



2017-18



Martinez Unified School District AGREEMENT FOR PERSONAL SERVICES

THIS AGREEMENT is hereby entered into by the MARTINEZ UNIFIED SCHOOL DISTRICT, hereinafter referred to as DISTRICT, and:
Erica Reardon, Inc.

CONSULTANT

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

Here-in-after referred to as CONSULTANT.

CONSULTANT agrees to provide to DISTRICT the services enumerated in Section H of this Agreement under the following terms and conditions:

- A. Services shall begin on May 22, 2017 and shall be completed on or before June 30, 2017.
- B. CONSULTANT understands and agrees that he or she, and all of his or her employees are not employees of the DISTRICT and are not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, State Unemployment Compensation or Workers' Compensation. 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.
- C. CONSULTANT shall furnish, at his own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement.
- D. 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, DISTRICT being interested only in the results obtained.
- 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 employees or agents.

F. CONSULTANT shall provide DISTRICT with a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the DISTRICT.

G. CONSULTANT shall comply with the provisions of Ed Code regarding the submission of fingerprints to the California Department of Justice. The CONSULTANT is required to fulfill these requirements at its own expense.

_____ are subject to fingerprinting requirements (will be working with students unsupervised)

XX * are not subject to the fingerprinting requirements (will not be working with students, or not without constant, direct supervision by an credentialed employee of the District)

_____ * Fingerprints are already on file with the District

(* Waiver on page 3 of this Agreement must be signed by the District Representative authorized to sign this agreement)

H. Services to be rendered to the DISTRICT by the CONSULTANT are as follows:
Professional Development; Reading and Writing strategies in the Common Core.

Attach additional information as Exhibit A "Scope of Services" if needed

I. Support services to be provided by the District include: (List such items as office space, telephone, photocopier, clerical, office supplies etc.).

J. DISTRICT may at any time terminate this Agreement upon written notice to the CONSULTANT. DISTRICT shall compensate CONSULTANT for services satisfactorily provided through the date of termination.

K. The work completed herein must meet the approval of the DISTRICT and shall be subject to the DISTRICT'S general right of inspection and supervision 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 accruing out of the performance of such operations. CONSULTANT shall not engage in unlawful discrimination in the employment of persons because of race, color, national origin, age, ancestry, religion, sex, marital status, medical condition or physical handicap.

L. Payments will be made by the DISTRICT to the CONSULTANT as follows:
As Invoiced

This Agreement may be terminated by either party notifying the other, in writing, at least 30 days prior to the date of termination.

THIS AGREEMENT IS ENTERED INTO THIS 16th DAY OF May, 2017.

FOR THE DISTRICT (ORIGINATOR):


SIGNATURE

Audrey Lee
PRINTED NAME

Director, Curriculum + Ed Tech
TITLE

5/23/17
DATE

FOR THE CONSULTANT:

Erica Reardon
SIGNATURE

Erica Reardon
PRINTED NAME

Literacy Consultant
TITLE

5/18/17
DATE

CHIEF BUSINESS OFFICIAL, MUSD

DATE:

DATE OF BOARD APPROVAL:

.....
NOTE: PARAGRAPHS "F" AND "G" ABOVE ARE HEREBY WAIVED IF THIS WAIVER IS SIGNED BELOW BY THE DISTRICT REPRESENTATIVE WHO HAS AUTHORIZED THIS AGREEMENT BY SIGNING ABOVE.

F) X Fingerprint Requirement Waiver:

X Consultant will not be working with students or will do so only under constant, direct supervision by a credentialed MUSD employee

____ Representative verifies that fingerprints for the Consultant are currently on file with MUSD

G) X Insurance Requirement Waiver (Consultant is unable to obtain the required coverage, the service is deemed to be both beneficial and low risk, and there is no reasonable alternative services provider).

Authorized Signature

Date



PERSONAL SERVICES REQUEST

Date Submitted _____ Board Date Requested _____ Board Approved _____
(Must be submitted at least fifteen (15) calendar days prior to Board Meeting)

Legal Name of Contractor _____ Erica Reardon, Inc.
Address _____

Street _____ City _____ State _____ Zip _____
Description of Service ***Professional Development; Reading and Writing strategies in the Common Core.***

Date(s) of Service: 2016-2017 School Year _____
Fee: \$ _____ () Single Amount () Hour () Month () Other: _____
Total not to exceed: \$ 2,500.00 (X) including expenses () plus expenses: _____
Payment date(s) requested: (X) upon completion () end of month (X) Other: As Invoiced
Payment address (if different from above): _____
District Contact Person: _____ Audrey Lee _____ Extension No. 5959 _____
Contractor Contact Person: _____ Erica Reardon _____ Telephone No. 314-602-8006 _____
Contractor E-mail Address: _____ inspirelitcoach@gmail.com _____

SITE ADMINISTRATOR

Site Administrator _____
Date _____

BUSINESS OFFICE

Chief Business Official _____
Date _____

ROUTING, FISCAL SERVICES DEPARTMENT:

1) Received by: _____ Date: _____ Signature: _____

Documents Complete _____ Documents Incomplete (Return to Originator): _____

Items Missing/Incomplete: _____

2) Board Approved (Date): _____ CBO Signature: _____

3) Requisition Completed By: _____ Date: _____ Signature: _____

4) Purchase Order Completed By: _____ Date: _____ Signature: _____

5) Verification of Fingerprints Received By: _____ Date: _____ Signature: _____

6) Accounts Payable returns copy of Personal Services Request to Originator.

01-1035 000-7410-090-0-552-5800

E 3310.52

Martinez Unified School District
AGREEMENT FOR PERSONAL SERVICES
AMMENDMENT FORM

Consultant Name:

Contract/PO # 17000615

Raoul Flaviano

Date 5/25/17

TO BE COMPLETED BY REQUESTOR

Account Code 11-6391-4630-1000-080-0-397-5800 Amount \$ 900.00

Reason for Extension: Additional hours added to proposed schedule

Date(s) of Service 10/1/16 - 6/30/17

Services Performed: Range Instructor- POST

☒ The service(s) covered by the original Agreement were PARTIALLY completed

☐ The services covered by the Agreement have been COMPLETED.

Requestor's Signature Raoul Flaviano Date 5/25/17

TO BE COMPLETED BY CONSULTANT

Agree to terms of amendment

Consultant Signature [Signature] Date 5/27/17

TO BE COMPLETED BY DISTRICT

CBO Signature _____ Date _____

Board Approval Date _____

Copies To: - Accounts Payable



Martinez Unified School District
AGREEMENT FOR PERSONAL SERVICES

THIS AGREEMENT is hereby entered into by the MARTINEZ UNIFIED SCHOOL DISTRICT, hereinafter referred to as DISTRICT, and:
Nicole Padoan

CONSULTANT

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

Here-in-after referred to as CONSULTANT.

CONSULTANT agrees to provide to DISTRICT the services enumerated in Section H of this Agreement under the following terms and conditions:

- A. Services shall begin on June 5, 2017 and shall be completed on or before June 30, 2017.
- B. CONSULTANT understands and agrees that he or she, and all of his or her employees are not employees of the DISTRICT and are not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, State Unemployment Compensation or Workers' Compensation. 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.
- C. CONSULTANT shall furnish, at his own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement.
- D. 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, DISTRICT being interested only in the results obtained.
- 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 employees or agents.

F. CONSULTANT shall provide DISTRICT with a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the DISTRICT.

G. CONSULTANT shall comply with the provisions of Ed Code regarding the submission of fingerprints to the California Department of Justice. The CONSULTANT is required to fulfill these requirements at its own expense.

_____ are subject to fingerprinting requirements (will be working with students unsupervised)

___X___ * are not subject to the fingerprinting requirements (will not be working with students, or not without constant, direct supervision by an credentialed employee of the District)

_____ * Fingerprints are already on file with the District

(* Waiver on page 3 of this Agreement must be signed by the District Representative authorized to sign this agreement)

H. Services to be rendered to the DISTRICT by the CONSULTANT are as follows:
6 Days of Instructional Coaching for MUSD - Reading Workshop June 5, 6, 7, 14, 15, 16, 2017.

Attach additional information as Exhibit A "Scope of Services" if needed

I. Support services to be provided by the District include: (List such items as office space, telephone, photocopier, clerical, office supplies etc.).

J. DISTRICT may at any time terminate this Agreement upon written notice to the CONSULTANT. DISTRICT shall compensate CONSULTANT for services satisfactorily provided through the date of termination.

K. The work completed herein must meet the approval of the DISTRICT and shall be subject to the DISTRICT'S general right of inspection and supervision 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 accruing out of the performance of such operations. CONSULTANT shall not engage in unlawful discrimination in the employment of persons because of race, color, national origin, age, ancestry, religion, sex, marital status, medical condition or physical handicap.

L. Payments will be made by the DISTRICT to the CONSULTANT as follows: *As Invoiced*

This Agreement may be terminated by either party notifying the other, in writing, at least 30 days prior to the date of termination.

THIS AGREEMENT IS ENTERED INTO THIS 30th DAY OF May, 2017.

FOR THE DISTRICT (ORIGINATOR):

[Signature]
NAME

Director, Curriculum + Ed Tech
TITLE

6-1-17
DATE

FOR THE CONSULTANT:

Nicole Padoan
NAME

Independent Consultant
TITLE

5/30/17
DATE

CHIEF BUSINESS OFFICIAL, MUSD

DATE:

DATE OF BOARD APPROVAL: _____

.....
NOTE: PARAGRAPHS "F" AND "G" ABOVE ARE HEREBY WAIVED IF THIS WAIVER IS SIGNED BELOW BY THE DISTRICT REPRESENTATIVE WHO HAS AUTHORIZED THIS AGREEMENT BY SIGNING ABOVE.

F) X Fingerprint Requirement Waiver:

X Consultant will not be working with students

_____ Representative verifies that fingerprints for the Consultant are currently on file with MUSD

G) _____ Insurance Requirement Waiver (Consultant is unable to obtain the required coverage, the service is deemed to be both beneficial and low risk, and there is no reasonable alternative services provider).

Authorized Signature

Date



PERSONAL SERVICES REQUEST

Date Submitted _____ Board Date Requested _____
(Must be submitted at least fifteen (15) calendar days prior to Board Meeting)

Legal Name of Contractor: Nicole Padoan
Address: _____

Street _____ City _____ State _____ Zip _____
Description of Service 4 days of Instructional Coaching for MUSD - Reading Workshop
Date(s) of Service: June 5, 6, 7, 14, 15, 16, 2017.

Fee: \$ 9,000.00 _____ () Single Amount () Hour () Month () Other: Invoice _____
Total not to exceed: \$ 9,000.00 _____ (X) including expenses () plus expenses: _____
Payment date(s) requested: () upon completion () end of month (X) Other: Invoice _____ Payment
address (if different from above): Same _____ District _____
Contact Person: Audrey Lee _____ Extension No. 925-335-5959 _____
Contractor Contact Person: Nicole Padoan _____ Telephone No. 925-914-7267 _____
Contractor E-mail Address: npadoan@attn.net _____

SITE ADMINISTRATOR

BUSINESS OFFICE

Site Administrator
Date _____

Chief Business Official
Date _____

ROUTING, FISCAL SERVICES DEPARTMENT:

1) Received by: _____ Date: _____ Signature: _____

Documents Complete _____ Documents Incomplete (Return to Originator): _____

Funding Source (SACS Code): 01-4035-1110-2140-090-0-552-5800

2) Board Approved (Date): _____ CBO Signature: _____

3) Requisition Completed By: _____ Date: _____ Signature: _____

4) Purchase Order Completed By: _____ Date: _____ Signature: _____

5) Verification of Fingerprints Received By: _____ Date: _____ Signature: _____

6) Accounts Payable returns copy of Personal Services Request to Originator.