

Consultant/Vendor Services Agreement

Fiscal Year: 21-22

The undersigned agrees to provide the following services to the San Mateo-Foster City School District, located at 1170 Chess Drive, Foster City, California, 94404, in accordance with the terms and conditions below.

Site Name: DO- SPED **Name of Vendor/Consultant:** Little Hands Occupational Therapy, Inc.

Description of Services: Provide Occupational Therapy services to SPED students as needed

****Attach the Proposal/Scope of Services/Business License upon submission.**

Consultant/s-Vendor/s Supervised by staff at all times? No Past or current employee of the District: No

Dates(s) of Service: From 10/01/2021 to 06/16/2022, inclusive.

Consultant Fee is Per Contract (not per day or hour) Enter "1" in total and Check "Flat Fee" box

Total # 372 Day/s or Hour/s @ \$ 150.00 Per Day or Per Hour = \$ 55,800.00

Expenses (Estimated): Flat Fee

Travel Expense	\$ <u>0.00</u>	
Per Diem (If applicable)	\$ <u>0.00</u>	
Secretarial/Clerical	\$ <u>0.00</u>	
All Other	\$ <u>0.00</u>	
Total Expenses		\$ <u>0.00</u>

TOTAL COST OF SERVICES (NOT TO EXCEED) \$ 55,800.00

Relationship of Parties – It is understood that this is an Agreement by and between independent contractors and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, joint venture of association, or any other relationship whatsoever other than that of Independent Consultant.

Indemnification and Insurance – Consultant agrees to hold the Superintendent, officers and employees of the District, harmless from any damage or injuries, which occur to persons or property as a result of the Consultant's activities pursuant to this Agreement, and to defend and indemnify same.

Non-Assignability – Consultant shall not assign this Agreement or any portion thereof to a third party without the prior written consent of the District; and any attempted assignment without such prior written consent in violation of this section automatically shall terminate the Agreement.

Acceptance – Payment to Consultant is contingent of approval by District, of the service(s) provided by the Consultant.

Termination – The San Mateo-Foster City School District reserves the right to terminate this agreement at any time, for any reason.

Company Name: Little Hands Occupational Therapy, Inc. Consultant Name: Mary Welton

Address: 500 Tamal Plaza, Suite 527 City Corte Madera State: CA Zip Code: 94925

Telephone: 415-234-3290 Email: mw@littlehandsot.com

Federal Tax ID: 46-1694100 Signature: Mary Welton Date: 10/18/2021

Member or former member of CalSTRS or CalPRS: Not a member of CalSTRS or CalPRS [Click here for form](#)

If you have been a member of CalSTRS or CalPRS, please complete the Self-Certification Form and attach it to this agreement

Funding 01 - 6500 - 0 - 5760 - 1180 - 5830 - 081 - SOPT 100% Funding Verified Date: 10/08/2021

By Bus. Dept. Jasmine

Additional funding or information: _____

The San Mateo County Superintendent of Schools hereby agrees to employ the above-named Consultant under the terms stated. Reimbursement will be for actual days of service and service-connected expenses, not to exceed the stated total cost of services.

Alma Ellis 10/07/2021
Principal Date

Diego Ochoa 10/07/2021
Program Manager Signature Date

Patrick K Gaffney 10/19/2021
Business Office Administrator Date

Sue Wieser 10/20/2021
Signature of Human Resource Administrator Date