


**Los Angeles County  
Office of Education**

Serving Students • Supporting Communities • Leading Educators

**Contract or Amendment Request**

 12/11  
dm

**Section 1 - Request for Services** Requestor must complete and attach the following items:

- If this CAR is an expenditure item, not with a District/Public Agency, attach 1) contractor/consultant qualifications 2) basis for selection and 3) W-9  
• For Independent Consultants and Sole Proprietors, also attach 4) IRS Regulation Questionnaire, 5) EDD Report of Independent Contractor(s).

DATE OF REQUEST 01/25/2019	PLEASE CHECK <input type="checkbox"/> Amendment <input type="checkbox"/> Increase <input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Decrease	CONTRACT # TO AMEND	CURRENT AMOUNT OF CONTRACT	SOCIAL SECURITY # (Individual, Sole Proprietor*)
FULL LEGAL NAME OF CONTRACTOR/CONSULTANT/DISTRICT (NAME UNDER WHICH ENTITY FILES TAX RETURNS) Inglewood Unified School District			FED. TAX ID # (Sole Prop., Corp., District, etc.)	
NAME OF CONTACT PERSON (FIRST AND LAST) Rene Rosas		E-MAIL ADDRESS OF CONTACT rrosas@inglewood.k.12.ca.us		TELEPHONE NUMBER ( 310 ) 419-2797
MAILING ADDRESS OF CONTRACTOR/CONSULTANT/DISTRICT (NUMBER, STREET, or P.O. BOX NUMBER, CITY, STATE AND ZIP CODE) 401 South Inglewood Ave, Inglewood, Ca 90301				FAX NUMBER ( )
TITLE/POSITION/PROFESSIONAL AFFILIATION (IF APPLICABLE) Director of K-12 El Services & District PD		TYPE OF BUSINESS ORGANIZATION (CHECK CORRECT BOX) <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship (*Enter SS# and/or Fed Tax ID above) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> District/Public Agency		
DESCRIBE SCOPE OF WORK (ATTACH ADDITIONAL SHEETS IF NECESSARY) Reimburse Inglewood Unified School District for substitute teachers so that classroom teachers are released to participate in Transitional Kindergarten Professional Development on March 5, 6, 19, and 20, 2019 ( 1 teacher @ \$ 181.00 per day for a total of 21 Substitute teachers, for a total of 4 days).				
AGENDA DESCRIPTION Reimburse Inglewood Unified School District for subs pay so classroom teachers can attend TK professional Development.				
RATIONALE FOR LATE SUBMITTAL				
ACCOUNT NUMBER TO BE CHARGED 01.2-90475.0-86000-21000-5891-0006320		PERCENT %	ACCOUNT NUMBER TO BE CHARGED	
DATES OF SERVICE FROM 03/05/2019 TO 03/31/2019		PAYMENT SCHEDULE <input type="checkbox"/> Monthly <input type="checkbox"/> Upon completion <input type="checkbox"/> See "Scope of Work" above <input type="checkbox"/> Other (Specify) As invoiced		
<b>Total Number</b>	<b>Rate</b>	<b>Total</b>	<b>Item</b>	<b>Expenses</b>
DAYS	\$	\$ 0.000000	MILEAGE	\$
HOURS	\$	\$ 0.000000	TRAVEL	\$
PROJECT 1	\$ 15,204.00	\$ 15,204.00	LODGING / MEALS	\$
OTHER (SPECIFY)	\$	\$ 0.000000	OTHER (SPECIFY)	\$
<b>TOTAL TO BE PAID PER RATE SPECIFIED</b>		<b>\$ 15,204.00</b>	<b>TOTAL EXPENSES</b>	<b>\$ 0.000000</b>
				<b>\$ 15,204.00</b>

**Section 2 - Agreement for Services**

1. Contractor/Consultant/District agrees to perform services (or to pay for LACOE services) as specified in Section 1 of this document, on the dates as specified for the rates indicated. ☒ Exhibit A - Terms and Conditions DE 1.70 attached and/or viewable at [www.lacoe.edu/contracts](http://www.lacoe.edu/contracts) (by clicking on "Contract Terms and Conditions")
2. The parties agree to comply with this Agreement/Amendment and the following exhibits which are, by this reference, incorporated herein and made part of this Agreement/Amendment. ☐ Exhibit B - Additional Scope of Work (if applicable)  
☐ Other \_\_\_\_\_  
☐ All other terms and conditions remain the same.

SIGNATURE OF LACOE DESIGNEE (CONTRACTS SECTION)	DATE	SIGNATURE OF CONTRACTOR/CONSULTANT/DISTRICT	DATE	AMOUNT (\$ Cont.)

**SIGN HERE**
**Section 3 - Preliminary Approvals and Certifications**

I approve this request. I also certify that I have read and understand LACOE Board Policies 3322.2 & 3322.3 ("Prohibition Against Self-Dealing and "Prohibition Against Conflict of Interest") and that I have not violated either of these Prohibitions in regard to this Contractor / Consultant / District.

TYPE NAME OF REQUESTOR (FIRST AND LAST NAME) Daniel Orosco	TELEPHONE NUMBER ( 562 ) 922-8945	NAME OF DIVISION / SITE CIS/ELSU
SIGNATURE OF PERSON AUTHORIZED TO APPROVE PAYMENT(S) <i>Daniel Orosco</i> Daniel Orosco (Jan 28, 2019)	DATE Jan 28, 2019	SIGNATURE OF DIVISION DIRECTOR (IF APPLICABLE) <i>Yvonne Contreras</i> Yvonne Contreras, Ed.D. (Jan 29, 2019)
		DATE Jan 29, 2019

(The following preliminary approvals are required **PRIOR** to submission to Contracts Section if either/both are applicable)

Use of Special Project Funds or Grants require GPM approval	Independent Consultant & Sole Proprietor items over \$2,000 require Personnel Commission approval
APPROVED BY GPM <i>Lisa Sun</i> Lisa Sun (Jan 29, 2019)	APPROVED BY PERSONNEL COMMISSION
DATE Jan 29, 2019	DATE

**Section 4 - Approvals • Refer to Procurement Authorization Approved Matrix**

SIGNATURE OF ASSISTANT SUPERINTENDENT (IF APPLICABLE) <i>Antony</i>	DATE Jan 29, 2019	SIGNATURE OF SUPERINTENDENT (IF APPLICABLE)	DATE
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**Section 5 - Contracts Section Use Only**

AGENDA DATE 2/1/19	FINGERPRINTS REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	ASSIGNED TO <i>dm</i>	CONTRACT NUMBER 128341	AMEND. #	Total Amended Contract Amount	TYPE SF	DATE MAILED 2/1/19
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