

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASING: (916) 568-3071 ACCOUNTING: (916) 568-3065
 FAX: (916) 568-3145

PURCHASE ORDER NO 0001076408

PLEASE SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS, TERMS AND CONDITIONS.

Date	Revision	Page
05/14/2014	1 - 06/04/2014	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
769167 HOWARDS POONV	04ADMN	

Vendor: 0000035099
 HUNTER LAURA G
 2049 FRASCATI DRIVE
 EL DORADO HILLS CA 95762

Phone: (925) 323-4420
Fax: (925) 952-7367

email:

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	SERVICES TO CREATE "SCHOOL TIME" MATINEE SERIES AT HARRIS CENTER FOR THE ARTS 4/1/14 - 5/31/15	1.00	JOB	10,320.00	10,320.00	04/22/2014

ENCLOSED SERVICE AGREEMENT # 45494 WITH PROJECT SUMMARY

Sub Total Amount	10,320.00
Sales Tax Amount	0.00
Total PO Amount	10,320.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5100	12	FL.VI.BUSN	68900	00000	696Y	10,320.00	2014

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

M. Walden 6/6/2014

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

From: [Haney, Brenda](#)
To: [Kirklin, Kathleen](#); [Hunter, Laura](#)
Cc: [Howard, Sally](#); [Vander Werf, Wenda](#)
Subject: PLEASE ADVISE_ VENDOR BILLING QUESTIONS FOR PO_0001076408 / LAURA HUNTER_ Harris Center "School Time" Matinee Series.
Date: Friday, August 08, 2014 10:44:19 AM
Attachments: [0001076408_HUNTER_LAURA.pdf](#)
Importance: High

Hi Laura - I am forwarding your inquiry to Kathleen Kirklin our Vice President, Administration – as she can best advise on how invoicing for this Service Agreement should be structured.

Hi Kathleen – Can you assist Laura Hunter with her billing questions re: PO_0001076408 – for “School Time” Matinee Series at Harris Center for the Arts.

- Please Note: Purchase Order has been set-up as *Amount Only* – to accommodate incremental itemized invoices and online receivers for deliverables/work completed in stages.

Appreciate your assistance on this.

Thank you,

Brenda Haney

Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

☎ 916.608.6635 | ✉ haneyb@flc.losrios.edu

From: Hunter, Laura
Sent: Friday, August 08, 2014 10:01 AM
To: Haney, Brenda
Cc: Howard, Sally
Subject: Billing for Laura Hunter

Hi Brenda,

Sally Howard suggested I touch base with you regarding any special instructions for submitting hours to be billed on the purchase order 0010767408. Copy attached. Let me know if you have a template or example, and any other necessary details and I will get the details together and send them to you.

Thank you!

Laura

Laura Hunter | Arts Education

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

p. 925.323.4420 | laura.hunter@harriscenter.net | <http://harriscenter.net>

Los Rios Community College District

Requisition SERVICES

Page 1 of 1

Req. No. 769167
P.O. NO.

Vendor Code	DATE <u>April 21, 2014</u>
Approved	VENDOR <u>Laura Hunter</u> email <u>lhunter916@gmail.com</u>
Terms	ADDRESS <u>2049 Frascati Drive</u>
F.O.B.	CITY <u>El Dorado Hills</u> STATE <u>CA</u> ZIP <u>95762</u>
PHONE <u>925-323-4420</u> FAX <u>925-952-7367</u>	

DELIVERY INSTRUCTIONS	
<u>04 FLC</u> Location Code	
College/District Location <u>FLC - Advancement Office</u>	Department <u>President</u>
Division <u>President</u>	Date Required <u>4/22/14</u>

ITEM	DESCRIPTION	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	Services to: Create "School Time" Matinee series at Harris Center for the Arts	1.0	job	10,320.00	10,320.00
2	Payment Terms: Net 30 Upon Receipt of Approved Invoices.				
3	Per attached Service Agreement No. 45494 and scope of work. Including: Task List, Schedule, and Budget				
4	From April 1, 2014 - May 31, 2015				
5	<u>3/9</u>				
6	Project Summary:				
7	Development, Implementation, promotion and support of a "School Time" Matinee Series at Harris Center for the Arts.				
8	Performances to be offered to students in K-12, targeting communities in California's Capital Region.				
9	Details in Scope of Work Items: (a), (b), (c), (d), (e), (f), and Tasks 1-16.				

Purchases Charged to Categorical Programs, Grants or Special Projects		Sales Tax
This purchase is in compliance with the requirements of <u>Wells Fargo Automation</u>		
Program Director/Coordinator Signature: <u>Kathleen Kubler</u> Program Name: <u>Auto Education Program</u> Project/Grant Number: <u>K-12 at Harris Center</u>	Total \$ <u>10,320.00</u>	

I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: Sally Howard TYPED/PRINT: Sally Howard DATE: 4/21/14

REQUESTED BY: _____ SIGNATURE: _____ DATE: _____

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE: Kathleen Kubler DATE: 4/21/14

APPROVED: VICE PRESIDENT, ADMINISTRATION: _____ DATE: _____

Instructions on Reverse

Bus. Unit	Account*	Fund	Org	
<u>68900</u>	<u>0000</u>	<u>12014</u>	<u>696Y</u>	\$ <u>10,320.00</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
Bus. Unit	Account*	Fund	Org	
Program	Sub-Class	BY	Proj/Grnt	Amount

* Asset Location - For equipment purchases over \$200 (Accounts 6490, 6495 and computers) complete the area below indicating the final location where equipment will be housed.

Location Code _____ Dept. _____

Building _____ Room No. _____

DO Purchases to set up as BO - Per J. Harman

5/2

LOS RIOS COMMUNITY COLLEGE DISTRICT
SERVICE AGREEMENT

(Information on the purchase order and the back of this form are part of this Agreement. Please read this important information.)

No. 45494

Attachment to Purchase Order No. ~~CD 111465~~

This Agreement entered this 25th day of MARCH by and between the Los Rios Community College District (District) and
(CONTRACTOR), Laura Hunter CONTRACTOR No. NA Social Security No. 570-166-4392
Business Name (if different) _____ FIN No. _____

Check One: Sole Proprietorship Partnership _____ Corporation _____ Check One: U.S. Citizen Resident Alien _____ Non-resident Alien _____
Telephone No. 925-323-4420 (SSN or FIN No. must be provided for payment)

Address 2049 Frascati Drive City and State Zip El Dorado Hills, CA 95762

Are you now or have you been an employee of the District? Yes _____ No . If yes, Date _____ Location _____

Are you related to an employee of the District? Yes _____ No . If yes, who _____

GENERAL CONDITIONS:

1. **Scope of Work.** CONTRACTOR shall perform specific services as set forth below (attach separate schedule if necessary, and reference the attachment). The term of this Agreement is from (date) April 1, 2014 to (date) May 31, 2015. CONTRACTOR shall perform its services hereunder in accordance with the professional standard of care, skill and diligence customarily followed by consultants performing similar professional services on projects of comparable scope and quality.

2. **Compensation.** For its services hereunder, CONTRACTOR shall be paid a sum of money not to exceed \$ 10,320, during the term of this Agreement. Payment of this amount shall be made in accordance with established District payment schedules, and is contingent upon the CONTRACTOR submitting an invoice to the District Accounts Payable Office, and upon receipt of verification of services satisfactorily rendered (receiver) by the appropriate College/District Administrator. Payment terms are: Net 30 Upon Receipt Payment will be mailed to address on purchase order. CONTRACTOR agrees that none of the terms and conditions associated with its acceptance of this Agreement shall apply to, modify, or be incorporated into this Agreement, and the DISTRICT's acceptance of CONTRACTOR's goods, materials, equipment, services and/or labor or other items covered by or delivered under this Agreement shall not constitute acceptance of any additional or different terms and conditions on behalf of CONTRACTOR.

3. **Termination.** The DISTRICT shall have the right to terminate this Agreement with or without cause. The District may terminate the Agreement for convenience at any time and for any reason by giving thirty (30) days written notice of such termination to CONTRACTOR. In the event of termination for convenience, CONTRACTOR shall immediately cease rendering services and promptly deliver to the DISTRICT copies of all prepared work product, and CONTRACTOR shall only be entitled to payment for hours actually worked and direct costs incurred, plus a 10% mark-up on direct costs incurred, or the pro-rata share of the contract price, whichever is less. The DISTRICT may terminate the Agreement for cause which shall be effective immediately upon written notice. In the event of a termination for cause, CONTRACTOR shall not be entitled to any further payment, if any becomes due, until the Project is completed. The DISTRICT may proceed with the work in any manner deemed proper by DISTRICT, and all the DISTRICT's costs incurred by the District shall be deducted from any sum otherwise due CONTRACTOR under this Agreement and the balance, if any, shall be paid to CONTRACTOR upon completion of the work. The DISTRICT reserves all rights, including all rights to recover damages, inclusive of attorneys' fees, from CONTRACTOR, in the event of a termination for cause.

4. **Integration, Amendments.** This Agreement (front & back) and the purchase order constitute the entire Agreement by the parties. No other representations, whether oral or written are part of this Agreement except that the following document(s) are part of this Agreement: Scope of Work. All amendments to this Agreement must be in writing and signed by authorized representatives of both parties.

5. **Independent CONTRACTOR not Agent.**

- a. CONTRACTOR, and its agents and employees, in the performance of this Agreement, shall be independent contractor(s) and no relationship of employer-employee exists between these parties and the DISTRICT.
- b. CONTRACTOR shall be responsible for determining the means, methods, or sequence used to complete the work required under this Agreement. CONTRACTOR shall be responsible for and accountable to the DISTRICT for the final product or service to be provided.
- c. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such persons shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. Except as may be specifically provided elsewhere in this Agreement, all terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR. It is further understood and agreed that CONTRACTOR shall issue W-2 or 1099 Forms for income and employment tax purposes, for all of CONTRACTOR's employees, assigned personnel and subcontractors.
- d. Except as otherwise provided in this Agreement, CONTRACTOR is qualified to accomplish the work required in this Agreement and the DISTRICT will provide no training to CONTRACTOR.
- e. Except as otherwise provided in this Agreement, CONTRACTOR's ability to market or provide services to any other client shall not be limited by the DISTRICT.
- f. Except as otherwise provided in this Agreement, CONTRACTOR is to provide all necessary tools and materials.
- g. Prior to DISTRICT's acceptance of this Agreement, CONTRACTOR shall (a) identify their status as a sole proprietorship, partnership, or corporation, and (b) provide the DISTRICT with a copy of IRS Form W-9, Request for Certification of Federal Taxpayer Identification Number.
- h. CONTRACTOR agrees that, upon request, CONTRACTOR shall provide any documentation requested by the DISTRICT as evidence that appropriate taxes have been paid. If CONTRACTOR fails to pay appropriate taxes or to provide requested documentation, CONTRACTOR hereby agrees to indemnify the DISTRICT against any penalties and taxes levied against the DISTRICT by a taxing agency, and to reimburse the DISTRICT for such penalties and taxes.

Signature below by CONTRACTOR indicates that all parts of this Agreement have been read, understood and accepted.

Name of CONTRACTOR (Printed) Laura G. Hunter

Signature of CONTRACTOR *Laura Hunter* Date 3/25/2014 Requisition # 769167

Scope of Work –Task List, Schedule and Budget

Project Name: Creation of HCA School Time Matinee Series

Applicant Info: Laura Hunter, 2049 Frascati Drive, El Dorado Hills, CA 95762 (925)-323-4420

Project Summary: This project will provide for the development, implementation, promotion, and support of a school time matinee series at the Harris Center for the Arts. Performances will be offered to students in grades K-12, targeting communities in California’s capital region. Specifically, the project will include (a) web based information site detailing matinee series performance offerings; access to reserve seats and purchase tickets for matinee series, (c) active outreach to local schools to generate interest and build audiences for the matinees series; meet with superintendents, principals, arts coordinators, and teachers; mailings and communications to schools about matinee series, (d) curriculum based educational materials for the matinee series, (e) ongoing evaluation of program effectiveness, (f) program support to schools throughout the school year.

Task #	Project Tasks	Description (if required)	Timeline	Project Deliverables	Cost
1	Meet with HCA to discuss strategic goals, objectives, budget and outreach plan for school time matinee series 2013-2013		April 2014	Provide business plan with objectives, goals and budget for school time matinee series 2013-2014.	\$150
2	Meet with 12 principals and district representatives from key schools in Sacramento County, El Dorado County, and Placer County	Discuss: upcoming plans for a new school time matinee series, how teachers select and plan field trips, what type of programming is desirable, curriculum needs, financial feasibility, any special considerations.	April 2014	Report provided with outcomes from all meetings. Recommend best method of outreach including distributing and communicating information about school time matinee series at the HCA; include any special needs to be considered; discussion of data acquired through assessment.	\$900
3	Meet with key staff to establish support roles	Marketing, graphics, ticket office, outreach resources at FLC	April 2014	Provide HCA list of tasks detailing project goals and related staff who will provide support	\$60
4	Establish webpage content to be used in Education section on HCA website		April - May 2014	Produce content for individual pages on Education tab on website including: program overview; school show times; descriptions of performances offered; order form; frequently asked questions. Meet with graphic person.	\$900
5	Develop content for school mailings		April - May 2014	Produce content for brochure to be used for mailings and online access; cover letter for mailings to schools and districts.	\$300
6	Gather and create contact list for mail outreach to schools/districts about shows		April 1 - 15, 2014	Provide contact information to in-house mailing service for mailings to schools.	\$120

7	Develop curriculum guides	Work with teachers and curriculum specialist from district to develop relevant material to include. Graphic artist provided by HCA to finalize design.	June - August 2014	Provide content for curriculum study guides for 10 performances.	\$1,500
8	Write content for Constant Contact communications	Monthly communications to schools. 2 hours writing content each month.	June 2014 - May 2015	Write content for monthly update to schools about upcoming performances and program news.	\$720
9	Meet with 20 target schools to present matinee series information to teachers	Determine target schools based on size and desired demographics. Make appointments and attend group teacher meetings to educate them about the HCA new school time matinee series.	May 1 - 30, 2014	Produce report detailing 20 target schools and outcomes from meeting.	\$1,200
10	Work with 3 main targeted district administration to develop relationship and district channels for marketing the HCA school matinee series to schools		May 1 - 30, 2014	Report produced with listing best method for outreach through district channels.	\$150
11	Provide support to HCA Publicity staff member		April 2014 - May 2015	Help draft announcements and provide specific information for public relations needs.	\$150
12	Develop evaluation tool for tracking schools	Using program attendee information from order detail create a report to include school name, address, grade levels, number tickets purchased, free lunch percentage.	August 2014 - May 2015	Provide monthly report tracking school attendee detail.	\$540
13	Provide support to teachers	Respond to all calls and emails about program. Busiest times will be start up of season Aug - Oct.	April 2014 - May 2015	Handle email and phone communications from teachers, schools, and general public.	\$1,800
14	Consult, collaborate and share information with staff		March 2014 - May 2015	Meet face to face for one hour 2x monthly. Email updates and communications as required.	\$1,770
15	Provide support to grant writer		April 2014 - May 2015	Provide detail for grant writing regarding demographics potential funding needs.	\$150
16	Provide invoice for work completed on project	To be completed monthly.	April 2014 - May 2015	Provide detailed invoice.	\$0
	Totals				\$10,320

LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court, Sacramento, CA 95825
Phone (916) 568-3071 FAX (916) 568-3145
Purchasing Department
lrccdpurchase@losrios.edu



Sacramento City College

American River College

Cosumnes River College

Folsom Lake College

CONFLICT OF INTEREST STATEMENT

This is to certify that the undersigned employee(s) has/have no economic interests which may foreseeably be materially affected by having participated in the development of the specifications for service, equipment and/or material represented by the referenced requisition.

(Pursuant to District Regulation R-8323 and District Policy P-8611

This form must be signed and submitted with the Purchase Requisition (GS Form 127) for those transactions listed below.)

- ❖ Sole Source
- ❖ Professional Service Agreements
- ❖ Service Agreements (GS Form 78: Rev. 2/2012)
- ❖ Selection Committee Recommendations (formal process)

READ CAREFULLY BEFORE SIGNING:

Self Howard 4/22/14
Employee/Date

769167
Requisition Number

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

OFFICIAL USE ONLY:	
PURCHASE ORDER#	
BUYER/DATE:	

**LOS RIOS COMMUNITY COLLEGE DISTRICT
INDEPENDENT CONTRACTOR vs. EMPLOYEE CHECKLIST**

This questionnaire is to be used to determine if an individual is an independent contractor or employee. The individual should be consulted where necessary to answer all questions. If you believe that the individual qualifies as an independent contractor, submit a requisition, service agreement, checklist, and any explanatory attachments. The contract will not be valid until a Purchase Order is issued, and no agreements should be made nor should work commence before that time. Due consideration should be given to all questions, since the penalty to the originating department for misclassification is approximately 50% of the contract amount. For more information see the District Purchasing Guide. If you have any questions or require assistance, please contact the Director, Accounting Services at the District Office.

- | | Y | N |
|--|--------------------------|-------------------------------------|
| 1. Has this person ever been employed by the District? If so, please explain when and in what capacity _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does the work include teaching, training, facilitating, counseling, curriculum development, workshops, seminars, or any other function related to education? If so, please explain _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Will the District exercise any control, direction or supervision of the contractor? If so, please explain _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to any of the above questions is "Yes" this person should be classified as an employee. If you believe that independent contractor status can still be justified, please attach a statement explaining why, and continue to question #4. If the answer to all of the above questions is "No", continue to question #4.

- | | | |
|---|--------------------------|-------------------------------------|
| 4. Must this individual perform the services (as opposed to the individual subcontracting or assigning the work to others)? Please explain to what extent the individual may or may not hire/subcontract others to do the work _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Has this individual worked for the District as an independent contractor in the past? If so, please explain the nature of past services (for what period, continuous vs. intermittent, how many hours, etc.) _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Can the contractor quit for any reason other than the District's breach of contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Can the District terminate the contract for any reason other than the contractor's breach of contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to three or more of these questions 4 through 7 are "Yes" this person should be classified as an employee. If you believe that independent contractor status can still be justified, please attach a statement explaining why and continue to question #8.

- | | | |
|---|-------------------------------------|--------------------------|
| 8. Does the individual operate an independent trade or business, offering these same services to the general public? If so, please ask the individual what proportion of their annual revenues are obtained from the District:
Less than 25%- <input checked="" type="checkbox"/> Between 25% & 50% _____ Over 50% _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this individual have a substantial investment in his/her business, maintain facilities, own/rent equipment, etc.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the individual provide all materials, supplies, and support services necessary for performance of this service? If no, please explain _____. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the individual bear the cost of any travel and business expenses incurred to perform this service (no District reimbursement)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to questions 8 through 11 is "Yes", and the answer to questions 1 through 7 is "No", this individual can be classified as an independent contractor.

The above information has been compiled and reviewed per District Guidelines:

Originator:  Date: 3/25/14

LOS RIOS COMMUNITY COLLEGE DISTRICT
Service Agreement Certification Form

Requisition No _____
Description of Services _____

As of January 1, 2003, Education Code Section 88003.1 restricts the District's ability to contract for services. Before a requisition can be processed, the following certificate must be completed indicating that the required service meets the Ed Code criteria.

Section I

The requisition will not go forward for processing unless you answer yes to at least one of the questions below:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Is this a continuing Service Agreement that was in place before January 1, 2003? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The Legislature has specifically mandated or authorized the service to be contracted out. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The necessary services are either unavailable within the District workforce, cannot be satisfactorily performed by employees, or are very highly specialized. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The services are incidental to a contract for the purchase of real or personal property, for example a service contract for office equipment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Contracting out is necessary to avoid a conflict of interest or other legal problem, or where an outside perspective is needed. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. The service is needed to respond to an emergency. The contract shall be no longer than sixty days. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. The contractor will provide equipment, materials, facilities or support services that could not feasibly be provided by District staff. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. The services are so urgent, temporary or occasional that the delay in the District's hiring process would frustrate the purpose. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section II

If the services do not fall within one of the above exceptions, the requisition will not go forward unless you answer yes to all of the following questions:

- | | | |
|--|-------------------------------------|--------------------------|
| 1. There clearly will be actual overall cost savings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. The District must consider the salaries and benefits of additional staff and the cost of additional space, equipment and materials. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. The District shall not include the District's indirect overhead costs, unless those costs would be exclusively caused by the work. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. The District shall include the District's costs of supervising, inspecting or monitoring the contractor. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. The services are not being contracted out solely to save money. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. The contract does not cause the displacement of District employees. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The savings must be large enough that market fluctuations will not tip the balance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. The amount of savings must clearly justify the size and duration of the contract. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. The contract must be publicly bid. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. The contract includes specific qualifications of the staff that will perform the work and includes nondiscrimination provisions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. There is minimal risk of contractor rate increases. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. The contract is with a firm. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. The potential economic advantage of contracting out is not outweighed by the public interest in having the work done in-house. | <input type="checkbox"/> | <input type="checkbox"/> |

If the services do not qualify under Section I or II, then the services must be completed by District staff and the requisition cannot be processed.

Certified by: _____

(Dean or other Authorized Signature)

Date: _____

3/25/14



LOS RIOS
COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court ■ Sacramento, CA 95825
 PURCHASING DEPARTMENT (916) 568-3071
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: _____

NAME OF FIRM aura Hunter		FEDERAL ID# OR SOCIAL SECURITY # 570-66-4392	
MAILING ADDRESS 2049 Frascati Drive, El Dorado Hills CA 95762		REMIT ADDRESS 2049 Frascati Drive, El Dorado Hills CA 95762	
PHONE 925-323-4420	FAX 925-952-7367	EMAIL Lhunter916@gmail.com	

WEBSITE n/a	ORGANIZATION CLASSIFICATION (Check all that apply)		
AUTHORIZED COMPANY REPRESENTATIVES			
Name	Title/Capacity	Email	
aura Hunter	Owner	Lhunter916@gmail.com	
			<input checked="" type="checkbox"/> Individual <input type="checkbox"/> MBE
			<input type="checkbox"/> Partnership <input type="checkbox"/> WBE
			<input type="checkbox"/> Non Profit <input type="checkbox"/> DVBE
			<input type="checkbox"/> Corporation (List State Incorporated)
			Contractor's License # _____

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
Arts Program Project Management		

VENDOR CERTIFICATION	OTHER BUSINESS INFORMATION			
I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios Community College District. It does not relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer.	Payment Terms Bill monthly	Discounts Extended N/A		
	Refund/Returns	N/A		
	<i>aura</i> INITIALS	<i>aura</i> SIGNATURE	<i>owner</i> TITLE	<i>2/26/14</i> DATE

LOS RIOS PURCHASING ONLY:

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Laura G. Hunter	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <input type="checkbox"/> <input type="checkbox"/> Other (see instructions) <input type="checkbox"/>	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 2049 Frascati Drive	Requester's name and address (optional)
City, state, and ZIP code El Dorado Hills CA 95762	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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.

Social security number										
5	7	0	-	6	6	-	4	3	9	2

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
		-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. 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. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person <input type="checkbox"/>	Date <input type="checkbox"/> 3/26/2014
------------------	---	--

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2014

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 Beasy Partners Insurance Services 3941 Park Dr., Ste. 20-260 El Dorado Hills, CA 95762	CONTACT NAME: Wendy Beasy PHONE (A/C, No, Ext): 916 939-0380 FAX (A/C, No): 916 939-0388 E-MAIL ADDRESS: wbeasy@beasypartnersinsurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B: The Hartford</td> <td></td> </tr> <tr> <td>INSURER C: Travelers</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B: The Hartford		INSURER C: Travelers		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER B: The Hartford														
INSURER C: Travelers														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Laura Hunter 2049 Frascati Dr. El Dorado Hills, CA 95762														

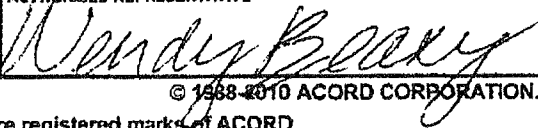
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			57 SBMBG3819	03/28/2014	03/28/2015	EACH OCCURRENCE \$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 4,000,000	
B	AUTOMOBILE LIABILITY			987952811 101 1	12/09/2013	12/09/2014	PRODUCTS - COM/OP AGG \$ 4,000,000	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$ 500,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ 500,000
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$ 100,000	
	<input type="checkbox"/> EXCESS LIAB							
	<input type="checkbox"/> OCCUR						EACH OCCURRENCE \$	
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$	
	DED							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

[Blank space for Certificate Holder Name]	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 

Laura Hunter

ARTS EDUCATION AND OUTREACH
2049 Frascati Drive, El Dorado Hills CA 95762
925-323-4420

Client:

Harris Center for the Arts
10 College Parkway
Folsom, CA 95630

Contact: Sally Howard/ Kathleen Kirklin

Invoice Date: 8/11/2014

Invoice Period: April 15, 2014 - July 31, 2014

Purchase Order: # 001076408

Service Agreement: # 45494

TASK/DESCRIPTION (Based on S.O.W)	@ \$30 p/hour	Amount
TASK # 1 Meet with HCA to discuss strategic goals, objectives, budget and outreach plan for school time matinee series 2013-2013	5	\$150.00
TASK #2 Meet with 12 principals and district representatives from key schools in Sacramento County, El Dorado County, and Placer County	22	\$660.00
TASK #3 Meet with key staff to establish support roles	2	\$60.00
TASK # 4 Establish webpage content to be used in Education section on HCA website	26.5	\$795.00
TASK #5 Establish webpage content to be used in Education section on HCA website	6.5	\$195.00
TASK #6 Gather and create contact list for mail outreach to schools/districts about shows	3	\$90.00
TASK #14 Consult, collaborate and share information with staff monthly	8	\$240.00
TASK #15 Provide support to grant writer (exec summary, survey page, bus grant form)	3	\$90.00
TOTAL DUE FOR PERIOD:	76	\$2,280.00

9/10/14

Authorization to pay received from Sally Howard.

Receiver# 1066263 processed - amount only \$2,280.00

Original invoice sent to AOPS

Laura Hunter

ARTS EDUCATION AND OUTREACH
2049 Frascati Drive, El Dorado Hills CA 95762
925-323-4420

Client:

Harris Center for the Arts
10 College Parkway
Folsom, CA 95630

Contact: Sally Howard/ Kathleen Kirklin

Invoice Date: 9/08/2014

Invoice Period: August 1 - August 31, 2014

Purchase Order: # 001076408

Service Agreement: # 45494

TASK/DESCRIPTION (Based on S.O.W)	@ \$30 p/hour	Amount
TASK #4 Establish webpage content to be used in Education section on HCA website	14	\$420.00
TASK #5 Develop content for school mailings	5	\$150.00
TASK # 6 Gather and create contact list for mail outreach to schools/districts about shows	5.5	\$165.00
TASK #7 Develop curriculum guide	3	\$90.00
TASK # 14 Consult, collaborate and share information with staff	2	\$60.00
TOTAL DUE FOR PERIOD:	29.5	\$885.00

9/8/14

Authorization to pay received from Sally Howard
Receiver# 1066244 processed - amount only \$885.00
Original invoice sent to AOPS

Laura Hunter

ARTS EDUCATION AND OUTREACH
2049 Frascati Drive, El Dorado Hills CA 95762
925-323-4420

Client:

Harris Center for the Arts
10 College Parkway
Folsom, CA 95630

Contact: Sally Howard/ Kathleen Kirklin

Invoice Date: 11/06/2014

Invoice Period: September 1 - September 30, 2014

Purchase Order: # 001076408

Service Agreement: # 45494

TASK/DESCRIPTION (Based on S.O.W)	Hours	Total @ \$30 p/hour
TASK #4 Establish webpage content to be used in Education section on HCA website	1	\$30.00
TASK # 6 Gather and create contact list for mail outreach to schools/districts about shows	2.5	\$75.00
TASK #7 Develop curriculum guides	8.5	\$255.00
TASK #8 Constant Contact communications, email announcements and outreach to schools (Outreach for Okee Dokee, Smuin, Wine and Art)	8	\$240.00
TASK # 12 Develop evaluation tool for tracking schools	1	\$30.00
TASK# 13 Provide support to teachers	1.5	\$45.00
TASK # 14 Consult, collaborate and share information with staff	1.5	\$45.00
TASK #15 Provide support to grant writer (metrics)	1	\$30.00
TOTAL DUE FOR PERIOD:	24	\$720.00

Laura Hunter

ARTS EDUCATION AND OUTREACH

2049 Frascati Drive, El Dorado Hills CA 95762
925-323-4420

Client: Harris Center for the Arts10 College ParkwayFolsom, CA 95630
Contact: Sally Howard/ Kathleen Kirklin

Invoice Date: 12/30/2014

Invoice Period: October 1 - October 31, 2014

Purchase Order: # 001076408

Service Agreement: # 45494

TASK/DESCRIPTION (Based on S.O.W)	Hours	Total @ \$30 p/hour
TASK # 1 Meet with HCA to discuss strategic goals, objectives, budget and outreach plan for school time matinee series 2013-2013	0.0	\$0.00
TASK #2 Meet with 12 principals and district representatives from key schools in Sacramento County, El Dorado County, and Placer County	0.0	\$0.00
TASK #3 Meet with key staff to establish support roles	0.0	\$0.00
TASK #4 Establish webpage content to be used in Education section on HCA website	3.0	\$90.00
TASK #5 Develop content for school mailings	2.0	\$60.00
TASK # 6 Gather and create contact list for mail outreach to schools/districts about shows	1.0	\$30.00
TASK #7 Develop curriculum guide	2.0	\$60.00
TASK #8 Constant Contact communications, email announcements and outreach to schools (Outreach for Okee Dokee, Smuin, Wine and Art)	8.0	\$240.00
TASK #9 Meet with 20 target schools to present matinee series information to teachers	0.0	\$0.00
TASK# 10 Work with 3 main targeted district administration to develop relationship and district channels for marketing the HCA school matinee series to schools	1.0	\$30.00
TASK # 11 Provide support to HCA Publicity staff member	0.0	\$0.00
TASK # 12 Develop evaluation tool for tracking schools	1.0	\$30.00
TASK# 13 Provide support to teachers	2.0	\$60.00
TASK # 14 Consult, collaborate and share information with staff	2.0	\$60.00
TASK #15 Provide support to grant writer (eval form, metrics)	2.0	\$60.00
TOTAL DUE FOR PERIOD:	24.0	\$720.00

LRCGD
FEB 04 2015
ACCTG OPS

Laura Hunter

ARTS EDUCATION AND OUTREACH

2049 Frascati Drive, El Dorado Hills CA 95762
925-323-4420

Client: Harris Center for the Arts 10 College Parkway Folsom, CA 95630
Contact: Sally Howard/ Kathleen Kirkin

Invoice Date: 12/30/2014

Invoice Period: November 1 - November 30, 2014

Purchase Order: # 001076408

Service Agreement: # 45494

TASK/DESCRIPTION (Based on S.O.W)	Hours	Total @ \$30 p/hour
TASK # 1 Meet with HCA to discuss strategic goals, objectives, budget and outreach plan for school time matinee series 2013-2013	0.0	\$0.00
TASK #2 Meet with 12 principals and district representatives from key schools in Sacramento County, El Dorado County, and Placer County	0.0	\$0.00
TASK #3 Meet with key staff to establish support roles	0.0	\$0.00
TASK #4 Establish webpage content to be used in Education section on HCA website	2.5	\$75.00
TASK #5 Develop content for school mailings	4.0	\$120.00
TASK # 6 Gather and create contact list for mail outreach to schools/districts about shows	1.5	\$45.00
TASK #7 Develop curriculum guide	0.0	\$0.00
TASK #8 Constant Contact communications, email announcements and outreach to schools (Outreach for Okee Dokee, Smuin, Wine and Art)	2.5	\$75.00
TASK #9 Meet with 20 target schools to present matinee series information to teachers	0.0	\$0.00
TASK# 10 Work with 3 main targeted district administration to develop relationship and district channels for marketing the HCA school matinee series to schools	0.0	\$0.00
TASK # 11 Provide support to HCA Publicity staff member	0.0	\$0.00
TASK # 12 Develop evaluation tool for tracking schools (includes post performance emails and responses)	1.0	\$30.00
TASK# 13 Provide support to teachers	0.0	\$0.00
TASK # 14 Consult, collaborate and share information with staff	1.5	\$45.00
TASK #15 Provide support to grant writer (eval form, metrics) Added: transportation grant processing/communications	1.0	\$30.00
TOTAL DUE FOR PERIOD:	14.0	\$420.00

LRCOD

FEB 04 2015

ACCTG OPS