



**CHICO UNIFIED
SCHOOL DISTRICT**

ICA# _____

Administrative Offices
1168 East Seventh Street, Chico, CA 95928
(530) 891-3000 | Fax (530) 891-3220
www.chicousd.org

Independent Contractor Agreement

Completed By: Kim Hernandez Phone: 20137

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

Name: Rebecca Brunelli
Email Address: _____
Street Address/POB: 236 W. East Ave., Ste A, PMB 207
City, State, Zip Code: Chico, CA 95926
Phone: 530-828-1129
Social Security Number _____

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

This agreement will be in effect From: 10/1/19 To: 4/30/20
Site Code: 570 Location(s) of Services: District-wide

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: Coordination of 2020 Science Faire
- b. Goal (if applicable): Actively engage families & community to help students achieve academic & personal success.

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

- a. Director of Elementary education budget
- b. _____
- c. _____

4.	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100%	01	0009	0	1110	1000	5800	570	6410
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: \$ 750.00 Quantity: 1 Total for Services: \$ 750.00
(# 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
\$ 750.00 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: Rebecca Brunelli

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 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.

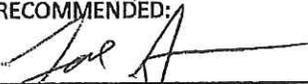
12. AGREED TO AND ACCEPTED:


Signature of Independent Contractor

Rebecca Brunelli
Printed Name

9/30/19
Date

13. RECOMMENDED:


Signature of Originating Administrator

Ted Sullivan
Printed Name

10/1/19
Date

14. APPROVED:

Signature of District Administrator OR
Director of Categorical Programs

Printed Name

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



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: Rocio French

Phone: 530-891-3000 x 20111

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

Name: Jessica Prisk
Email Address: jmprisk@gmail.com
Street Address/POB: 837 Kern St
City, State, Zip Code: Chico, CA 95928
Phone: 925-451-6592
Social Security Number: _____

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

This agreement will be in effect From: 10/01/19

To: 06/04/20

Site Code: 030

Location(s) of Services: Fair View 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: Working with at risk youth. Overseeing our student support services and programs.

b. Goal (if applicable): _____

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

a. Butte County Office of Education (BCOE) will be providing the funding for this program through a grant that was
b. provided by the North Valley Foundation.
c. _____

	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100	01	0021	0	0000	3100	5800	030	2010
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: \$ 50

Quantity: 1200
(# of hours, days, etc.)

Total for Services: \$ 60,000.00

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

Item: _____ \$ _____

Item: _____ \$ _____

\$ 0.00 Total of Additional Expenses

\$ 60,000.00 **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

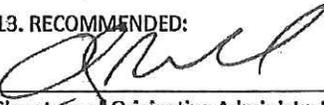
Independent Contractor Name: Jessica Prisk ICA# _____

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 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:

 _____ Jessica Prisk _____ 9/30/19 _____
Signature of Independent Contractor Printed Name Date

13. RECOMMENDED:

 _____ Andrew Moll _____ 9/30/19 _____
Signature of Originating Administrator Printed Name Date

14. APPROVED:

 _____ Jay Marchant _____ 9/30/19 _____
Signature of District Administrator OR Printed Name Date
Director of Categorical Programs

15. APPROVED:

Signature of District Administrator, Printed Name Date
Business Services

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



Independent Contractor Agreement

Completed By: Robin Carriere Phone: (530) 891-3027

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

Name: Brenden A. Stevens
 Email Address: brendenstevens@icloud.com
 Street Address/POB: P.O. Box 2091
 City, State, Zip Code: Chico, CA 95927
 Phone: 530-720-3161
 Social Security Number: _____

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

This agreement will be in effect From: 10/1/2019 To: 6/30/2020
 Site Code: 010 Location(s) of Services: Chico 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: Repair musical instruments for Chico High School

b. Goal (if applicable): _____

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

a. Chico High School Music Department budget
 b. _____
 c. _____

	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100%	01	0009	0	1206	1000	5800	010	2010
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) Not to exceed:

Pay Rate: \$ 2500 Quantity: 1 Total for Services: \$ 2,500.00
 (# 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
 \$ 2,500.00 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

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Brenden Stevens 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:

<u>Brenden Stevens</u>	<u>BRENDEN STEVENS</u>	<u>9/30/19</u>
Signature of Independent Contractor	Printed Name	Date

13. RECOMMENDED:

<u>Douglas Williams</u>	<u>Douglas Williams</u>	<u>10/1/19</u>
Signature of Originating Administrator	Printed Name	Date

14. APPROVED:

Signature of District Administrator OR Director of Categorical Programs	Printed Name	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



**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: Kim Hernandez Phone: 20137

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

Name: Christine A. Weston
Email Address: _____
Street Address/POB: 13 Trieste Way
City, State, Zip Code: Chico, CA 95926
Phone: 530-570-8807
Social Security Number: _____

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

This agreement will be in effect From: 10/1/19 To: 4/30/20
Site Code: 570 Location(s) of Services: District-wide

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: Coordination of 2020 Science Faire
- b. Goal (if applicable): Actively engage families & community to help students achieve academic & personal success.

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

- a. Director of Elementary education budget
- b. _____
- c. _____

	Percent (%)	Fund	Resource	Project/Year	Goal	Function	Object	Site	Manager
1	100%	01	0009	0	1110	1000	5800	570	6410
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: \$ 750.00 Quantity: 1 Total for Services: \$ 750.00
(# 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
\$ 750.00 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

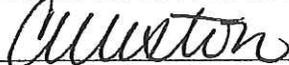
BP 3600 states all Independent Contractor contracts shall be brought to the Board for Approval. Board Ratification Date:

INDEPENDENT CONTRACTOR TERMS AND CONDITIONS

Independent Contractor Name: Christine A. Weston 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:

 Christine Weston 9-26-19
 Signature of Independent Contractor Printed Name Date

13. RECOMMENDED:

 Ted Sullivan 9/30/19
 Signature of Originating Administrator Printed Name Date

14. APPROVED:

 Signature of District Administrator OR
 Director of Categorical Programs Printed Name 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