



CHICO UNIFIED
SCHOOL DISTRICT

ICA# _____

Administrative Offices
1163 East Seventh Street, Chico, CA 95928
(530) 891-3000 | Fax (530) 891-3220
www.chicousd.org

ASB Independent Contractor Agreement

Completed By: Hailey Fune/Robyn Salyer Phone: 530-891-3032

1. This Agreement is made by and between Chico Unified School District Chico High ASB and:
 Name: Allen Dale Plowman
 Email Address: allensmusic@gmail.com
 Street Address/POB: 5933 Hazel Way
 City, State, Zip Code: Paradise, CA 95969
 Phone: 530-518-1240

Social Security Number: _____
For vendors using a taxpayer identification number please complete a Contract Summary form.

This agreement will be in effect From: 09/27/19 To: 09/27/19
 Site Code: 010 Location(s) of Services: Lincoln Center

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: DJ for Chico High homecoming dance.

b. Goal (if applicable): to have a fun dance for Chico High students

ASB Account(s) Affected	ASB Account #	Percentage
a. <u>ASB</u>	<u>320</u>	<u>100%</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:

Pay Rate Option: Hourly Daily One-Time Other (Please Specify) _____

Pay Rate: \$ 400.00 Quantity: 1 Total for Services: \$ 400.00
 (# of hours, days, etc.)

Additional Expenses (if applicable, in the event of changes to service or other expense types)
 Item: _____ \$ _____
 Item: _____ \$ _____
 \$ 0.00 Total of Additional Expenses
 \$ 400.00 **Grand Total** (Services + Additional Expenses)

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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Allen Dale Plowman

ICA# _____

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.
2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page I of this Agreement.
3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.
5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.
6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District.
7. 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

ALLEN PLOWMAN
Printed Name

17 SEP 2019
Date

13. RECOMMENDED:


Signature of ASB Advisor

Kathyleen Bishop
Printed Name

9-12-19
Date

14. APPROVED:


Signature of Site Administrator

Doug Williams
Printed Name

9/12/19
Date

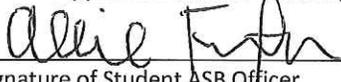
15. APPROVED:

Signature of District Administrator,
Business Services

Printed Name

Date

16. ASB Approved Purchase Order # 200130


Signature of Student ASB Officer

Allie Fritz
Printed Name

9/12
Date



Independent Contractor Agreement

Completed By: Christina S. Winkle

Phone: 530-891-3000 ex 20105

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

Name: John Siebal
 Email Address: jsiebal@chicousd.org
 Street Address/POB: 656 E 5th. Street
 City, State, Zip Code: Chico, CA 95928
 Phone: 530-514-6917
 Social Security Number: _____

For vendors using a taxpayer identification number please complete a Contract Summary form.

This agreement will be in effect From: 08/15/2019

To: 06/04/2019

Site Code: _____

Location(s) of Services: Various

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: Providing Tobacco cessation coaching to students who have been disciplined for tobacco possession or use. Providing professional development related to tobacco to Administrators, Teachers and SRO's and supporting tobacco related instruction.

b. Goal (if applicable): _____

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

a. Tobacco Enforcement Grant
 b. _____
 c. _____

	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100	0	6695	0	0000	3900	5800	570	6700
2							5800		
3							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:

Pay Rate Option: Hourly Daily One-Time Other (Please Specify) _____

Pay Rate: \$ 80.00

Quantity: 360
(# of hours, days, etc.)

Total for Services: \$ 28,800.00

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

Item: _____ \$ _____

Item: _____ \$ _____

\$ 0.00 Total of Additional Expenses

\$ 28,800.00 **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 Independent Contractor contracts shall be brought to the Board for Approval. Board Ratification Date:

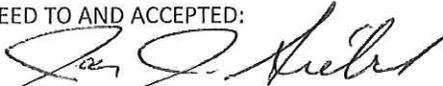
INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: John Siebal

ICA# _____

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.
2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page I of this Agreement.
3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.
5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.
6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District.
7. 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

John Siebal

 Printed Name


 7/10/19

 Date

13. RECOMMENDED:



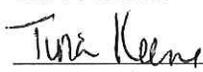
 Signature of Originating Administrator

Ann Phillippe

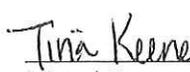
 Printed Name

 Date

14. APPROVED:



 Signature of District Administrator OR
 Director of Categorical Programs



 Printed Name

7-1-19

 Date

15. APPROVED:

 Signature of District Administrator,
 Business Services

 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



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ICA# _____

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ASB Independent Contractor Agreement

Completed By: Sydney Stanley Phone: 530-321-4654

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

Name: Sydney Stanley
Email Address: sydneystanley15@gmail.com
Street Address/POB: 2009 Magnolia Ave Apt 2
City, State, Zip Code: Chico, CA 95926
Phone: 530-321-4654
Social Security Number: _____

For vendors using a taxpayer identification number please complete a Contract Summary form.

This agreement will be in effect From: 8/1/19 To: 6/30/19
Site Code: 020 Location(s) of Services: Pleasant Valley High School

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: Athletic Events Worker

b. Goal (if applicable): _____

3. ASB Account(s) Affected	ASB Account #	Percentage
a. <u>Volleyball Girls</u>	<u>675</u>	<u>100</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:

Pay Rate Option: Hourly Daily One-Time Other (Please Specify) _____

Pay Rate: \$ 12.00 Quantity: 80 Total for Services: \$ 960.00
(# of hours, days, etc.)

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

Item: _____ \$ _____
Item: _____ \$ _____
\$ 0.00 Total of Additional Expenses
\$ 960.00 Grand Total (Services + Additional Expenses)

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

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



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SCHOOL DISTRICT

ICA# _____

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(530) 891-3000 | Fax (530) 891-3220
www.chicousd.org

Independent Contractor Agreement

Completed By: Jo Ann Bettencourt

Phone: 530-891-3104

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

Name: Maria Trenda
 Email Address: mempreschool@yahoo.com
 Street Address/POB: _____
 City, State, Zip Code: Chico CA
 Phone: 530-864-8860
 Social Security Number: _____

For vendors using a taxpayer identification number please complete a Contract Summary form.

This agreement will be in effect From: 9/3/19
 Site Code: 260

To: 5/25/20
 Location(s) of Services: Rosedale/Chico Creek Dance Studio

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: Maria will instruct Rosedale students' Ballet Folcklorico dance after school four days per week, for a total of 4 hours each week grades K-5th. Maria will also take the dance group to community events

b. Goal (if applicable): _____

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

a. _____
 b. _____
 c. _____

4.

	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100	01	9024	0	1110	1000	5800	260	1260
2							5800		
3							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:

Pay Rate Option: Hourly Daily One-Time Other (Please Specify) _____

Pay Rate: \$ 8000.00 Quantity: 1 Total for Services: \$ 8,000.00
 (# of hours, days, etc.)

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

Item: _____ \$ _____
 Item: _____ \$ _____
 \$ 0.00 Total of Additional Expenses
 \$ 8,000.00 **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 Independent Contractor contracts shall be brought to the Board for Approval. Board Ratification Date:

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Maria Trenda

ICA# _____

1. The Independent Contractor will perform said services independently, not as an employee of the District; therefore, the District is not liable for worker's compensation or unemployment benefits in connection with this Independent Contractor Agreement. Independent Contractor shall assume full responsibility for payment of all Federal, State and Local taxes or contributions, including Unemployment Insurance, Social Security, and Income Taxes with respect to Independent Contractor's employees.
2. Independent Contractor shall furnish, at his/her own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement, unless agreed upon under Additional Expenses on page I of this Agreement.
3. In the performance of the work herein contemplated, the Independent Contractor with the authority to control and direct the performance of the details of the work, the District being interested in the results obtained.
4. If applicable, the Independent Contractor will certify in writing, using Administration Form #3515.6, that criminal background checks have been completed as per Board Policy #3515.6 prior to commencement of services. This requirement also applies to any subcontractors or employees utilized by the Independent Contractor.
5. Independent Contractor agrees to defend, indemnify and hold harmless the District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of Independent Contractor's negligence in the performance of this Agreement, including, but not limited to, any claim due to injury and/or damage sustained by Independent Contractor, and/or the Independent Contractor's employee or agents.
6. Independent Contractor will provide to Assistant Superintendent, Business Services, upon request, a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the District.
7. 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

Maria Trenda
Printed Name

8/29/19
Date

13. RECOMMENDED:

Jo Ann Bettencourt
Signature of Originating Administrator

Jo Ann Bettencourt
Printed Name

8/29/19
Date

14. APPROVED:

Ted A
Signature of District Administrator OR
Director of Categorical Programs

Ted Sullivan
Printed Name

9/4/19
Date

15. APPROVED:

Signature of District Administrator,
Business Services

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