MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 Carlotta Drive Concord, CA 94519

AGREEMENT BETWEEN MT. DIABLO UNIFIED SCHOOL DISTRICT AND INDEPENDENT CONTRACTOR

Diablo (herein	Uni	AGREEMENT is made this 29th day of October, 2009, by and between the Mt. fied School District (hereinafter "District") and Marine Science Institute Contractor").				
Agreen		t hereby engages Contractor to render described services under the terms and conditions of this				
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:					
	\$ 36,0	total fee for Services				
	The basis of the fee for Services shall be as follows:					
		a. \$ per hour, b. \$ per day, or c. \$ 900.00 per engagement/cruise.				
	Check	one:				
	X	<u>Partial Payments</u> : Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.				
		<u>Payment in Full</u> : Contractor shall be paid upon completion of services after obtaining originator's signature at the bottom of this contract, indicating that services have been performed.				
	Contractor shall be responsible for all expenses incurred in association with the performance of the Services.					
3.		and <u>Termination</u> . This Agreement will become effective on <u>Jan. 5th, 2010</u> . This Agreement rminate upon the completion of the Services or when terminated as set forth below.				
		party may terminate this Agreement at any time by giving thirty (30) days written notice to the party. Should either party default in the performance of this Agreement or materially breach any of				

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 1 of 4 Revised: 7/9/09

breaching party. Termination shall be effective immediately on receipt of said notice.

its provisions, the non-breaching party may terminate this Agreement by giving written notice to the

Contractor look to District as his/her 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, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand. Contractor hereby indemnifies District for any claims, losses, costs, fees, liabilities, damages, or injuries suffered by District arising out of Contractor's breach of this Section.

- 5. <u>Fingerprinting and Criminal Records Check of Contractor's Employees</u>. Contractor shall comply with the provisions of Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. Contractor shall not permit any employee 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 employee has not been convicted of a felony, as defined in Education Code §45125.1.
- 6. <u>Rules and Regulations</u>. All results and regulations of the Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
- 7. <u>Indemnification</u>. Contractor shall and does hereby indemnify, defend, and hold harmless District, and District's officers, employees, agents and representatives from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities and damages, including, without limitation, interest, penalties, and reasonable attorneys fees and costs, that District may incur or suffer and that arise, result from, or are related to any breach or failure of Contractor to perform any of the representations, warranties, and agreements contained in this Agreement.
- 8. <u>Insurance</u>. Insurance shall be endorsed to include the District, its officers, officials, agents, employees and volunteers as additional insureds with respect to liability arising out of work or operations performed by or on behalf of the Contractor. Such insurance shall contain a provision that the insurance afforded thereby to the District and its officers, officials, agents, employees and volunteers shall be primary insurance to the full 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 insurance shall be excess insurance only.
- 9. <u>Ownership of Designs and Plans</u>. 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. <u>Notice</u>. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

CONTRACTOR

Mt. Diablo Unified School District

1936 Carlotta Drive

Concord, CA 94519-1397

Attn: Superintendent

Name:

Marine Science Institute

Address:

500 Discovery Pkwy

Redwood City, CA 94063

Phone:

650-364-2760

Fax:

650-364-0416

Tax ID #:

94-1719649

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the business day next following delivery thereof to the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. <u>Entire Agreement of Parties</u>. This Agreement constitutes the entire agreement between the parties and supersedes 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.
- 12. <u>California Law</u>. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. <u>Attorneys' Fees</u>. 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 attorneys' 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. <u>Waiver</u>. 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.

same or any other term, covenant, or condition he	rein contained.						
IN WITNESS WHEREOF, the parties hereto have execut	ed this Agreement on the date first above written.						
MT. DIABLO UNIFIED SCHOOL DISTRICT	CONTRACTOR:						
By: Budget Administrator Date Title:	By: Mando Suff 11409 Title: Excentive Treater						
Authorized by: Assistant or Associate Superintendent	Date						
Approved: Assistant Superintendent of Personnel	Date						
To be completed by Distr	ICT BUDGET ADMINISTRATOR						
☐ It is my determination that this contractor is not required to comply with Ed. Code §45125.1 regarding the submission of fingerprints to the Department of Justice.							
OR							
This contractor is subject to the requirements of Ed. Code §45125.1 and will not begin services until I have received evidence that the Department of Justice has completed its criminal background investigation.							
Administrator's Signature Dat	_ e						
Upon completion of Services, sign below and forward	original contract to Fiscal Services for payment.						

Originator's Signature	Date	Phone		Fiscal Services for payment Contractor
000.3947.36.5618 Budget Code			1-3	Originator/Budget Administrator

EXHIBIT A

LIST OF SERVICES TO BE PERFORMED BY CONTRACTOR

Marine Science Institute (MSI) will condu	act Discovery Voyage Program aboard the Research vessel Brownlee
for 5 th grade students from January 5 th – Fe	
Please see the Discovery Voyage Educator	rs guide for a detailed description of the program.
Contracted Services to be paid by invoice	submitted to Mt. Diablo Unified by Marine Science Institute.
	
Services of Contractor arranged by	Signature Seal
	Marine Science Instituto Department / School

4 of 4

Revised: 7/9/09

Form (Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

mema	Neverible Service					
.5	Name (as shown on your income tax return)					
Specific Instructions on page 2	Marine Science Institute					
	Business name, if different from above					
	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=p ☐ Other (see instructions) ► Nonprofit		Exempt payee			
nst m	Address (number, street, and apt. or suite no.)	name and address (optional)				
2 P	500 Discovery Parkway			, ,		
Ċ	City, state, and ZIP code					
Spe	Redwood City, CA 94063					
See	List account number(s) here (optional)	····				
Par	Taxpayer Identification Number (TIN)					
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is						
your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.				or		
	If the account is in more than one name, see the chart on page 4 for guidelines on whose	e	Employer identification number			
	er to enter.		94	1719649	_	
Par	t II Certification					
Unde	penalties of perjury, I certify that:					
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting	g for a num	ber to be i	ssued to me), and		
R	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and					
3. 18	am a U.S. citizen or other U.S. person (defined below).					
withher For marrang	ication instructions. You must cross out item 2 above if you have been notified by the If olding because you have failed to report all interest and dividends on your tax return. For nortgage interest paid, acquisition or abandonment of secured property, cancellation of degement (IRA), and generally, payments other than interest and dividends, you are not require your correct TIN. See the instructions on page 4.	real estate t bt, contribut	ransaction: ions to an	s, item 2 does not apply individual retirement		
Sign Here		Date >	1/4	1/09		
^	Definition of a 11	O	r. factor			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301 7701-7)

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

Nov. 18. 2009 10:58AM Jordan Harrison 415. 291, 8335 No. 9070 P. 2 DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE ACORD 11/11/2009 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION PRODUCER 415.398.5911 FAX 415.398.6157 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE Jordan Harrison Insurance Brokers, Inc. HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR 500 Sansome St., Suite 408 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. San Francisco, CA 94111 INSURERS AFFORDING COVERAGE NAIC# INSURED Marine Science Institute INSURER A: RLI Insurance Company 500 Discovery Parkway INSURER B: Travelers Property Casualty Redwood City, CA 94063-4715 INSURER C: Navigators Insurance Co. INSURER D: Natl Union Ins. Co. of Pittsbu INSURER E COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE DATE (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITE MRP0500003 GENERAL LIABILITY 09/01/2009 09/01/2010 EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY 100,000 CLAIMS MADE X OCCUR MED EXP (Any one person) \$ 5,000 A PERSONAL & ADV INJURY 5 1.000.000 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PRODUCTS - COMP/OF AGG \$ PRO-JECT POLICY BA7513C095-09 09/01/2009 09/01/2010 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO 1,000,000 X ALL DWNED AUTOS **BODILY INJURY** (Par person) SCHEDULED AUTOS R X HIRED AUTOS BODILY INJURY (Per accident) X NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) GARAGE LIABILITY AUTO ONLY - EA ACCIDENT 5 ANY AUTO ea acc \$ OTHER THAN AUTO ONLY: AGG \$ SF09LIA498241 09/01/2009 09/01/2010 EXCESS / UMBRELLA LIABILITY 9,000,000 EACH OCCURRENCE \$ X OCCUR CLAIMS MADE AGGREGATE \$ C \$ DEDUCTIBLE 9. RETENTION \$ 5324017 09/01/2009 09/01/2010 X WC STATU-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. EACH ACCIDENT 1.000.000 E.L. DISEASE - EA EMPLOYEE \$ If yes, doscribe under SPECIAL PROVISIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
[The certificate holder, Mt. Diablo Unified School District, its officers, officials, employees and volunteers are named as an additional insured under the General Liability policy solely in respect to liability arising out of the work or operations performed on behalf the named insured, including materials, parts or equipment furnished in connection with such worker operations. The certificate holder, Mt. Diablo Unified School District, its officers, officials, employees (continued next page)

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District Attn: Spoogmai Habibi 1936 Carlotta Drive Concord, CA 94519

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL AND MAKE MAIL 30 DAYS WRITTEN WWW.BEAUCKSECKEX.MRXXRETXBECKSECKEX.MXXMMSXRSATXWR.WRXRSECX.MRXXRETXBECKEX. AUTHORIZED REPRESENTATIVE

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Mt. Diablo Unified School District

Certificate issued to Mt. Diablo Unified School District Jordan Harrison Insurance Brokers, Inc.

11/11/2009

11/11/2009

(Continued from the Description of Operations) and volunteers are named as additional insured under the Automobile Liability policy but only with respect to liability arising out of automobiles owned, leased, hired or borrowed on behalf of the named insured. In the event of cancellation or any material change to the policies, a thirty (30) days written notice will be given to the certificate holder, et al by Jordan Harrison Insurance Brokers, Inc.