

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]  
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)  Fingerprint Requirement Waiver:

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)  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**

**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): \_\_\_\_\_

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 000-740-090-0-552-5800

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 [Signature] 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.

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\_\_\_\_\_ 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)  Fingerprint Requirement Waiver:

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  including expenses  plus expenses: \_\_\_\_\_  
Payment date(s) requested:  upon completion  end of month  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.