



REQUEST FOR CONSULTANT AGREEMENT (RCA)

(Revised 8/25/25)

(Updated to include Selection Rationale, Need, Metrics, Outcomes, and Sustainability Plan)

Vendor/Consultant Name:

Contact Name:

Mailing Address:

Phone & Fax Numbers:

Email Address:

Dates of Service:

Cost (lump sum/hourly):

LCAP Goal(s) and Action(s):

Funding Source(s):

Account Number(s):

Data Privacy Agreement Required (Yes/No)

Will vendor be working directly with students?

Please indicate which category your agreement falls under:

Academic

Personal

Support Services

Enrichment

Legal

Special Education

Facilities

Executive Summary (Board Agenda Item Description)

Briefly describe the service, delivery method, and timeline (e.g., In-person training for 30 teachers at XYZ Elementary, Sept–Nov 2025)

Rationale for Selection

Why was this service/vendor selected over other similar options? (e.g., 3 vendors reviewed – selected for cost, bilingual expertise, and proven district results)

Identified Need

What need does this address that current district/school resources cannot meet? (e.g., District lacks specialized bilingual math coaches for grades 6–8)

Implementation Metrics

How will we measure that the service is being implemented as planned? (e.g., 5 training sessions completed by Nov 2025; 90% staff attendance)

Effectiveness Metrics

How will we measure whether the service achieved its intended results? (e.g., Math proficiency increases from 55% to 65% by June 2026)

Expected Outcomes & Timelines

Short-Term (by end of service) and Long-Term (6–12 months) results, with evaluation dates.

Plan for Sustainability (if applicable)

If the program or service is to continue beyond the contract period, describe how it will be sustained (e.g., integration into district programs, alternate funding sources)

Division Assistant Superintendent Approval

Name:

Signature:

Date:

Each Division Assistant Superintendent is responsible for answering any questions at the Board meeting for their area.

Submit the following documentation to the appropriate Division Assistant Superintendent:

***Proposal/Scope of Work from Vendor**

***RCA Form Completed**

***Certificate of Liability Insurance w/Additional Insured Endorsement Page**

***Certificate of Auto Insurance**

***W-9 (only required for new vendors)**

Reference the "OSD Insurance Certificate & Endorsement Requirements" located on the Risk Management web page.

Contracts without all required documents will not be accepted for approval.