|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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) |  |  | Fund Manager Signature (if applicable) |  |  |
| Approved by: | Required |  |  | Date: |  |
|  | Executive Director/Vice President |  | Signature |  |  |

|  |  |
| --- | --- |
| ITS, FS, AUX, PIO Related? [ ]  Yes [ ]  No If “Yes”, please obtain approval below and specify department: |  |
| Approved by: |  |  |  | Date: |  |
|  Name of Exec. Director/Approver (ITS, FS, AUX, and/or PIO) |  | Signature of Exec. Director/Approver |  |  |
| **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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| **TYPE OF CONTRACT/MOU REQUEST** |
| [ ]  **AVC** **Standard Boilerplate** (Please allow 3-5 business days for Purchasing to process) Select one: |
|  | [ ]  Consultant Agmnt [ ]  Services Agmnt [ ]  Independent Contractor [ ]  Professional Services Agmnt [ ]  MOU |
|  | [ ]  Performer or Lecturer Agreement: Type: ☐ Performer ☐ Lecturer  |
|  | Event Name: | Required for Performer/Lecturer Agmnt |
| Location: | Required for Performer/Lecturer Agmnt |
| Date: | Required for Performer/Lecturer Agmnt | Start/End Time: | Required for Performer/Lecturer Agmnt |
| [ ]  **Vendor’s Contract/MOU - Contact PACS before proceeding** (allow 5-10 business days for processing)  |
|  | Justification for not using Standard Boilerplate: | Required for Non-Standard |

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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/MOU 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 or CCC employee? [ ]  Yes [ ]  No – If Yes, Contact HR before proceeding with RFC.**THE FOLLOWING IS ONLY REQUIRED WHEN USING A STANDARD BOILERPLATE:**Responsibilities of the Contractor/Consultant, Scope of Work and Contract/MOU Objective:\* |
| Required |
| Responsibilities of the District:\* |
| Required |
| Contract/MOU 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 |

**INCLUDE THE FOLLOWING ATTACHMENTS:**

|  |  |
| --- | --- |
| [ ]  W-9 form from Contractor [ ]  AB5 Checklist[ ]  Additional Two Quotes (see REQ Checklist for requirements) |  [ ]  Proposal (if any) [ ]  Independent Contractor Checklist (if requesting type of Contract) |

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

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

Updated: 10-19-2020