



## 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 <b>April 12, 2019</b>	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 <b>\$2500</b>	SOCIAL SECURITY # (Individual, Sole Proprietor*)
FULL LEGAL NAME OF CONTRACTOR/CONSULTANT/DISTRICT (NAME UNDER WHICH ENTITY FILES TAX RETURNS) <b>Hart Union High School District</b>			FED. TAX ID # (Sole Prop., Corp., District, etc.)	
NAME OF CONTACT PERSON (FIRST AND LAST) <b>Jan Daisher</b>		E-MAIL ADDRESS OF CONTACT <b>jdaisher@hartsdistrict.org</b>		TELEPHONE NUMBER <b>( 661 ) 259-0033 x243</b>
MAILING ADDRESS OF CONTRACTOR/CONSULTANT/DISTRICT (NUMBER, STREET, or P.O. BOX NUMBER, CITY, STATE AND ZIP CODE) <b>21380 Centre Pointe Parkway Santa Clarita, CA 91350</b>			FAX NUMBER <b>( 661 ) 254-8653</b>	
TITLE/POSITION/PROFESSIONAL AFFILIATION (IF APPLICABLE) <b>Director of Special Programs and PD</b>		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 <b>01.8-06365.0-00000-00000-8689-0006365</b>		PERCENT <b>100 %</b>	ACCOUNT NUMBER TO BE CHARGED		PERCENT <b>%</b>
DATES OF SERVICE FROM <b>June 14, 2019</b> TO <b>Aug. 10, 2019</b>		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)			
<b>Total Number</b>	<b>Rate</b>	<b>Total</b>	<b>Item</b>	<b>Expenses</b>	<b>Amount of this Request</b>
DAYS	\$	\$	MILEAGE	\$ <b>150.00</b>	<input checked="" type="checkbox"/> LACOE Income
HOURS	\$	\$	TRAVEL	\$	<input type="checkbox"/> LACOE Expenditure
PROJECT <b>1</b>	\$	\$ <b>2500.00</b>	LODGING / MEALS	\$ <b>700.00</b>	
OTHER (SPECIFY)	\$	\$	OTHER (SPECIFY)	\$	
<b>TOTAL TO BE PAID PER RATE SPECIFIED</b>		\$	<b>TOTAL EXPENSES</b>	\$ <b>3350.00</b>	\$

### Section 2 - Agreement for Services

- 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](http://www.lacoe.edu/contracts) (by clicking on "Contract Terms and Conditions")
- 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.)
		<i>Meke</i>	<b>4-17-19</b>	

### 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) <b>Leslie Zoroya</b>	TELEPHONE NUMBER <b>( 562 ) 922-6348</b>	NAME OF DIVISION / SITE <b>CIS/ECW</b>
SIGNATURE OF PERSON AUTHORIZED TO APPROVE PAYMENT(S)	DATE	SIGNATURE OF DIVISION DIRECTOR (IF APPLICABLE) DATE

(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	DATE	APPROVED BY PERSONNEL COMMISSION	DATE

### Section 4 - Approvals • Refer to Procurement Authorization Approved Matrix

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