



Contract or Amendment Request

Section 1 - Request for Services Requestor must complete and attach the following items:

- If this CAR is an expenditure item, not with a District/Public Agency, attach 1) contractor/consultant qualifications 2) basis for selection and 3) W-9
- For Independent Consultants and Sole Proprietors, also attach 4) IRS Regulation Questionnaire, 5) EDD Report of Independent Contractor(s).

DATE OF REQUEST April 12, 2019	PLEASE CHECK <input type="checkbox"/> Amendment <input type="checkbox"/> Increase <input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Decrease	CONTRACT # TO AMEND	CURRENT AMOUNT OF CONTRACT \$2500	SOCIAL SECURITY # (Individual, Sole Proprietor*)
FULL LEGAL NAME OF CONTRACTOR/CONSULTANT/DISTRICT Hart Union High School District			FED. TAX ID # (Sole Prop., Corp., District, etc.)	
NAME OF CONTACT PERSON (FIRST AND LAST) Jan Daisher		E-MAIL ADDRESS OF CONTACT jdaisher@hartsdistrict.org		TELEPHONE NUMBER (661) 259-0033 x243
MAILING ADDRESS OF CONTRACTOR/CONSULTANT/DISTRICT (NUMBER, STREET, or P.O. BOX NUMBER, CITY, STATE AND ZIP CODE) 21380 Centre Pointe Parkway Santa Clarita, CA 91350			FAX NUMBER (661) 254-8653	
TITLE/POSITION/PROFESSIONAL AFFILIATION (IF APPLICABLE) Director of Special Programs and PD		TYPE OF BUSINESS ORGANIZATION (CHECK CORRECT BOX) <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship (*Enter SS# and/or Fed Tax ID above*) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> District/Public Agency		

DESCRIBE SCOPE OF WORK (ATTACH ADDITIONAL SHEETS IF NECESSARY)

LACOE Reading/Language Arts Coordinator to create and deliver customized professional development for administrators and instructional coaches. Contract includes 3 full professional development days (June 14, August 6 and 7, 2019). Day 1: Teach Us All: Equity and Access for All Learners; Days 2 and 3: Intentional Teaching for English Learners in the Integrated Classroom

AGENDA DESCRIPTION

RATIONALE FOR LATE SUBMITTAL

ACCOUNT NUMBER TO BE CHARGED 01.8-06365.0-00000-00000-8689-0006365	PERCENT 100 %	ACCOUNT NUMBER TO BE CHARGED	PERCENT
DATES OF SERVICE FROM June 14, 2019 TO Aug. 10, 2019		PAYMENT SCHEDULE <input checked="" type="checkbox"/> Upon completion <input type="checkbox"/> See "Scope of Work" above <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)	

Total Number	Rate	Total	Item	Expenses	Amount of this Request
DAYS	\$	\$	MILEAGE	\$ 150.00	<input checked="" type="checkbox"/> LACOE Income
HOURS	\$	\$	TRAVEL	\$	<input type="checkbox"/> LACOE Expenditure
PROJECT	1	\$ 2500.00	LODGING / MEALS	\$ 700.00	
OTHER (SPECIFY)	\$	\$	OTHER (SPECIFY)	\$	
TOTAL TO BE PAID PER RATE SPECIFIED			TOTAL EXPENSES	\$ 3350.00	\$

Section 2 - Agreement for Services

1. Contractor/Consultant/District agrees to perform services (or to pay for LACOE services) as specified in Section 1 of this document, on the dates as specified for the rates indicated. Exhibit A - Terms and Conditions _____, attached and/or viewable at www.lacoe.edu/contracts (by clicking on "Contract Terms and Conditions")

2. The parties agree to comply with this Agreement/Amendment and the following exhibits which are, by this reference, incorporated herein and made part of this Agreement/Amendment. Exhibit B - Additional Scope of Work (if applicable)
 Other _____
 All other terms and conditions remain the same.

SIGNATURE OF LACOE DESIGNEE (CONTRACTS SECTION)	DATE	SIGNATURE OF CONTRACTOR/CONSULTANT/DISTRICT	DATE	AMENDMENT # _____ (See new Total Amended Contract Amount below.)
			4-17-19	

Section 3 - Preliminary Approvals and Certifications

I approve this request. I also certify that I have read and understand LACOE Board Policies 3322.2 & 3322.3 ("Prohibition Against Self-Dealing and "Prohibition Against Conflict of Interest") and that I have not violated either of these Prohibitions in regard to this Contractor / Consultant / District.

TYPE NAME OF REQUESTOR (FIRST AND LAST NAME) Leslie Zoroya	TELEPHONE NUMBER (562) 922-6348	NAME OF DIVISION / SITE CIS/ECW
SIGNATURE OF PERSON AUTHORIZED TO APPROVE PAYMENT(S)	DATE	SIGNATURE OF DIVISION DIRECTOR (IF APPLICABLE)

(The following preliminary approvals are required PRIOR to submission to Contracts Section if either/both are applicable)

Use of Special Project Funds or Grants require GPM approval	Independent Consultant & Sole Proprietor items over \$2,000 require Personnel Commission approval
APPROVED BY GPM	APPROVED BY PERSONNEL COMMISSION
DATE	DATE

Section 4 - Approvals • Refer to Procurement Authorization Approved Matrix

SIGNATURE OF ASSISTANT SUPERINTENDENT (IF APPLICABLE)	SIGNATURE OF SUPERINTENDENT (IF APPLICABLE)
DATE	DATE

Section 5 - Contracts Section Use Only

AGENDA DATE	FINGERPRINTS REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	ASSIGNED TO	CONTRACT NUMBER	AMEND. #	Total Amended Contract Amount	TYPE	DATE MAILED
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