|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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