

St. Dall

Purchase Requisition # R 666911

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

**AGREEMENT BETWEEN
MT. DIABLO UNIFIED SCHOOL DISTRICT
AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 17 day of November, by and between the Mt. Diablo Unified School District (hereinafter "District") and The Fleet Group (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:

\$ 44000 total fee for Services

358-3936-49-5800
BUDGET CODE

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

- a. \$ _____ per hour,
- b. \$ _____ per day, or
- c. \$ 44000 per engagement.

PERSONNEL SERVICES

NOV 17 2011

MDUSD

Check one:

Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.

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.

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3. Term and Termination. This Agreement will become effective on _____. 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 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,

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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. Fingerprinting and Criminal Records Check of Contractor's Employees. 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. Rules and Regulations. 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. Indemnification. 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. Insurance. 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. Ownership of Designs 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 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:	<u>The Event Group</u>
Address:	<u>7700 Edgewtaer Drive # 647</u>
	<u>Oakland, CA 94621</u>
Phone:	<u>510.632.8773 510.376.2326</u>
Fax:	<u>510.632.8410</u>
Tax ID #:	<u>94-3231986</u>

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. Entire Agreement of Parties. 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. California Law. 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

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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 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. 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

CONTRACTOR:

By: *J. L. M.* 11-17-11
 Budget Administrator Date

By: _____
 Date

Title: Principal

Title: _____
 President, No CA

Authorized by: _____
 Assistant or Associate Superintendent Date

Approved: _____
 Assistant Superintendent of Personnel Date

TO BE COMPLETED BY DISTRICT 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 Date

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

J. L. M.
 Originator's Signature

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

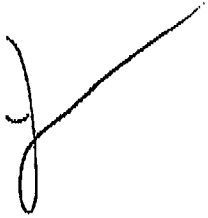
NHS ASB Senior Class
212

Distribution
 original: Fiscal Services for payment
 copy: Contractor
 copy: Originator/Budget Administrator

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EXHIBIT A

LIST OF SERVICES TO BE PERFORMED BY CONTRACTOR

Planning and implementing Northgate High School's Senior Ball on May 5, 2012 at the Bentley Reserve.



Services of Contractor arranged by

Kwanget
Signature

Northgate H.S.
Department / School

R66941

WILL BE DUE 04/27/11. (This amount equals the guaranteed minimum multiplied by the per student ticket price, less the deposit). *ANY COUNT GIVEN AFTER THIS DATE WILL BE CHARGED A 10% SURCHARGE***. THE EVENT GROUP RESERVES THE RIGHT TO CANCEL ANY EVENT IF FULL MINIMUM BALANCE DUE IS NOT RECEIVED ONE WEEK PRIOR TO THE EVENT DATE.** Any tickets sold after your minimum is met must be paid by certified funds no later than two days prior to the event. **Your minimum is 400 students.** Three chaperones per 100 students are complimentary. Any additional people brought by your group, including service vendors, must be paid for. **Cancellation policy:** Deposits are non-refundable.. *(Please see contract terms under separate cover).*

Please make checks payable to: "THE EVENT GROUP".

THIS AGREEMENT IS SIGNED AND THEREBY ACCEPTED ON:

BY: _____ TITLE:

The Event Group

7700 Edgewater Drive # 647

Oakland, CA 94621

Office: 510-632-8773

EVENT AGREEMENT

Fax: 510-632-8410

R66911

PRELIMINARY

TRANSACTION DATE: JULY 14, 2011 DATE OF EVENT: MAY 5, 2012 [SAT]

CLIENT: NORTHGATE HIGH SCHOOL

ADDRESS: 425 CASTLEROCK RD., WALNUT CREEK, CA 94598

SCHOOL PHONE: 925.938.0900 X 2191 [FAX]: 925.945.6429

ORGANIZER: MR. JON CAMPOPIANO/ MS. KATIE WANKET

FUNCTION: SENIOR BALL

ATTENDANCE: UP TO 475 MINIMUM GUARANTEE: 400

ARRIVAL TIME: 7:00 PM EVENT DATE: 7:00 - ~~11:00 AM~~

~~7:00 PM~~
~~10:30 PM~~ 10:30 PM

COST: \$110.00 PER STUDENT DEPOSIT: \$20,000.00

DEPOSIT DUE: INSTALLMENTS BALANCE DUE: 04/20/11

\$24,000.00*

**(Based on minimum guarantee only)*

YOUR EVENT WILL INCLUDE:

- FOUR HOURS USE OF THE BENTLY RESERVE BUILDING
(Located at: 301 Battery Street, San Francisco)
- GOURMET HEAVY HORS D'OEUVRES BUFFETS
- UNLIMITED SODAS, JUICES AND TEA
- DISC JOCKEY [OF YOUR CHOOSING] WITH LIGHT SHOW
- TABLES, CHAIRS, LINENS
- FLORAL CENTERPIECES
- PHOTO BOOTH
- ADDITIONAL INSURANCE TO MDUSD & FACILITY
- ALL SET-UP AND CLEAN-UP
- EVENT PLANNING SERVICES THROUGHOUT THE YEAR
- EVENT GROUP HOST, STAFF AND SECURITY

A non-refundable deposit payment of \$10,000.00 is due on AUGUST 30, 2011. A SECOND PAYMENT OF \$10,000 will be due by FEBRUARY 1, 2012. A FINAL PAYMENT OF \$24,000.00 AND FINAL COUNT INCLUDING CHAPERONES

CYNTHIA KOLL

From: Ami Peterson <ami@californiaproms.com>
Sent: Friday, November 18, 2011 7:52 AM
To: CYNTHIA KOLL
Subject: RE: TIME LINE
Attachments: CPK costs 12.xls

Hi again :o)

Here are the time lines for Northgate and the financials for College Park. (I think I'm sending what you need...?)

JUNIOR PROM TIME LINE

Golden Gate Fields	Deposit sent to facility September 10th
DJ	To be determined
Catering	Date confirmed September 10th
Security	Date confirmed September 10th
Insurance	Sent yearly as renewal comes up

SENIOR BALL TIME LINE

Bentley Reserve	Deposit sent July 30th
DJ Hightop	Confirmed October 20th
Catering	Date confirmed August 12th
Security	Date confirmed September 5th
Tables & Chairs	Will be ordered by January 15th
Insurance	Sent yearly as renewal comes up

Thanks!

Ami Peterson
The Event Group
7700 Edgewater Drive #647
Oakland, CA 94621
510.376.2326 CELL
510.632.8773 OFFICE
510.632.8410 FAX
www.californiaproms.com

<https://www.facebook.com/#!/pages/The-Event-Group/155752511153292>

From: CYNTHIA KOLL [mailto:kollc@mdusd.org]
Sent: Thursday, November 17, 2011 1:38 PM
To: Ami Peterson
Subject: TIME LINE

Hi Ami,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/25/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of California, Inc. 500 N. State College Blvd. Suite 400 Orange CA 92868		CONTACT NAME: Judith Villalobos PHONE (A/C, No, Ext): (714) 221-1800 FAX (A/C, No): (714) 221-4196 E-MAIL ADDRESS: jvillalobos@bbsocal.com PRODUCER CUSTOMER ID#: 00045083	
INSURED The Event Group 370 Anapola Ave. Suite 104 Torrance CA 90501		INSURER(S) AFFORDING COVERAGE INSURER A: Great Divide Insurance Company NAIC # 25224 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

RECEIVED

AUG 01 2011

Budget & Fiscal Services

COVERAGES **CERTIFICATE NUMBER:** 11/12 PKG & UMB **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPA1006139	7/20/2011	7/20/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUA1006140	7/20/2011	7/20/2012	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Business Personal Prop. Replacement Cost			CPA1006139	7/20/2011	7/20/2012	Loc#1 Limit: \$10,000 Ded: \$1,000 Loc#2 Limit: \$5,000 Ded: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: High School Events.
The Certificate Holder is included as Additional Insured as respects to General Liability regarding operations of the Named Insured, per policy form CG2026.

CERTIFICATE HOLDER (925) 680-2505 Mt. Diablo Unified School District Attn: Cindy Koll 1936 Carlotta Dr. Concord, CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Tim Casey/JVILLA
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