



# 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

3. ASB Account(s) Affected

a. ASB

ASB Account #

320

Percentage

100%

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

(# of hours, days, etc.)

Total for Services: \$ 400.00

**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

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: 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

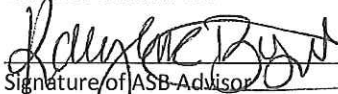
ALLEN PLOWMAN

Printed Name

17 SEP 2019

Date

**13. RECOMMENDED:**



Signature of ASB Advisor

Kathleen Bishop

Printed Name

9-12-19

Date

**14. APPROVED:**



Signature of Site Administrator

Doug Williams

Printed Name

9/12/19

Date

**15. APPROVED:**

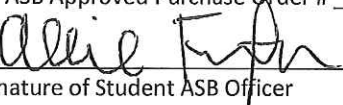
\_\_\_\_\_  
Signature of District Administrator,  
Business Services

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**16. ASB Approved Purchase Order #**

200130



Signature of Student ASB Officer

Allie Fritz

Printed Name

9/12

Date



# CHICO UNIFIED SCHOOL DISTRICT

ICA# \_\_\_\_\_

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

## 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

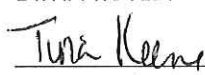
**13. RECOMMENDED:**

  
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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www.chicousd.org

## 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

a. Volleyball Girls

ASB Account #

675

Percentage

100

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  
(# of hours, days, etc.)

Total for Services: \$ 960.00

**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



**INDEPENDENT CONTRACTOR TERMS AND CONDITIONS**Independent Contractor Name: Sydney Stanley

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

Sydney Stanley  
 Printed Name

09/05/19  
 Date
**13. RECOMMENDED:**
  
 Signature of ASB Advisor

Pam Jackson  
 Printed Name

9/5/19  
 Date
**14. APPROVED:**
  
 Signature of Site Administrator

Damon Whitaker  
 Printed Name

9/5/19  
 Date
**15. APPROVED:**
 \_\_\_\_\_  
 Signature of District Administrator,  
 Business Services

 \_\_\_\_\_  
 Printed Name

 \_\_\_\_\_  
 Date

 16. ASB Approved Purchase Order # 20148

 \_\_\_\_\_  
 Signature of Student ASB Officer

 \_\_\_\_\_  
 Printed Name

 \_\_\_\_\_  
 Date



# CHICO UNIFIED SCHOOL DISTRICT

ICA# \_\_\_\_\_

**Administrative Offices**  
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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 Tenda  
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. \_\_\_\_\_

	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  
(# of hours, days, etc.)

**Total for Services:** \$8,000.00

**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:**

  
\_\_\_\_\_  
Signature of Originating Administrator

Jo Ann Bettencourt  
\_\_\_\_\_  
Printed Name

8/29/19  
\_\_\_\_\_  
Date

**14. APPROVED:**

  
\_\_\_\_\_  
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