

**REDLANDS UNIFIED SCHOOL DISTRICT  
AGREEMENT FOR CONSULTANT SERVICES FORM  
FOR \$4999 and under**

INSTRUCTIONS

**1. FORM:** Fill out agreement form completely, with dates, times, fees, the Consultant's signature and your Site Administrator (and fund administrator, if necessary). Purchasing Manager who is a board authorized contract signer will co-sign the documents AFTER the req. is received. The signed documents will be returned to you after approval with a copy of your purchase order.

**2. REQUISITION:** Please submit an electronic requisition for payment of consultant. **Please send this agreement with the requisition number noted on it along the path of the Requisition.** Each approver must see the agreement in order to approve your requisition. The requisition and agreement **MUST BOTH** be received in purchasing for an order to be made. (You DO NOT need to attach a printed copy of the requisition to the agreement.)

**3. CONSULTANT REQUEST FOR PAYMENT FORM:** Please give the consultant a Payment form (also included in this file) for submittal after services are performed, **this is not necessary for them to use if they have their own invoices.** The consultant will need to return their request for payment to **YOUR** department/site and it will need to be signed by an administrator to verify that services have been received. Please complete your site info on this form before you send it to the consultant.

**4. PLEASE NOTE:** This form is for outside consultants ONLY. Employees of RUSD or any school district will need to submit a "Request To Employ" form through Human Resources.

**5. will** be working with students more than 5 times. (attach proof of TB test clearance)\*

**6. will** be bringing animals on campus. (attach proof property and liability insurance) If you have any issues with obtaining the Property and Liability insurance please call Amy in Purchasing before submitting requisition.\*

\* **Site must run consultant/s thru Meganslaw.ca.gov search if consultant is on a school site. Site shall attach proof of this to contract.**

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A **consultant** (from Latin: *consultare* "to discuss") is a **professional** who provides expert advice<sup>[1]</sup> in a particular area such as security (**electronic** or **physical**), **management**, **education**, **accountancy**, **law**, **human resources**, **marketing** (and **public relations**), **finance**, **engineering**, **science** or any of many other specialized fields.

A consultant is usually an expert or an experienced professional in a specific field and has a wide knowledge of the subject matter.

Redlands Unified School District

Phone (909) 307-5300

Fax (909) 307-5325

THIS CONTRACT made and entered into this day \_\_\_\_\_ and between Redlands Unified School District hereinafter called the "District" and \_\_\_\_\_ hereinafter called the "Consultant".

consultant name

WITNESSED, the parties do hereby contract and agree as follows:

1. SCOPE OF WORK: The Consultant shall furnish to the District for a total amount not to exceed \_\_\_\_\_ (describe what consultant will be doing and itemize any expenses included in the not to exceed amount) \_\_\_\_\_ dollar amount

2. TERM: The term of this contract shall begin \_\_\_\_\_ and end \_\_\_\_\_.

3. PAYMENT SCHEDULE: payments to be processed upon satisfactory completion of consultant work/assembly, and receipt of invoice. If you need check day of Assembly, please check here and state when check is needed. (Submit invoice with requisition.) Check for \_\_\_\_\_ needed on \_\_\_\_\_.

4. INDEPENDENT CONTRACTOR: Consultant will provide services under this agreement as an independent contractor and not as an employee of the District. District will not withhold federal or state income tax deductions from payments made to Consultant under this agreement. Consultant must provide District with his/her Social security number or taxpayer ID number. District will provide Consultant and the Internal Revenue Service with a statement of earnings at the conclusion of each calendar year as required by IRS.

5. CONFLICT OF INTEREST: Consultant represents that it has no existing financial interest and will not acquire any such interest, direct or indirect, which could conflict in any manner or degree with the performance or services required under this Agreement and that no person having any such interest shall be subcontracted in connection with this Agreement, or employed by the Consultant. Consultant will take all necessary steps to avoid the appearance of a conflict of interest and shall have duty to disclose to the District prior to entering this Agreement any and all circumstances existing at such time which would pose a potential conflict of interest.

6. HOLD HARMLESS: Consultant agrees to save and hold harmless District or any of its departments, agencies, officers or employees from all sums which District or any of its departments, agencies, officers or employees may be obligated to pay by reason of any liability imposed upon them for damages arising out of the performance of the services rendered by Consultant or any person employed by him/her or of any others for whose acts Consultant is legally liable. Said sums shall include, in the event of legal action, court costs, expenses of litigation and reasonable attorney fees.

7. WORKERS' COMPENSATION: The Contractor shall provide Workers' Compensation or self-insure his or her services.

8. LAW: Consultant shall comply with all federal, state and local laws and ordinances applicable to such work.

9. INSURANCE: During the term of this Agreement, the Consultant shall maintain liability insurance in an amount not less than \$1,000,000 unless otherwise agreed in writing by the District, automobile liability insurance to the amount required under California State law or more, and Workers Compensation as required under California State law. The Consultant shall provide certificates indicating applicable insurance coverages within ten (10) days of the effective date of this Agreement NAMING THE DISTRICT AS ADDITIONALLY INSURED with the endorsement on form CG20(10/26)0704 and CG20370704, 3 pages total, or 20101185 2 pages total.

Needed only if checked below.

10. IN WITNESS THEREOF, the parties hereunto have subscribed to this Agreement, including all Contract Documents as indicated below:

- Specifications/Scope of Work Statement
Purchase Order (will be sent after signature and needed documents are received)
Certification by Contractor of Criminal Records check (only needed if working with students)
Consultant not working with students
W-9 form
Will be working with students more than 5 times. (attach proof of TB test clearance)
Certificate of Insurance / Naming District ADDITIONALLY insured
Workers Compensation Certificate Received OR
Sole Proprietor/no Workers Comp. NO Certificate Needed

Name of Consultant(s) to be on site: \_\_\_\_\_ must run consultant/s thru Meganslaw.ca.gov search if consultant is on a school site. Site shall attach proof of this to contract.

REDLANDS USD, P.O. Box 3008, 20 W. Lugonia Ave. Redlands, CA 92373:

CONSULTANT:

Site/Supervisor/Principal, Coordinator

Name (Print)

Approval of Purchasing Director or CBO

Signature

Soc Sec #/ Tax I.D. Number

**CERTIFICATION BY CONTRACTOR/CONSULTANT  
CRIMINAL RECORDS CHECK  
AB 1610, 1612 and 2102  
(only needed if working with students)**

To the Governing Board of Redlands Unified School District:

I, \_\_\_\_\_ certify that:  
Name of Contractor/Consultant

1. I have carefully read and understand the Notice to Contractors Regarding Criminal Record Checks (Education Code Section 45125.1) required by the passage of AB 1610, 1612 and 2102.
2. Due to the nature of the work I will be performing for the District, my employees may have contact with students of the District.
3. None of the employees who will be performing the work have been convicted of a violent or serious felony as defined in the Notice and in Penal Code Section 1192.7 and this determination was made by a fingerprint check through the Department of Justice.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_, California on \_\_\_\_\_.  
Location/City Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

CONSULTANT REQUEST FOR PAYMENT

To: Administrator of \_\_\_\_\_ / District Office Date: \_\_\_\_\_  
Site

**DEPARTMENT:**

**STREET ADDRESS:**

**CITY: STATE: ZIP:**

**From:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
consultant name

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Date/s of Service: \_\_\_\_\_ to \_\_\_\_\_ P.O. # \_\_\_\_\_

Description of Service:

Payment is requested for \_\_\_\_\_ (# of days, hours, etc) at the rate of \_\_\_\_\_  
per \_\_\_\_\_ in the total amount of \_\_\_\_\_

This claim is for (check one):  Partial Payment  Final Payment

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The following certificate must be completed by individual consultants (consultant firms should disregard it):

I certify that I am  / I am not  (check one) drawing pay as a retired member of the California State Teachers' Retirement System (STRS). If an employee of a federal, state, or local government agency, I certify that all services for which payment is now being claimed were rendered at time other than my regular assigned workday for that agency.

\_\_\_\_\_  
Signature of Consultant

**SOCIAL SECURITY #/TAX I.D. NUMBER**  
(W-9 attached must be completed for  
payment to be processed)

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DISTRICT AUTHORIZATION OF PAYMENT

I hereby certify that the above named consultant has performed services as claimed and is entitled to payment as specified above.

\_\_\_\_\_  
Authorized Signature (Administrator/Principal/District Administrator)

\_\_\_\_\_  
Date

**Consultant shall send request for payment to Originating Department/Site.**

**DEPARTMENT/SITE SHALL SEND COMPLETED / SIGNED REQUEST FOR PAYMENT TO ACCOUNTS PAYABLE.**

**Megan's Law Background Check**  
**(needed if working on any campus while students are present)**  
**To be completed by District Site**

To provide a safe and protective environment for students, the Redlands Unified School District is using the Megan's Law database to complete background checks on consultants. This database identifies adults who are registered sex offenders.

Because you are a consultant at a school site, you are subject to a background check utilizing the Megan's Law database.

Thank you for your cooperation in increasing the district's ability to protect our students' well-being.

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I acknowledge that I am not a registered sex offender and the Redlands Unified School District will check the Megan's Law public database to confirm this. This form can be used throughout the school year to review my status.

School Site: \_\_\_\_\_ Teacher: \_\_\_\_\_  
if applicable

Consultant name: \_\_\_\_\_

Consultant home address: \_\_\_\_\_

Consultant D.O.B. \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business name: \_\_\_\_\_

**Office use only:**

*Date background check completed:* \_\_\_\_\_

*Clearance approved: Yes:* \_\_\_\_\_ *No:* \_\_\_\_\_

*Completed by :* \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requestor's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
	-       -
or	
Employer identification number	
	-

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.



'CERT SAMPLE' of required insurance for vendors - please forward to your insurance agent



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Agent name &amp; address</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED <b>Name and address of vendor</b>	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	<b>Insurance company name</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: CL1232009565** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY EFF	POLICY EXP	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			eff	exp	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Certificate holder is listed as additional insured with respect to general liability**

CERTIFICATE HOLDER <b>Cortland Celtic Cultural Association Inc PO Box 5725 Cortland, NY 13045</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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