



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

CA# _____

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

ASB Independent Contractor Agreement

Completed By: Kim Keyawa-Musselman Phone: (530) 520-5072

1. This Agreement is made by and between CUSD - CHS ASB and:

Name: Deserae Dahlgren
Email Address: missdesabraham@gmail.com
Street Address/POB: 4 Trieste Way
City, State, Zip Code: Chico, CA 95926
Phone: (530) 864-5997
Taxpayer ID/SSN: _____

This agreement will be in effect From: 8/8/16 To: 8/27/16
Location of Services: CHS field

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: Contact & organize parent volunteers for work shifts, food donations & creating signs; organize clothing & food vendors; schedule tournament play and coaches' meeting; be day-of contact.

b. Goal (if applicable): _____

3. ASB account name(s) paying for services:	ASB account #:	Amount:
a. <u>Field Hockey</u>	<u>625</u>	\$ <u>\$350.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:
\$ 12.50 Hourly Rate X 28.00 # Hours = \$ \$350.00 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:	\$ _____
	\$ <u>0.00</u> Total of Additional Expenses
	\$ <u>\$350.00</u> Grand Total (Services + Additional Expenses)

Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Deserae Dahlgren

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.
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:

Deserae Dahlgren
Signature of Independent Contractor

Deserae Dahlgren
Printed Name

7/1/16
Date

13. AGREED TO AND ACCEPTED:

Kim Ferguson-Musselman
Signature of ASB Advisor

Kim Ferguson-Musselman
Printed Name

7/1/16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

Mark Bucha
Printed Name

7/1/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO #

99032

Kevin Richardson
SIGNATURE OF ASB OFFICER

Olivia Richardson
PRINTED NAME AND TITLE

7/1/16
DATE

CA# _____



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

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

Independent Contractor Agreement

Completed By: Bonnie McCarthy Phone: (530) 891-3000

1. This Agreement is made by and between Chico Unified School District and:

Name: Loy Mattson - Mattson Enterprises
Email Address: loy@surewest.net
Street Address/POB: 7038 Almond Hill Court
City, State, Zip Code: Orangevale, CA 95662
Phone: (916) 849-0502
Taxpayer ID/SSN: _____

This agreement will be in effect From: 7/1/16 To: 6/30/17
Site Code: 570 Location(s) of Services: _____

2. Scope of Work to be performed and Goal (Strategic Plan, Site Plan, Other) to be achieved as a result of Independent Contractor Services (attach separate sheet if necessary):

a. Scope of Work: ERATE consulting - refine scope of work, walk through safety meetings, completion of ERATE forms/submission documentation, vendor/district communication, construction management, review bills for appropriate rebates

b. Goal (if applicable): To complete ERATE application process, to appropriately deploy technology, to effectively deliver curriculum and manage the operation of the district

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. California Teleconnect Fund (CTF) or Discounted Advanced Services
b. _____
c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100.00%	01	0000	0	0000	7700	5800	570	5400
2	0.00%						5800		
3	0.00%						5800		

5. Payment to Independent 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:

\$ \$ 115.00 Hourly Rate X 150.00 # Hours = \$ \$ 17,250.00 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
\$ \$ 17,250.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: ☒ On File ☐ Attached

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

Board Approval Date: _____ Board authorizing signature: _____

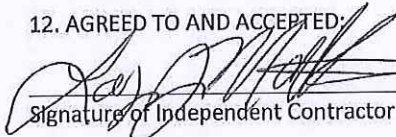
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Loy Mattison - Mattison Enterprises

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 1 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.

12. AGREED TO AND ACCEPTED:

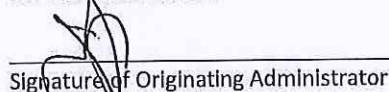

Signature of Independent Contractor

Loy Mattison

Printed Name

6/23/16
Date

13. RECOMMENDED:

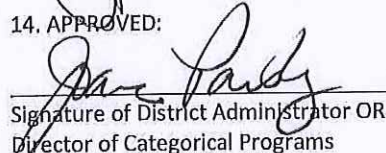

Signature of Originating Administrator

John Vincent, IT Director

Printed Name

6/27/16
Date

14. APPROVED:


Signature of District Administrator OR
Director of Categorical Programs

Joanne Parsley, Asst Supt

Printed Name

6-27-16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Kevin Bultema

Printed Name

Date

16. AUTHORIZATION FOR PAYMENT

CHECK REQUIRED

(Invoice to accompany payment request):

- ☐ Partial Payment through: _____
☐ Full or Final Payment

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)

- ☐ Send to Site Administrator (date): _____
☒ Mail to Independent Contractor

\$ _____
Amount

Originating Administrator Signature (Blue Ink)

Date

CA# _____



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530/891-3000
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www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: GILBERTO MOJICA Phone: (530) 570-8361

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: GILBERTO MOJICA
Email Address: GILMO52@YAHOO.COM
Street Address/POB: 150 W 21ST STREET
City, State, Zip Code: CHICO, CA 95928
Phone: (530) 570-8361
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____	
Item:	\$ _____	
	\$ <u>\$ 0.00</u>	Total of Additional Expenses
	\$ <u>\$ 600.00</u>	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

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

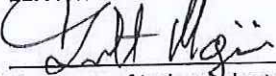
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

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 1 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.
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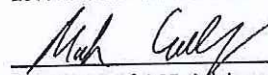
12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

Gilberto Mojica
Printed Name

4/11/16
Date

13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:


Signature of Site Administrator

J. S. Smith
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17615

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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1163 E. Seventh Street
Chico, CA 95928-5999

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

ASB Independent Contractor Agreement

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

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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____	
Item:	\$ _____	
	\$ <u>\$ 0.00</u>	Total of Additional Expenses
	\$ <u>\$ 600.00</u>	Grand Total (Services + Additional Expenses)

- Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
- Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

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 1 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.
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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.
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12. AGREED TO AND ACCEPTED:

Signature of Independent Contractor

Printed Name

Date

13. AGREED TO AND ACCEPTED:

Signature of ASB Advisor

Printed Name

Date

14. APPROVED:

Signature of Site Administrator

Printed Name

Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO #

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

ASB Independent Contractor Agreement

Completed By: DARREN MARSHALL Phone: (530) 864-1600

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: DARREN MARSHALL
Email Address: DMARSHAL@CHICOUSD.ORG
Street Address/POB: 101 AHWANNEE COMMONS #15
City, State, Zip Code: CHICO, CA 95928
Phone: (530) 864-1600
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

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Additional Expenses (if applicable, in the event of changes to service or other expense types)

Item:	\$ _____	
Item:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>\$ 600.00</u>	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
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Board Approval Date: _____ Board authorizing signature: _____

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

CA#

Independent Contractor Name:

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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.
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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:

Dan Marshall
Signature of Independent Contractor

Darren L. Marshall
Printed Name

4-28-16
Date

13. AGREED TO AND ACCEPTED:

Mark Cooley
Signature of ASB Advisor

Mark Cooley
Printed Name

4-28-16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

[Signature]
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17017

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary 6/16/16
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

ASB Independent Contractor Agreement

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: (530) 624-3893
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____
Item:	\$ _____
	\$ <u>\$ 0.00</u> Total of Additional Expenses
	\$ <u>\$ 600.00</u> Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

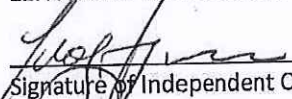
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

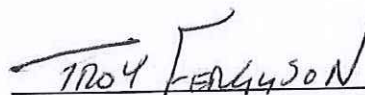
Independent Contractor Name:

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 1 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.


12. AGREED TO AND ACCEPTED:

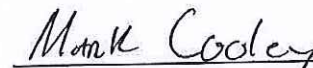

Signature of Independent Contractor


TROY FERGUSON
Printed Name

4-4-16
Date

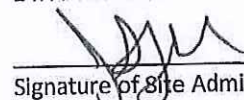
13. AGREED TO AND ACCEPTED:

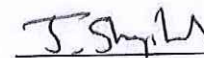

Signature of ASB Advisor


Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:


Signature of Site Administrator


J. Shyler
Printed Name

6/28/16
Date

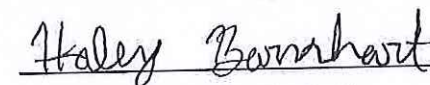
15. APPROVED:

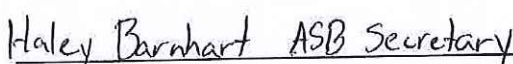
Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17018


SIGNATURE OF ASB OFFICER


Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

Completed By: TOM LEROSSIGNOL Phone: (530) 588-6873

1. 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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____	
Item:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>600.00</u>	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Tom LeRossignol

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 1 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.

12. AGREED TO AND ACCEPTED:

[Signature]
Signature of Independent Contractor

Tom LeRossignol
Printed Name

4/4/16
Date

13. AGREED TO AND ACCEPTED:

[Signature]
Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

J. Shepherd
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO #

ASB 17019

Halley Barnhart
SIGNATURE OF ASB OFFICER

Halley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

Completed By: MIKE GERLACH Phone: (530) 966-4636

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: MIKE GERLACH
Email Address: MGERLACH2223@YAHOO.COM
Street Address/POB: 702 MADRONE
City, State, Zip Code: CHICO, CA 95926
Phone: (530) 966-4636
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____	
Item:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>\$ 600.00</u>	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

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.
11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

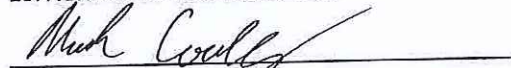
12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

Michael Gerlach
Printed Name

4/4/16
Date

13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:


Signature of Site Administrator

J. Shepherd
Printed Name

6/28/14
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17020

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

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

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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:

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(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:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>600.00</u>	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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


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 1 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.
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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.
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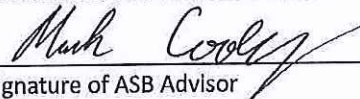
12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

Che' Nelms
Printed Name

4/4/2016
Date

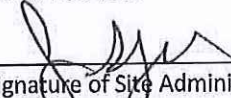
13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:


Signature of Site Administrator

J. Shupla
Printed Name

6/28/16
Date


15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17021


SIGNATURE OF ASB OFFICER

Hailey Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

Completed By: STEVE BAILEY Phone: (530) 330-9151

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: STEVE BAILEY
Email Address: SBOLIVES@GMAIL.COM
Street Address/POB: 2631 COUNTY ROAD
City, State, Zip Code: CHICO, CA 95943
Phone: (530) 330-9151
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:
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(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:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>600.00</u>	Grand Total (Services + Additional Expenses)

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6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

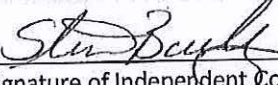
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

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 1 of this Agreement.
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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.
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9. The Independent Contractor will be paid by vendor check as an Independent Contractor.
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11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

STEVE BAILEY
Printed Name

4-4-2016
Date

13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:


Signature of Site Administrator

J. Shultz
Printed Name

6/28/16
Date

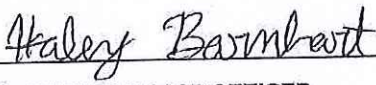
15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17022


SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



Administrative Offices

1163 E. Seventh Street

Chico, CA 95928-5999

530/891-3000

fax 891-3220

www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: GIANCAROLO GUGLIELMI Phone: (530) 720-1806

1. 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: (530) 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 & 1 DAY OF SET-UP

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>	<u>630</u>	\$ <u>\$720.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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 48.00 # Hours = \$ \$ 720.00 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
\$ \$ 720.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: G. Guglielmi

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 1 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.

12. AGREED TO AND ACCEPTED:

Giancarlo Guglielmi
Signature of Independent Contractor

Giancarlo Guglielmi
Printed Name

4/4/16
Date

13. AGREED TO AND ACCEPTED:

Mark Cooley
Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:

J. Shuler
Signature of Site Administrator

J. Shuler
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17023

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

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

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:
a. <u>FOOTBALL TEAM</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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: \$ _____
Item: \$ _____
\$ \$ 0.00 Total of Additional Expenses
\$ \$ 600.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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.
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:

John Morris
Signature of Independent Contractor

John Morris
Printed Name

4/19/16
Date

13. AGREED TO AND ACCEPTED:

Mark Cooley
Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:

J. Shyhal
Signature of Site Administrator

J. Shyhal
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17024

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



Administrative Offices
1163 N. Seventh Street
Chico, CA 95926-5999

530/891-3111
Fax 891-3221
www.chicoUSD.org

ASB Independent Contractor Agreement

Completed By: RYAN SCHIMKE Phone: (530) 519-7923

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: RYAN SCHIMKE
Email Address: RYAN.SCHIMKE@GMAIL.COM
Street Address/POB: 1521 LA LINDA CT
City, State, Zip Code: CHICO, CA 95926
Phone: (530) 519-7923
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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: \$ _____
Item: \$ _____
\$ \$ 0.00 Total of Additional Expenses
\$ \$ 600.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

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.
11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:

[Signature]
Signature of Independent Contractor

Ryan Schinke
Printed Name

4-4-16
Date

13. AGREED TO AND ACCEPTED:

[Signature]
Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

S. Shepherd
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17025

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

Completed By: CARLOS SAUCEDO Phone: (530) 570-0910

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: CARLOS SAUCEDO
Email Address: _____
Street Address/POB: 1450 SPRINGFIELD DRIVE SUITE 97
City, State, Zip Code: CHICO, CA 95965
Phone: (530) 570-0910
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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: \$ _____
Item: \$ _____
\$ \$ 0.00 Total of Additional Expenses
\$ \$ 600.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Carlos Saucedo

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 1 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.

12. AGREED TO AND ACCEPTED:

[Signature]
Signature of Independent Contractor

Carlos M. Saucedo
Printed Name

4-4-16
Date

13. AGREED TO AND ACCEPTED:

[Signature]
Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

J. Shepherd
Printed Name

6/20/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17026

Haley Barnhart
SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

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

ASB Independent Contractor Agreement

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

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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____	
Item:	\$ _____	
	\$ 0.00	Total of Additional Expenses
	\$ 600.00	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☒ On File ☐ Attached

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Eric Ascencio

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 1 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.

12. AGREED TO AND ACCEPTED:

[Signature]
Signature of Independent Contractor

Eric Ascencio
Printed Name

4-4-16
Date

13. AGREED TO AND ACCEPTED:

[Signature]
Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:

[Signature]
Signature of Site Administrator

J. Shepherd
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB 17027

Halcy Barnhart
SIGNATURE OF ASB OFFICER

Halcy Barnhart ASB Secretary
PRINTED NAME AND TITLE

6/16/16
DATE

CA# _____



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

530/891-3000
fax 891-3221
www.ChicoUSD.org

ASB Independent Contractor Agreement

Completed By: ADDISON DWYER Phone: (530) 514-4234

1. This Agreement is made by and between CUSD - PVHS ASB and:

Name: ADDISON DWYER
Email Address: ADWYER44@GMAIL.COM
Street Address/POB: 1273 DALE WAY
City, State, Zip Code: CHICO, CA 95926
Phone: (530) 514-4234
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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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:	\$ _____	
Item:	\$ _____	
	\$ <u>0.00</u>	Total of Additional Expenses
	\$ <u>600.00</u>	Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

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

Addison

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name:

Addison Dwyer

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 1 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.

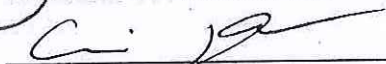
8. The work completed herein must meet the approval of the District and shall be subject to the District's general right of inspection to secure the satisfactory completion thereof. Independent Contractor agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that 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.

12. AGREED TO AND ACCEPTED:



Signature of Independent Contractor

Addison Dwyer

Printed Name

4/14/16

Date

13. AGREED TO AND ACCEPTED:



Signature of ASB Advisor

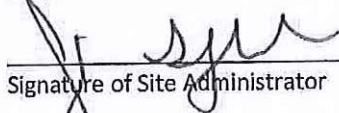
Mark Cooley

Printed Name

6-20-16

Date

14. APPROVED:



Signature of Site Administrator

J. Shepherd

Printed Name

6/28/16

Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO #

ASB 17029



SIGNATURE OF ASB OFFICER

Haley Barnhart ASB Secretary

PRINTED NAME AND TITLE

6/16/16

DATE

CA# _____



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

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

ASB Independent Contractor Agreement

Completed By: CHRIS MCHENRY Phone: (530) 518-9226

1. 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

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:
a. <u>FOOTBALL</u>	<u>630</u>	\$ <u>\$600.00</u>
b. _____	_____	\$ _____
c. _____	_____	\$ _____

4. Payment to Independent 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: \$ _____
Item: \$ _____
\$ 0.00 Total of Additional Expenses
\$ 600.00 Grand Total (Services + Additional Expenses)

5. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☐ On File ☒ Attached
6. Completed W9 "Request for Taxpayer ID Number/Certification" form is: ☐ On File ☒ Attached

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


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.
11. Either party may terminate this agreement, with or without cause, upon 30 days' written notice to the other. Vendor shall be paid for work actually performed as of the date of receipt of such notice.

12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

Chris McHenry
Printed Name

4/4/16
Date

13. AGREED TO AND ACCEPTED:


Signature of ASB Advisor

Mark Cooley
Printed Name

6-20-16
Date

14. APPROVED:


Signature of Site Administrator

J. Smith
Printed Name

6/28/16
Date

15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

ASB APPROVED PO # ASB17028

Hailey Barnhart
SIGNATURE OF ASB OFFICER

Hailey Barnhart ASB Secretary 6/16/16
PRINTED NAME AND TITLE DATE

Mandatory Instructions
(click to view)

CA# 16-00023

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

CONSULTANT AGREEMENT

1. A completed BS10a. "Certificate of Independent Consultant Agreement" guideline is:
☒ On File (click to view) ☐ Attached if not on file
2. A completed W9 "Request for Taxpayer Identification Number and Certification" form is:
☒ On File (click to view) ☐ Attached if not on file

This Agreement to furnish certain consulting services is made by and between Chico Unified School District and:

Name: 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 consultation 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	8000	7600	5800	570	6500
2)					5001	2700	5800		
3)							5800		

7. Is there an impact to the General Fund, Unrestricted funding? ☒ Yes ☐ No

8. Payment to Consultant: For services actually rendered and supported by Consultant initiated invoices, the District will pay consultant not to exceed the payment criteria as follows:

\$ 85.00 Per Unit, times 160.00 #Units = \$ 13,600.00 Total for Services

9. Additional Expenses

Additional Fees 06/28/2016

\$
\$

\$3,208.75

Total of Additional
Expenses

\$16,808.75

Grand Total

Amounts of \$5,001.00 or more require Board Approval: (date to Board)

CONSULTANT TERMS AND CONDITIONS


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

CA#

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 Employee, a payroll check will be issued with applicable taxes withheld.)


Jonathan McCabe
2015.07.31
10:20:59 -07'00'

(Signature of Consultant)

Jonathan McCabe, Director

(Printed Name)

Date

13. **RECOMMENDED:**


Eric Snedeker, Director

(Signature of Originating Administrator)

Eric Snedeker, Director

(Printed Name)

Date

8/10/15

14. **APPROVED:**

(Signature of District Administrator, or Director of
Categorical Programs)

Jaclyn Kruger, Director

(Printed Name)

Date

APPROVED:


Kevin Bultema, Asst. Supr.

(Signature of District Admin, Business Services)

Kevin Bultema, Asst. Supr.

(Printed Name)

Date

8-12-15

15. **Authorization for Payment:**

CHECK REQUIRED (Invoice to accompany payment request):



Partial Payment through: _____

Date



Full or Final Payment

DISPOSITION OF CHECK by Accounts Payable:

(check released upon completion of services)



Send to Site Administrator: _____

(Date Check Required)



Mail to Consultant

\$ _____
(Amount)

(Originating Administrator Signature- Use Blue Ink)

(Date)

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

CONSULTANT AGREEMENT

For Services Provided to ASB

1. A completed BS10a. "Guidelines for Employing Independent Contract Consultants" certificate is:

On File X Attached

2. A completed W9 "Request for Taxpayer Identification Number and Certification" form is:

On File X Attached

This Agreement to furnish certain consulting services is made by and between Chico Unified School District ASB and:

Name: **NCOA (Football)** Kimball Shirey
Address: PO Box ~~3490~~ **265**
~~Paradise, CA, 95967~~ **Bangor, Ca. 95914**
Phone: (530) 521-8695
Taxpayer ID/SSN: #

From: August 2016 To: June 2017

This agreement will be in effect (Current Fiscal Year)

Location(s) of Services: Pleasant Valley High School

3. **Scope of Work** to be performed: (attach separate sheet if necessary)
Game officials for the 2016-17 Football season; League and Non-League Contests

4. **Goal (Strategic Plan, Site Plan, Other)** to be achieved as a result of Consultant services:

5. **ASB account name to be Charged:** (corresponding to accounts below)

- 1) ASB Football #630-Non League
- 2) Ath Football #138 - League
- 3)

6. **Account(s) to be Charged:**

	Account #	Amount
1) ASB Football	630	\$2,500.00
2) ATH Football	138	\$2,500.00
3)		

7. **Payment to Consultant:** (for the above services, ASB will pay Consultant as follows)

\$	0	Per Unit, times	0	# Units =	\$	\$5,000.00	Total for Services
Unit:	Per Hour	Per Day	X	Per School Year			

8. **Additional Expenses:** (i.e. mileage, hotel, air fare, etc)

\$
\$
\$

Total for

\$

Addit'l Expense

\$ 5,000.00

Grand Total
(not to exceed)

9. Amounts of \$5,001.00 or more require Board Approval: (date to Board)

(to be completed by Business Services)

CA#

CONSULTANT TERMS AND CONDITIONS

(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 Administration Form #3515.6.1, 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.
- 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.)

12. Kimball Shirey Kimball Shirey 7/7/16
(Signature of Consultant) (Print Name) (Date)
RECOMMENDED: Pam Jackson Pam Jackson 7/13/16
(Signature of Originating Faculty Advisor) (Print Name) (Date)

ASB Requisition/PO # _____ issued by ASB **

****ASB Requisition/PO# required before C.A. submitted to District for approval.**

APPROVED:

<u>Haley Barnhart</u> (Signature of ASB Officer)	<u>Haley Barnhart ASB Secretary</u> (Print Name and Title)	<u>5/17/16</u> (Date)
<u>[Signature]</u> (Signature of Principal)	<u>John Shepherd Principal</u> (Print Name and Title)	<u>5/18/16</u> (Date)

APPROVED:

(Signature of Administrator – Business Services)	(Print Name and Title)	(Date)
--------------------------------------------------	------------------------	--------

13. Authorization for Payment:

Consultant

Contract Employee

(a). CHECK REQUIRED (Invoice to accompany payment request):

☐ Partial Payment thru: _____
(Date)

☐ Full or Final Payment

(b).

\$ _____	_____	_____
(Amount)	(Originating Administrator Signature – Use Blue Ink)	(Date)

CA# _____



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

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

Independent Contractor Agreement ASB

Completed By: John ShepherdPhone: (530) 891-3050

1. This Agreement is made by and between Chico Unified School District and:

Name: GSSRA (Soccer)
 Email Address: none
 Street Address/POB: 4885 Balls Ferry Rd.
 City, State, Zip Code: Anderson, CA 96007
 Phone: _____
 Taxpayer ID/SSN: 68-0157079

This agreement will be in effect From: 8/18/16To: 6/10/17Site Code: 020Location(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 Contractor Services (attach separate sheet if necessary):

a. Scope of Work: Game Officials for 16-17 season

b. Goal (if applicable): _____

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

- a. JV G Soccer (#646) = \$660.00, Var G Soccer (645) = \$660.00
 b. Var B Soccer (#640) = \$660.00
 c. Ath B and G Soccer (#138) = \$4,950.00

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%						5800		

5. Payment to Independent 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:

\$ \$ 6,930.00 Hourly Rate X 1.00 # Hours = \$ \$ 6,930.00 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\$ \$ 6,930.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: ☒ On File ☐ Attached

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

Board Approval Date: _____

Board authorizing signature: _____

CONSULTANT TERMS AND CONDITIONS

(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 Administration Form #3515.6.1, 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.
- 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.)

Ken C. Conners
(Signature of Consultant)

Ken C. Conners
(Print Name)

6-1-16
(Date)

12. RECOMMENDED:

P. Jackson
(Signature of Originating Faculty Advisor)

Pam Jackson
(Print Name)

6-20-16
(Date)

ASB Requisition/PO # 17005 issued by ASB **

**ASB Requisition/PO# required before C.A. submitted to District for approval.

APPROVED:

Haley Barnhart
(Signature of ASB Officer)

Haley Barnhart ASB Secretary
(Print Name and Title)

5/17/16
(Date)

J. Smith
(Signature of Principal)

J. Smith Principal
(Print Name and Title)

5/10/16
(Date)

APPROVED:

(Signature of Administrator – Business Services)

(Print Name and Title)

(Date)

13. Authorization for Payment:



Consultant



Contract Employee

(a). CHECK REQUIRED (Invoice to accompany payment request):

☐ Partial Payment thru: _____
(Date)

☐ Full or Final Payment

(b).

\$ _____
(Amount) (Originating Administrator Signature – Use Blue Ink) (Date)

CA# _____



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

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

Independent Contractor Agreement ASB

Completed By: John ShepherdPhone: (530) 891-3050

1. This Agreement is made by and between Chico Unified School District and:

Name: NCFHUA (Field Hockey)Email Address: noneStreet Address/POB: 309 Avocet Ave.City, State, Zip Code: Davis, CA 95616-7545

Phone: _____

Taxpayer ID/SSN: 47-3127311This agreement will be in effect From: 8/18/16To: 6/10/17Site Code: 020Location(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 Contractor Services (attach separate sheet if necessary):

a. Scope of Work: Game Officials for 16-17 season

b. Goal (if applicable): _____

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. Ath FH (#138) = \$1,870.00

b. _____

c. _____

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%						5800		

5. Payment to Independent 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:

\$ \$ 1,870.00 Hourly Rate X 1.00 # Hours = \$ \$ 1,870.00 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

\$ \$ 1,870.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: ☒ On File ☐ Attached

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

Board Approval Date: _____

Board authorizing signature: _____

(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 Administration Form #3515.6.1, 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.
- 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.)

Steve Brown
(Signature of Consultant)

Steve Brown
(Print Name)

5-26-16
(Date)

12. RECOMMENDED:

[Signature]
(Signature of Originating Faculty Advisor)

Pam Jackson
(Print Name)

6-20-16
(Date)

ASB Requisition/PO # PVHS 17006 issued by ASB **

**ASB Requisition/PO# required before C.A. submitted to District for approval.

APPROVED:

Haley Barnhart
(Signature of ASB Officer)

Haley Barnhart ASB Secretary
(Print Name and Title)

5/17/16
(Date)

[Signature]
(Signature of Principal)

John Stephen Brugel
(Print Name and Title)

5/18/16
(Date)

APPROVED:

(Signature of Administrator – Business Services)

(Print Name and Title)

(Date)

13. Authorization for Payment:



Consultant



Contract Employee

(a). CHECK REQUIRED (Invoice to accompany payment request):

☐ Partial Payment thru: _____
(Date)

☐ Full or Final Payment

(b).

\$ _____
(Amount) (Originating Administrator Signature – Use Blue Ink) (Date)

CA# _____



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

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

Independent Contractor Agreement ASB

Completed By: John Shepherd

Phone: (530) 891-3050

1. This Agreement is made by and between Chico Unified School District and:

Name: NCBOA (Basketball)
Email Address: rbarrett1524@gmail.com
Street Address/POB: 7 Blanqueta Ct.
City, State, Zip Code: Chico, CA 95928
Phone: (530) 891-3050
Taxpayer ID/SSN: 68-0349099

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 Contractor Services (attach separate sheet if necessary):

a. Scope of Work: Game Officials for 16-17 season

b. Goal (if applicable): _____

3. Funding/Program/Grant Affected (corresponding to accounts listed in item 4):

a. B BkB (#610) = \$6,600.00

b. G Bkb (#615) = \$4,400.00

c. Ath B and G BkB (#138) = \$5,500.00

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%						5800		

5. Payment to Independent 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:

\$ \$ 16,500.00 Hourly Rate X 1.00 # Hours = \$ \$ 16,500.00 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

\$ \$ 16,500.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: ☒ On File ☐ Attached

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

Board Approval Date: _____

Board authorizing signature: _____

CONSULTANT TERMS AND CONDITIONS

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

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)
- 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 Administration Form #3515.6.1, 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.
- 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.)

Randy Barrett
(Signature of Consultant)

RANDY BARRETT
(Print Name)

6-3-16
(Date)

12. RECOMMENDED:

[Signature]
(Signature of Originating Faculty Advisor)

Ram Jackson
(Print Name)

6-20-16
(Date)

ASB Requisition/PO # PVHASASB 17004 issued by ASB **

**ASB Requisition/PO# required before C.A. submitted to District for approval.

APPROVED:

Haley Barnhart
(Signature of ASB Officer)

Haley Barnhart ASB Secretary
(Print Name and Title)

5/17/16
(Date)

[Signature]
(Signature of Principal)

John Shepherd Principal
(Print Name and Title)

5/18/16
(Date)

APPROVED:

(Signature of Administrator – Business Services)

(Print Name and Title)

(Date)

13. Authorization for Payment:



Consultant



Contract Employee

(a). CHECK REQUIRED (Invoice to accompany payment request):

☐ Partial Payment thru: _____
(Date)

☐ Full or Final Payment

(b).

\$ _____
(Amount)

(Originating Administrator Signature – Use Blue Ink)

(Date)

CA# _____



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

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

Independent Contractor Agreement ASB

Completed By: John Shepherd Phone: (530) 891-3050

1. This Agreement is made by and between Chico Unified School District and:

Name: NCBSOA (Softball, Baseball)
Email Address: _____
Street Address/POB: 2395 Ritchie Circle
City, State, Zip Code: Chico, CA 95926
Phone: (530) 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 Contractor Services (attach separate sheet if necessary):

a. Scope of Work: Game Officials for 16-17 season

b. Goal (if applicable): _____

3. 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

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%						5800		

5. Payment to Independent 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:

\$ \$ 23,100.00 Hourly Rate X 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: _____ \$ _____
Item: _____ \$ _____
\$ \$ 0.00 Total of Additional Expenses
\$ \$ 23,100.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: ☒ On File ☐ Attached

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

(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 Administration Form #3515.6.1, 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.
- 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.)

Raymond Peck
(Signature of Consultant)

Raymond Peck
(Print Name)

05/27/16
(Date)

12. RECOMMENDED:

[Signature]
(Signature of Originating Faculty Advisor)

Pam Jackson
(Print Name)

6/20/16
(Date)

ASB Requisition/PO # PVHS 17008 issued by ASB **

**ASB Requisition/PO# required before C.A. submitted to District for approval.

APPROVED:

Haley Barnhart
(Signature of ASB Officer)

Haley Barnhart ASB Secretary
(Print Name and Title)

5/17/16
(Date)

[Signature]
(Signature of Principal)

Sam Shepherd
(Print Name and Title)

5/18/16
(Date)

APPROVED:

(Signature of Administrator – Business Services)

(Print Name and Title)

(Date)

13. Authorization for Payment:



Consultant



Contract Employee

(a). CHECK REQUIRED (Invoice to accompany payment request):

☐ Partial Payment thru: _____
(Date)

☐ Full or Final Payment

(b).

\$

(Amount)

(Originating Administrator Signature – Use Blue Ink)

(Date)

CA# _____



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

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

Independent Contractor Agreement ASB

Completed By: John Shepherd

Phone: (530) 891-3050

1. This Agreement is made by and between Chico Unified School District and:

Name: NCVOA (Volleyball)
Email Address: _____
Street Address/POB: 415 Silver Lake Dr.
City, State, Zip Code: Chico, CA 95973
Phone: (530) 891-3050
Taxpayer ID/SSN: 20-0160284

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 Contractor Services (attach separate sheet if necessary):

a. Scope of Work: Game Officials for 16-17 season

b. Goal (if applicable): _____

3. 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

c. Ath G VB (#138) = \$2,200.00

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%						5800		

5. Payment to Independent 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:

\$ \$ 8,250.00 Hourly Rate X 1.00 # Hours = \$ \$ 8,250.00 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

\$ \$ 8,250.00 Grand Total (Services + Additional Expenses)

6. Completed BS10A "Certificate of Independent Consultant Agreement" guideline is: ☒ On File ☐ Attached

7. Completed W9 "Request for Taxpayer Identification Number/Certification" form is: ☒ On File ☐ Attached

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


Board Approval Date: _____

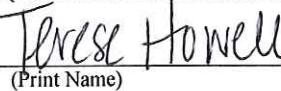
Board authorizing signature: _____

CONSULTANT TERMS AND CONDITIONS(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 Administration Form #3515.6.1, 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.
- 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.)

 _____
 (Signature of Consultant)

 _____
 (Print Name)

5/26/16

 (Date)

12. RECOMMENDED:

 _____
 (Signature of Originating Faculty Advisor)

 _____
 (Print Name)

6/20/16

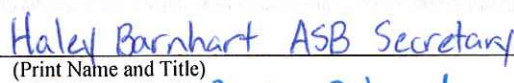
 (Date)

ASB Requisition/PO # PVHS 17007 issued by ASB **

**ASB Requisition/PO# required before C.A. submitted to District for approval.

APPROVED:

 _____
 (Signature of ASB Officer)

 _____
 (Print Name and Title)

5/17/16

 (Date)

 _____
 (Signature of Principal)

 _____
 (Print Name and Title)

5/18/16

 (Date)

APPROVED:

 (Signature of Administrator – Business Services)

 (Print Name and Title)

 (Date)

13. Authorization for Payment:**Consultant****Contract Employee****(a). CHECK REQUIRED (Invoice to accompany payment request):**

☐ Partial Payment thru: _____
 (Date)

☐ Full or Final Payment

(b).

\$

(Amount)

(Originating Administrator Signature – Use Blue Ink)

(Date)