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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requester: | Required | | Phone: | | Required | | | | | REQ/PO #: | Optional | Date: | Required |
| Approved by: | Required if applicable | | | | |  |  | | | | | Date: |  |
|  | Dean (if applicable) | | | | |  | Signature | | | | |  |  |
| Approved by: |  | Date: | |  | | | |  |  | | | Date: |  |
|  | Director Signature (if applicable) |  | | |  | | | | PM Signature (if applicable) | | |  |  |
| Approved by: | Required | | | | |  |  | | | | | Date: |  |
|  | Executive Director/Vice President/President | | | | |  | Signature | | | | |  |  |

ITS Related?  Yes  No F&M Related?  Yes  No If “Yes”, please obtain ITS and/or F&M approval of RFC:

|  |  |  |  |  |  |  |  |  |  |
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| Approved by: |  |  |  | | | | | Date: |  |
|  | Name of Executive Director |  | Signature | | |  |  | | |
| **LIVESCAN** | | | | | | | | | |
| Contractor interacting with Students? Yes No – If Yes: Unsupervised Supervised (Allow 30 days from DOJ submittal) | | | | | | | | | |
| If interaction w/Students, Exec Dir/VP/President completes the following: Initials | | | |  | Livescan: Yes No | | | | |

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| **SCOPE OF WORK** | | | | | | | | | | | | | | | | | | | |
| Contractor Legal Name(see W-9): | | | | | Required | | | | | | | | Contact Name: | | | | Required | | |
| Address, City, State & Zip: | | | | Required | | | | | | | | | Email: | | | | Required | | |
| Contract Start Date: | | Required | | | |  | End Date: | | Required | | | | Phone: | | | | Required | | |
| Is Contractor a retired CalSTRS/CalPERS member?  Yes  No – If Yes, Date of Retirement: | | | | | | | | | | | | | | | | Required if “Yes” | | |  |
| Is Contractor a current District employee?  Yes  No – If Yes, do **NOT** submit an RFC. Contact HR to process request.  Responsibilities of the Contractor/Consultant, Scope of Work and Contract Objective:\* | | | | | | | | | | | | | | | | | | | |
| Required | | | | | | | | | | | | | | | | | | | |
| Responsibilities of the District:\* | | | | | | | | | | | | | | | | | | | |
| Required | | | | | | | | | | | | | | | | | | | |
| Contract Schedule of Deliverables, Performance Milestones and Proof of Completion:\* | | | | | | | | | | | | | | | | | | | |
| Required | | | | | | | | | | | | | | | | | | | |
| Rate of Payment: | $ Required | | | | | Per: Hour Days Meetings Projects Other: | | | | | | | | | | | | Required for Other | |
| Additional Expenses: | | | Optional | | | | | | | | | | | (Provide description w/amount for each\*) | | | | | |
| Total Payment Inclusive of Expenses (NTE): | | | | | | | | $ Required | | |  | F.O.A.P. #: | | | Required | | | | |
| Payment to be Sent:  Monthly  End of Project  Other: | | | | | | | | | | Required for Other | | | | | | | | | |

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| **TYPE OF CONTRACT REQUEST** | | | | | |
| **Standard Boilerplate** (Please allow 3-5 business days for Purchasing to process) Select one: | | | | | |
|  | | Consultant Agreement  Services Agreement  Independent Contractor  Professional Services Agreement (per GC 53060 & AP6370) | | | |
|  | | Performer or Lecturer Agreement: | | | |
|  | | | Type: | Performer  Lecturer | |
|  | | | Name of Event: | Required for Performer/Lecturer Agreement | |
| Location of Event: | Required for Performer/Lecturer Agreement | |
| Starting Time/Ending Time: | Required for Performer/Lecturer Agreement | |
| **Vendor’s Contract aka Non-Standard Contract** (Please allow 5-10 business days for Purchasing to process) | | | | | |
|  | Explanation why District-approved Standard Boilerplate not used: | | | | Required for Non-Standard |

**INCLUDE THE FOLLOWING ATTACHMENTS:**

|  |  |
| --- | --- |
| W-9 form from Contractor  Proposal (if any) | Independent Contractor Checklist (if requesting this type of Contract)  Additional Two Quotes (see REQ Checklist for requirements) |

Date Board Approved OR to be presented at Board Meeting dated: Optional

\*If additional space need, please attach separate page or memo.

Updated: 2-26-2019