\\ \title{
AGREEMENT BETWEEN\\ \title{
AGREEMENT BETWEEN \\ MT. DIABLO UNIFIED SCHOOL DISTRICT AND INDEPENDENT CONTRACTOR
}

THIS AGREEMENT is made this 2nd day of July by and between the Mt. Diablo Unified School District (hereinafter "District") and $\qquad$
$\qquad$ (hereinafter "Contractor").

District hereby engages Contractor to render described services under the terms and conditions of this Agreement.

## 1. Performance of Services

(a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools, transportation, and workspace necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used with the written approval of the District only.
(b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.
2. Compensation. District agrees to compensate Contractor for the performance of the Services on the following basis: $-225,00-47,750,43,575.00$


The basis of the fee for Services shall be as follows:

| a. | $\$$ | 75.00 |
| :--- | :--- | :--- |
| b. per hour, |  |  |
| b. | $\$$ | per day, or |
| c. | $\$$ | per engagement. |

Check one:
(1) Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
$\square$ Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.
Contractor shall be responsible for all expenses incurred in association with the performance of the Services.
3. Term and Termination. This Agreement will become effective on 8/20/2010. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.
Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.
4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers ${ }^{*}$ compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as hisher employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance.

Purchase Requisition in R60952
vacation, or sick pay. Contractor shall be rexponsible for providing at Contractor's eypense, and in the Contractor's namc, disability, workers' compensation or other insurance, as well as licenses and permits usual of nesestary for conducting the Services herounder
Coniractor shall pay, when and as due, any and all local, state and federal income or other taves incurrod as a result of Contractor's compensation hercunder, including estimated taves, and shall provide District with proof of sad payments upon demand Contractor hereby indemnifies District for any claims. losses. conts. fees iiabitities damages, or injuries suffered by District arising out of Contractor's breach of this Section.
5. Fingerprintine and Criminal Records Check of Contractor's Emplosess Contractor shall comply with the provisions of Education Code $\$ 45125.1$ regarding the submission of fingerprints to the California Departinent of Justice and the compietion of cruminal background investigations of the contractor and/or its cmployees. Contractor shall not permit any employec to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employec has not been convicted of a felony, as defined in Education Code $\$ 45125$. I.
6 Rules and Regulations, All resalts and regulations of the Board of Education and all fedcral, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement
7. Indsmnification Contacior shall and does bereby indemnify, defend, and boid harmiess District, and Destrict's officers, employees, agentr and representatives from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities and damages, including, without limitation, interest, penalties, and reasonable athorneys fees and costs, that District may incur or suffer and that arise, pesult from, or are related to any treach or finilure of Contractor to perform any of the representations, warranties, and agreements contained in this Agreement.

8 Insurance Insurance shall be endorsed to include the District, its officers, officials, agents, employees and volunieces as additional insureds with respect to liatulity arising out of work or operations performed by or on behaif of the Contractor. Such insurance shall contain a provision that the insurance afforded thereby to the District and its officers, officials, agents, employees and vofunteers shall be primary insurance to the fall limits of liability of the policy, and that if the District, its officers, officials, agents, employees and volunteers have other insurance against a loss covered by such a policy, such other insarnance shall be excess insurance only.
9. Ownership of Desiges and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
10. Notice Any notice required or permitted to be given under this Agreement shall be doemed to have been given, served and received if given in writing and cither personaily delivered or deposited in the United Saten mail, registered or certified mail, postage prepaid, retum receipt required, or sent by telegram, overnight delivery service, of facsimile transmission, addressed as follows:

DISTRICI
CONTKACTOK
Mt. Diablo Unified School District
1936 Carlota Drive
Concord, CA $94919-1397$
Ann: Superintendent

| Name: <br> Address: | CONTRACTOE |
| :---: | :---: |
|  | Cametraner |
|  | 1700 Broutway St, 2433 |
|  | Cumuent, CA 94530 |
| Phone |  |
| Fax | nis |
| Tax ID \#: | 1350.36-610 |

Any nobice penonally given or sent by telegram or facsimile transmissios shall be effoctive upon receipt. Any notice scmt by ovamight delivery service chall be effective the basincss day nexd following delivery thereof to the overnight delivery service. Any notice given by mail shall be effective throe (3) days after deposit in the United States mail
11. Enurs Agrgement of Parties This Agreement onnstitutes the entire agreement between the parties and supersodes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
Califumia Law. This Agreement shall be govemod by and the rights, duties and obligations of the parties shall


$$
2 \mathrm{df} 4
$$

Fievent tbriseg

Purchase Requisition \# R60952
that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County. California.
13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attomeys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its
costs or attorneys fees.
14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.
MT DIABLO UNIFIED SCHOOL DISTRICT
By: $\frac{\text { Mitdue D, Foresee El D }}{\text { Budget Administrator }}$
Title: $\qquad$
Assistant Superintendent, Pupil Sve/Special Ed
$8 / 10 \int_{201}^{\text {CONTRACTOR: }}$
By:

Title: Licensed Clinical Social Worker

Authorized by: Milder A. Brovene EDD $8 / 10 / 2010$
Approved:

## To be Completed by District Budget Administrator

( It is my determination that this contractor is not required to comply with Ed. Code $\S 45125.1$ regarding the submission of fingerprints to the Department of Justice.

## OR

This contractor is subject to the requirements of Ed. Code $\S 45125.1$ and will not begin services until I have received evidence that the Department of Justice has completed its criminal background investigation.

## Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

Mildred Q.Buruse \& \&D 8/10/2010
Billing Address if reimbursed by outside agency -ie. ASB, PTA, PFC

Purchasc Requisition \# R60952
EXHIBIT A

## LIST OF SERVICES TO BE PERFORMED BY CONTRACTOR

General Description of Service: Clinical supervision of Behavioral Health Specialist I \& II at Alliance,
Rate of Services: $\$ 75.00$ per hour
Weekly Service: 11 hours
Not to Exceed Amount: \$750-90 825,00
Services Period: Extended School Year 2010

Services of Contractor arranged by


4 of 4

```
11/05/09
Social Worker Professional Liability Policy *** ENDORSEMENT ADDITIONAL PREMIUM ***
```

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS
POLICY NO: SWL-001588813 END NO 01
ITEM 1. (a) NAME AND ADDRESS OF INSURED:

CARRIE LEE FRAZIER 1700 BROADWAY ST \#433 CONCORD, CA 94520

## RECEIVED

jorit U4 2010

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

## TYPE OF ORG:

INDIVIDUAL

ITEM 2. ADDITIONAL INSUREDS:
MT DIABLO UNIFED SCHOOL
DISTRICT
1936 CARLOTTA DR CONCORD, CA 94519

ITEM 3. POLICY PERIOD:
FROM: $10 / 20 / 09$ TO: $10 / 20 / 10$ 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE NSULRED AS STATED HEREIN:

ITEM 4.
ENAPSRSEMENTTYEFFECTIVE 11/03/09
(a) $\$ 1,000,000$

EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATE OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
(b) $\$ 3,000,000$ AGGREGATE
(c) $\$$ $\qquad$ DEFENSE REIMBURSEMENT


ITEM 7. EXTENDED REPORTING PERIOD ADDITIONAL PREMIUM(If Exercised): $\$$ $\qquad$


# CERTIFICATE <br> INSURANCE <br> $\mathrm{C} / \mathrm{O}$ : American Profensional A Inse CO . 

 95 Broadway, Andional Agency, Inc, 800-421-6694 This is the sertaty that the Jemerate milieles $\quad 000-421-6694$ es stater.

保
ALTERS THE CDVRE OF INSURANCE NEITHER AFFIRNATTVEY HOR
ALTERS THE COVERGE(S) AFFORDED BY THE POLICY(IES) LISTED ONTIVELT NEDDS,
(IES) LISTH ON THIS CBRTIFICATE
CARRIE LER PRADIER
1700 BROAD PRAZIER
1700 BROADWAY ST $\$ 433$
CONCORD
CONCORD CA 94S20

> Additional Named Innuredna


Type of Work Covered. PROFESSIONAL SOCIAL WORKER

```
Location of Operations: N//A
```



```
Clain History:
```

    Betroactive date in \(10 / 20 / 2009\)
    | Coverages | policy <br> Number | Bffective Date | Expization Date | Limits of Liability |
| :---: | :---: | :---: | :---: | :---: |
| PRCTESSTORAL/ <br> LIAEILITY | SWL-0015*8813 | 10/20/09 | 10/20/10 | $\begin{aligned} & \frac{1}{2}, 000,000 \\ & 3,000,000 \end{aligned}$ |

NOTICE OF CANCELLATION NILI ONLY BE GIVEN TO TEE FIRST NOMED INSURED ON THIS POLICI NO HE OR SHE SEALL ACT ON BEBALF OF ALL INSUREDS WITE RESPECT TO GIVIMC OR RECEIVIMC NOTICE OF CANCELLATION.
Coments: THE POLLOWIM IS RN ADDITICANL INSURED ON THIS POLICY, Comints ME FOLARLO TWIFIBD SCHOCL DISTRICT

```
This Certificate Issued to:
This Certificate Issued te: CMPRIE LEE FRAzIER
Name: CMRRIE LEE FNY ST $433
Address: CuNcomD CA 94520
```



