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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requester: | Required | | Phone: | | Required | | | | | REQ/PO #: | Optional | Date: | Required |
| Approved by: | Required | | | | |  |  | | | | | Date: |  |
|  | Dean/Executive Director | | | | |  | Signature | | | | |  |  |
| Approved by: |  | Date: | |  | | | |  |  | | | Date: |  |
|  | Director Signature (if applicable) |  | | |  | | | | PM Signature (if applicable) | | |  |  |
| Approved by: | Required | | | | |  |  | | | | | Date: |  |
|  | Division’s 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 | | | |  |  | |
| Contractor interacting with Students? Yes No (If Yes, specify Unsupervised or Supervised then obtain VP/Exec Dir Initials & Direction) | | | | | | | | | | |
| Unsupervised Supervised (Allow 30 days from DOJ submittal) | | | | VP/Exec Dir Initials: |  | Livescan Required? 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 | |
| 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 Independent Contractor IF CHECKED, Is Contractor a retired CalSTRS member?  Yes  No  Services Agreement Professional Services Agreement | | | |
|  | | Performer or Lecturer Agreement (circle one) and include: | | | |
|  | | | 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 | |
| **Renewal of Term** Per CA EDU Code § 81644, cannot exceed: Three (3) years max for material/supplies; Five (5) years for work/services or apparatus/equipment. | | | | | |
| **Amendment:**  Describe what needs to be amended and attach original contract\*: | | | | | |
|  | | Required for Amendment (attach revised SOW if applicable) | | | |
| **Vendor’s Contract aka Non-Standard Contract** (Please allow 5-10 business days for Purchasing to process) | | | | | |
|  | Provide explanation why not utilizing District-approved Standard Boilerplate: | | | | Required for Non-Standard |

**INCLUDE THE FOLLOWING ATTACHMENTS:**

|  |  |
| --- | --- |
| W-9 form from Contractor  Proposal (if any)  Copy of Contract needing to be Renewed/Amended | 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: 8-28-2017