Grand Tota		enses Additional Ex	xpenses)
6.	Completed BS10	OA "Certificate	of Independe	ent Consultant	: Agreement"	guideline is:	On File	Attached	
7.	Completed W9	"Request for T	axpayer Ident	ification Num	ber/Certifica	tion" form is:	/ On File	Attached	
	3600 states all Co			tractor contra		prought to the	Board for Ap	oproval.	

CA#		

- a. The Consultant will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Consultant Agreement. Consultant shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Consultant's employees. (Not applicable to Contract Employee)
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- c. In the performance of the work herein contemplated, Consultant is an independent contractor, with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
- d. If applicable, the Consultant will certify in writing, using <u>Administration Form #3515.6.1</u>, that criminal background checks have been completed as per <u>Board Policy #3515.6</u> prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Consultant.
- e. Consultant agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Consultant's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Consultant, and/or the Consultant's employee or agents.
- f. Consultant will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District. (Not applicable to Contract Employee)
- g. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.
- h. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Consultant agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become, applicable to Consultant, Consultant's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

(If determined to be a Contract Employee, a payroll check will be issue	/
1 strat 1	6-3/6
(Print Name)	(Date)
Pam Jackson (Print Name)	(Date)
ASB Requisition/PO #issued by ASB **	**ASB Requisition/PO# required before C.A. submitted to District for approval.
Haley Barnhart ASB Secretary (Print Name and Title)	5/17/16 (Date)
(Print Name and Title)	5/19/16 (Date)
*	
(Print Name and Title)	(Date)
Consultant Contract	Employee
accompany payment request):	
Administrator Signature – Use Blue Ink) (I	Date)
	(Print Name)  Ports ASI3  ASB Requisition/PO# 1700 4 issued by ASB **  Haley Barrhart ASB Secretary (Print Name and Title)  (Print Name and Title)  (Print Name and Title)  Consultant  Contract  accompany payment request):

CA#		



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

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



b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Softball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#6005-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00  C. Softball (#600-4) = \$3,850.00  C. Softball (#600 total of \$7,700.00  Defection of \$1,700.00  Defection of \$1,700.0	pleted I	By: John Sh	nepherd			Phone: (530	) 891-3050		-	
Street Address/POB: 2395 Rilchie Circle City, State, Zip Code: Cibico, CA 95926 Phone: (530) 891-3050 Taxpayer ID/SSN: 69-0341706  This agreement will be in effect From: 8/18/16	This Ag	greement i	is made by a	and between C	Chico Unified	School Distri	ct and:			
Street Address/POB: 2396 Nichoic Circles. Case September 2015 City, State, Zip Code: Chico, CA 95926 Phone: (630) 891-3050  Taxpayer ID/SSN: 68-0341706  This agreement will be in effect From: 8/18/16 To: 6/10/17  Site Code: 020 Location(s) of Services: PVHS  2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Services (attach separate sheet if necessary): a. Scope of Work: Game Officials for 16-17 season  b. Goal (if applicable):  6. Funding/Program/Grant Affected (corresponding to accounts listed in item 4): a. Softball (8600-4) = \$11,550.00 c. Softball (8600-4) = \$13,550.00 c. Softball (8600-4) = \$3,850.00  1. Percent (%) Fund Resource Project/Year Goal Function Object Site In 1,000% or 1			1	Name: NCBSOA	(Softball, Baseba	II)				
City, State, Zip Code: Chloor, CA 98928 Phone: (503) 891-3050  Taxpayer ID/SSN: 68-0341706  This agreement will be in effect From: 8/18/16 To: 6/10/17  Location(s) of Services: PVHS  Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Services (attach separate sheet if necessary): a. Scope of Work: Game Officials for 16-17 season  b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4): a. Softbail and Basebail(#03-5) = \$3,850.00 each for total of \$7,700.00  b. Basebail (#605-4) = \$11,550.00 c. Softbail (#605-4) = \$3,850.00  c. Softbail (#605-4) = \$3,850.00  2. Percent (%) Fund Resource Project/Year Goal Function Object Site In 10,00% of 1 9014 of 1232 4000 5800 020 202  2. 0,00% of 1 9014 of 1232 4000 5800 020 202  2. 0,00% of 1 9014 of 1232 4000 5800 020 202  3. 0,00% of 1 8014 of 1232 4000 5800 020 202  2. 0,00% of 1 9014 of 1232 4000 5800 020 202  3. 0,00% of 1 9014 of 1232 4000 5800 020 202  3. 0,00% of 1 9014 of 1232 4000 5800 020 202  3. 0,00% of 1 9014 of 1232 4000 5800 020 202  4. Function Object Site In 10,00% of 1,00%			Email Ad	dress:						
Phone: (630) 891-3050  Taxpayer ID/SSN: 88-0341706  This agreement will be in effect From: 8/18/16										
Taxpayer ID/SSN: 68-0341706  This agreement will be in effect From: 8/18/16		City								
This agreement will be in effect From: 8/18/16  To: 8/10/17  Location(s) of Services; PVHS  Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Services (attach separate sheet if necessary):  a. Scope of Work: Game Officials for 16-17 season  b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Softbell and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#605-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site In 1 0.00% 01 9014 0 1232 4000 5800 020 202  2 0.00% 01 9014 0 1232 4000 5800 020 202  2 0.00% 05 5800 0 5800 0 0 5800 0 0 0 0 0 0 0 0										
Site Code: 020			Taxpayer ID	)/SSN: <u>68-03417</u>	06					
Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Services (attach separate sheet if necessary):  a. Scope of Work: Game Officials for 16-17 season  b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Softball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#600-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00  7. Percent (%) Fund Resource Project/Year Goal Function Object Site 1 1 0.00% 01 9014 0 1232 4000 5800 020 200 200 200 200 3 0.00% 5800 000 5800 000 5800 000 000 000 000	This agr	greement w	vill be in effe	ect From: 8/18/	16					
b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Softball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#600-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00  Softball (#600-4) = \$4,000  Softb	Site Coo	ode: <u>020</u>				Location(s)	of Services: PVI	HS .		
a. Scope of Work: Game Officials for 16-17 season  b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Softball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#605-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00   Percent (%) Fund Resource Project/Year Goal Function Object Site In 1 0.00% 01 9014 0 1232 4000 5500 020 202 202 2 0.00% 5500 020 5500 020 202 2 0.00% 5500 020 5500 020 5500 020 5500 020 5500 020 02						Site Plan, Oth	er) to be achie	ved as a res	ult of Indepe	ndent Contr
b. Goal (if applicable):  Funding/Program/Grant Affected (corresponding to accounts listed in item 4): a. Softball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00 b. Baseball (#600-4) = \$11,550.00 c. Softball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site No. 10,00%										
Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Soltball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#605-4) = \$11,550.00  c. Soltball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site Market	a. Sco	ope of Wor	rk: Game (	Officials for 16	o-17 season					
Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Soltball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#605-4) = \$11,550.00  c. Soltball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site Market	-									
Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Sotiball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#600-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site Market S	-							7	79	
Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. Sotiball and Baseball(#38-5) = \$3,850.00 each for total of \$7,700.00  b. Baseball (#600-4) = \$11,550.00  c. Softball (#600-4) = \$3,850.00   Percent (%) Fund Resource Project/Year Goal Function Object Site Market	b. Goa	oal (if applic	cable):							
a. Softball and Baseball(#138-5) = \$3,850.00 each for total of \$7,700.00 b. Baseball (#605-4) = \$11,550.00 c. Softball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site M 1 0.00% 01 9014 0 1232 4000 5800 020 202 202 0.00% 5800 020 5800 020 202 0.00% 5800 020 020 020 020 020 020 020 020 020		200	1/2-1							
b. Baseball (#605-4) = \$11,550.00 c. Softball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site Market M	Funding	g/Program	/Grant Affe	cted (correspo	nding to acco	unts listed in	item 4):			
C. Softball (#600-4) = \$3,850.00  Percent (%) Fund Resource Project/Year Goal Function Object Site In 1 0.00% 01 9014 0 1232 4000 5800 020 202 0.00% 5800 020 5800 020 3 0.00% 5800 020 5800 020 5800 020 5800 020 5800 020 020 020 020 020 020 020 020 020	Cof									
Percent (%) Fund Resource Project/Year Goal Function Object Site M 1 0.00% 01 9014 0 1232 4000 5800 020 200 200 3 0.00% 5800 0	b. Bas	aseball (#605-4	4) = \$11,550.00							
1 0.00% 01 9014 0 1232 4000 5800 020 202 203 0.00% 5800 020 203 0.00% 5800 0	c. Soft	oftball (#600-4)	) = \$3,850.00							
1 0.00% 01 9014 0 1232 4000 5800 020 202 202 0.00% 5800 020 202 0.00% 5800 5800 5800 5800 5800 5800 5800 5										
2 0.00% 5800  Payment to Independent Contractor for services actually rendered and supported by Independent Contractor invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows: \$\$23,100.00 Hourly Rate X 1.00 # Hourly = \$\$23,100.00 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)			Fund	Resource	Project/Year	Goal	Function		Site	Manage
3 0.00%  Payment to Independent Contractor for services actually rendered and supported by Independent Contractor invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\$\frac{\$\\$ 23,100.00}{\$\}\$ Hourly Rate X \frac{1.00}{\$\}\$ # Hours = \$\\$\$\\$\$\\$\$\\$23,100.00 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)  Item:  \$\$\\$\$\\$\$\\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		00%	01	9014	0	1232	4000		020	2020
Payment to Independent Contractor for services actually rendered and supported by Independent Contractor invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\frac{\$\\$ \cdot 23,100.00}{\$\} \text{ Hourly Rate X} \frac{1.00}{\$\} # \text{ Hours} = \frac{\$\\$ \cdot 23,100.00}{\$\} \text{ Total for Services} \text{  (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)  Item:  \$\frac{\$\\$ \text{ \left} 0.00}{\$\} \text{ \left} \text{ Total of Additional Expenses} \\ \$\frac{\$\\$ \frac{\$\\$ 0.00}{\$\} \text{ Total of Additional Expenses} \\ \$\frac{\$\\$ \frac{\$\\$ \frac{3}{2},100.00}{\$\} \text{ Grand Total (Services + Additional Expenses)} \\ \$\text{ Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: \int \text{On File } \text{ Attached}		00%								
invoices, the District will pay the Independent Contractor not to exceed the payment criteria as follows:  \$\frac{\\$ \cdot 23,100.00}{\} \] Hourly Rate X \( \frac{1.00}{\} \) # Hours = \( \frac{\\$ \cdot 23,100.00}{\} \] 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)  Item:    \frac{\\$ \cdot \}{\} \]  Item:    \frac{\\$ \cdot \}{\} \]    \frac{\\$ \cdot \}{\} \cdot \}{\} \]    \frac{\\$ \cdot \}{\} \cdot \}{\} \]    \frac{\\$ \cdot \}{\} \cdot \}{\} \cdot \}{\} \]    \frac{\\$ \cdot \}{\} \cdot \}{\} \cdot \}{\} \cdot \}{\} \cdot \} \     \frac{\\$ \cdot \}{\} \cdot \  \cdot \}{\} \cdot \]    \frac{\\$ \cdot \}{\} \cdot \}{\} \cdot \}{\} \cdot \}{	3 0.00	00%						5800		
(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)    Item: \$   tem: \$   \$ 0.00	3 o.oo Paymen invoices	ent to Inde	rict will pay	the Independe	ent Contractor	not to excee		5800 ed by Inde		ntractor in
Additional Expenses (if applicable, in the event of changes to service or other expense types)  Item: \$	T									
Item: \$	(For Fla	at Rate fees	s, please pla	ace the flat rat	te under "hou	ırly rate" and	d use "1" for nu	umber of ho	ours.)	
Item: \$	∧ ddi±i.c.	onal Evnon	sas lif annli	aabla in tha ay	iont of change	os to convice	ar athar avnan	so tumos)		
Stand Total of Additional Expenses   Stand Total (Services + Additional Expenses   Standard   Standar		25			250		or other expen	se types)		
\$\frac{\$\\$0.00}{\$\\$23,100.00}\$ Total of Additional Expenses \$\frac{\$\\$23,100.00}{\$\\$23,100.00}\$ Grand Total (Services + Additional Expense)  Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: \int On File Attached	60						<del></del>			
\$\frac{\$\\$23,100.00}{\$\}\$ Grand Total (Services + Additional Expense.  Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: \int On File Attached	item				<del></del>	The state of the second second	— Total of Ad	ditional Evn	oncoc	
. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: Von File Attached						III Cara-soco oceavariones				
						Ş <u>Ψ 23,100.00</u>	Grand Tota	(Services +	· Additional E	expenses
. Completed W9 "Request for Taxpayer Identification Number/Certification" form is:	Comple	eted BS10A	\ "Certificate	e of Independe	ent Consultan	t Agreement	" guideline is:	On File	Attached	
. Completed wo needlest for taxpayer identification Number/Certification form is.	Comple	eted W9 "R	Sequest for	Tavnaver Ident	ification Num	her/Certifics	ation" form is.	Zhn File [	Attached	
	Compie	SECU VVJ IN	request for	anpayer lucili	meadon wall			V Pirrie		
P 3600 states all Consultants/Independent Contractor contracts shall be brought to the Board for Approval.	SOO etat	ates all Con	cultante/Inc	lenendent Cor	tractor contr	acts shall ha	brought to the	Board for A	nnroval	

- The Consultant will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Consultant Agreement. Consultant shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Consultant's employees. (Not applicable to Contract Employee)
- b. Consultant shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.
- c. In the performance of the work herein contemplated, Consultant is an independent contractor, with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
- d. If applicable, the Consultant will certify in writing, using <u>Administration Form #3515.6.1</u>, that criminal background checks have been completed as per <u>Board Policy #3515.6</u> prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Consultant.
- e. Consultant agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Consultant's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Consultant, and/or the Consultant's employee or agents.
- f. Consultant will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District. (Not applicable to Contract Employee)
- g. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.
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	(If determined to be a Contract Employee, a payroll check will be issued	with applicable taxes withheld.)
Raund Pase	RAYMOND PECK	05/21/16
(Signature of Consultant)	(Print Name) (I	Date)
12. KECOMMENDED:	0 7	1/00/11
10mm	Jam Jack son	4/20/16
(Signature of Originating Faculty Advisor)	(Print Name)	(Date)
	ASB Requisition/PO # 17008 issued by ASB **	**ASB Requisition/PO# required
APPROVED:		before C.A. submitted to District for
11 1 12 11	11.	approval.
Hally Swinhert	Holey Barnhart ASB Secretary	5/17/16
(Signature of ASB Officer)	(Print Name and Title)	(Date)
John Shall	John Supher	5/18/(
(Signature of Principal)	(Print Name and Title)	(Date)
APPROVED:		
(Signature of Administrator – Business Services)	(Print Name and Title)	(Date)
3. Authorization for Payment:	Consultant Contract E	Cmployee
(a). CHECK REQUIRED (Invoice	to accompany payment request):	
D C I D C I D C I I I I I I I I I I I I		
Partial Payment thru:(Date)		
Full or Final Payment		
I un of Final Laymont		
(b).		
(Amount) (Originating	Administrator Signature – Use Blue Ink) (Da	te)

CA#		



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

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

Co	mpleted By: John She	epherd	8		Phone: (530	) 891-3050					
1.	This Agreement is		d between C me: NCVOA (		School Distri	ct and:					
		Email Addre	-,,	+			-				
	Stre	et Address/P		r Lake Dr.							
	City	, State, Zip Co	de: Chico, CA	95973							
		Pho	ne: (530) 891	-3050							
	٦	Taxpayer ID/S	SN: 20-01602	84							
	This agreement wi	ill be in effect	From: <u>8/18/1</u>	6	To: 6/10/17 Location(s)	of Services: PV	HS				
2.	Scope of Work to be Services (attach see a. Scope of Work	parate sheet	if necessary	):		er) to be achie		an 1979 to termina — 1970 to the 19 <b>1</b> the terminate			
3.	b. Goal (if applic					item 4):					
٥.		Funding/Program/Grant Affected (corresponding to accounts listed in item 4):  a. B VB (#675) = \$4,400.00									
	b. G VB (#670) = \$1	,650.00							4		
	c. Ath G VB (#138)	= \$2,200.00									
	W										
4.	Percent (%)	Fund	Resource	Project/Year	t	Function	Object	Site	Manager		
		01	9014	0	1232	4000	5800	020	2020		
	2 0.00%						5800	÷			
	3 0.00%						5800				
5.	Payment to Indep invoices, the Distri \$ \$ 8,250.00 Ho (For Flat Rate fees	ct will pay the urly Rate $X_{-}^{1}$	e Independe .00	nt Contractor # Hours =	not to excee \$ \$ 8,250.00	ed the paymen Total for Se	t criteria as rvices	follows:	tractor initiated		
	Additional Expens					or other expen	505 80				
	Item:				\$\$ 0.00 \$ \$ 8,250.00		ditional Expo	enses Additional E	xpenses)		
6.	Completed BS10A	"Certificate o	f Independe	nt Consultant	: Agreement'				so •		
7.	Completed W9 "Re	equest for Tax	kpayer Ident	ification Num	ber/Certifica	tion" form is:[	<b>√</b> On File	Attached			
	3600 states all Cons ard Approval Date:			tractor contra		orought to the	Board for A	pproval.			

CA# _		

(Applicable, unless determined to be Contract Employee - See BS10a)

- a. The Consultant will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Consultant Agreement. Consultant shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Consultant's employees. (Not applicable to Contract Employee)
- b. Consultant shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page 1 of this Agreement.
- c. In the performance of the work herein contemplated, Consultant is an independent contractor, with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
- d. If applicable, the Consultant will certify in writing, using <u>Administration Form #3515.6.1</u>, that criminal background checks have been completed as per <u>Board Policy #3515.6</u> prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Consultant.
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- f. Consultant will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District. (Not applicable to Contract Employee)
- g. Neither party shall assign nor delegate any part of this Agreement without the written consent of the other party.
- h. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Consultant agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become, applicable to Consultant, Consultant's business, equipment and personnel engaged in operations covered by this Agreement or occurring out of the performance of such operations.

11. AGREED TO AND ACCEPTED: (1	f determined to be <sub>t</sub> a Contract Employee, a payroll check will be issued	with applicable taxes withheld.)
(Signature of Consultant)	Print Name)	5/26/14 Date)
12. RECOMMENDED:		)
VI DARDAM	Yam Jackson	6/2011P
(Signature of Originating Faculty Advisor)	(Print Name)	(Date)
APPROVED:	ASB Requisition/PO#issued by ASB **	**ASB Requisition/PO# required before C.A. submitted to District for approval.
Hully Barnhart	Haley Barnhart ASB Secretary	5/17/16
(Signature of ASB Officer)	(Print Name and Title)	(Date)
(Signature of Principal)	(Print Name and Title)	(Date)
	(Plint Name and Title)	(Date)
APPROVED:		
(Signature of Administrator – Business Services)	(Print Name and Title)	(Date)
13. Authorization for Payment:	Consultant Contract F	Employee
(a). CHECK REQUIRED (Invoice to	accompany payment request):	
Partial Payment thru:		
(Date)		
Full or Final Payment		
(b).		
\$		
(Amount) (Originating A	dministrator Signature – Use Blue Ink) (Da	ite)

BS-10.doc.8.29.08 dm Page 2 5/12/2016