

15116 COMPL

# LOS RIOS COMMUNITY COLLEGE DISTRICT

## PURCHASE ORDER NO 0001085653

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
02/29/2016		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
808669 ANGOVE P ROUILLES	04VAPA	

**Supplier:** 0000037300  
COLEMAN ANTHONY  
2314 Q STREET #5  
SACRAMENTO CA 95816

**Phone:** (347) 486-8871

**email:** anthony.coleman2@gmail.com

**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 *RCOR# 1072690 3/4/16*

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	JAZZ TRIO PERFORMANCE FOR FLC CONCERT ON FEBRUARY 27th, 2016	1.00	JOB	225.00	225.00	02/29/2016

SA# 45348

CONFIRMATION ONLY - DO NOT DUPLICATE ORDER  
PLEASE NOTE THIS PURCHASE ORDER NUMBER ON THE COMPANY INVOICE TO EXPEDITE PAYMENT

Sub Total Amount	225.00
Sales Tax Amount	0.00
Total PO Amount	225.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5100	12	FL.VS.MATR	63200	00000	598A	225.00	2016

**PAID**  
*3/4/16*  
*94-728924*

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

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

## Requisition

*Request Confirming PO#*

Page \_\_\_\_\_ of \_\_\_\_\_

Req. No.	808669
P.O. NO.	

Vendor Code	
Approved by / Date	
Reviewed by / Date	
Dispatched Method / Date	

DATE Feb. 25, 2016

VENDOR Anthony Coleman II

ADDRESS 2314 Q St. #5

CITY Sacramento STATE CA ZIP 95816

PHONE (347) 486-8871 FAX N/A

DELIVERY INSTRUCTIONS	
<u>04/VAPA</u>	Location Code
<u>FLC</u>	College/District Location
<u>Instructional</u>	Department
Division	Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	<i>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</i>				
1	<u>Jazz Trio Performance for FLC Concert</u>	<u>1</u>	<u>1</u>	<u>\$225</u>	<u>\$225</u>
2	<u>Event Date: 02/27/16</u>				
3	<u>SA# 45348</u>				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b>	Sales Tax	<u>N/A</u>
This purchase is in compliance with the requirements of <u>Student Equity Plan</u>	<b>Total</b>	<u>\$225</u>
Program Director/Coordinator Signature <u>[Signature]</u> For grants/special projects <u>598A</u>		
Program Goal/Objective Number/Explanation <u>A1, A2</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.

<u>GENFD / 5100 / 12 / FLVS.MATC 63200 0000</u>				
Bus. Unit	Account	* Fund	Org	
<u>63200</u>	<u>100000</u>	<u>1206</u>	<u>598A</u>	<u>\$ 225.00</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
	<u>/</u>	<u>/</u>	<u>/</u>	
Bus. Unit	Account	* Fund	Org	
	<u>/</u>	<u>/</u>	<u>/</u>	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

Philip Anthony Coleman II 2/25/16

REQUESTED BY: TYPED/PRINT DATE

[Signature] 2/25/16

REQUESTED BY: SIGNATURE DATE

[Signature] 2.26.16

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE DATE

[Signature] 2/26/16

APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

**\* 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. \_\_\_\_\_

**Instructions on Reverse**

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. 45348

Attachment to Purchase Order No. \_\_\_\_\_

This Agreement entered this 25<sup>th</sup> day of February by and between the Los Rios Community College District (District) and (CONTRACTOR), Anthony Coleman II CONTRACTOR No. \_\_\_\_\_ Social Security No. 569-75-5303

Business Name (if different) \_\_\_\_\_ FIN No. \_\_\_\_\_

**Check One:** Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ **Check One:** U.S. Citizen \_\_\_\_\_ Resident Alien \_\_\_\_\_ Non-resident Alien \_\_\_\_\_

Telephone No. (347) 486-8871 (SSN or FIN No. must be provided for payment)

Address 2314 Q St. #5 City and State Zip Sacramento, CA 95816

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) 2/27/16 to (date) 2/27/16. 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.

JAZZ TRIO PERFORMANCE FOR BLACK HISTORY MONTH

**2. Compensation.** For its services hereunder, CONTRACTOR shall be paid a sum of money not to exceed \$ 22500, 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 of Invoice 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: \_\_\_\_\_ 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) Anthony Coleman II

Signature of CONTRACTOR Anthony Coleman II Date 2/25/16 Requisition # 808669

**DISTRIBUTION:** White: CONTRACTOR Green: Purchasing Canary: Accounting Pink: Business Office Goldenrod: Originator





LOS RIOS COMMUNITY COLLEGE DISTRICT  
Service Agreement Certification Form

Requisition No 808669  
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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. The District must consider the salaries and benefits of additional staff and the cost of additional space, equipment and materials. | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. The District shall include the District's costs of supervising, inspecting or monitoring the contractor.                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The services are not being contracted out solely to save money.                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The contract does not cause the displacement of District employees.                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. The savings must be large enough that market fluctuations will not tip the balance.                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. The amount of savings must clearly justify the size and duration of the contract.                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. The contract must be publicly bid.                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. The contract includes specific qualifications of the staff that will perform the work and includes nondiscrimination provisions.    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. There is minimal risk of contractor rate increases.                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. The contract is with a firm.                                                                                                        | <input type="checkbox"/> | <input checked="" 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 checked="" 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: Curt E. Carruth  
(Dean or other Authorized Signature)

Date: 2/25/16

**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:**

Philip A. [Signature] 2/26/16  
Employee/Date

\_\_\_\_\_  
Selection Committee Member/Date

808 669  
Requisition Number

\_\_\_\_\_  
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  
 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: Anthony Coleman II

<b>NAME OF FIRM</b>	<b>FEDERAL ID# OR SOCIAL SECURITY #</b>
<u>Anthony Coleman II</u>	<u>1569-75-5303</u>

<b>MAILING ADDRESS</b>	<b>REMIT ADDRESS (if different)</b>
<u>2314 Q. St. #5</u>	<u>SACRAMENTO CA 95816</u>

<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>
<u>(347) 486-8871</u>		<u>anthony.coleman2@gmail.com</u>

<b>WEBSITE</b>	<b>ORGANIZATION/REGISTRATION</b> (Check all that apply)
	<input checked="" type="checkbox"/> Individual Contractor License# _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Non Profit DIR Registration# _____ <input type="checkbox"/> Corporation (List State Incorporated) _____ Is business registered in the State of California? Yes _____ No _____
<b>AUTHORIZED COMPANY REPRESENTATIVES</b>	
<b>Name</b>	<b>Title/Capacity</b>
	<b>Email</b>

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		

<b>VENDOR CERTIFICATION</b>	<b>OTHER BUSINESS INFORMATION</b>		
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, nor does it 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. _____ INITIALS	<b>Payment Terms</b>	<b>Discounts Extended</b>	
	<b>Refund/Returns</b>		
	<u>Anthony Coleman II</u>	<b>SIGNATURE</b>	<b>TITLE</b>
			<u>2/25/16</u>



## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em; color: blue;">Anthony Coleman</span>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <span style="font-size: 1.2em; color: blue;">2314 Q St. #5</span>	Requester's name and address (optional)
	6 City, state, and ZIP code <span style="font-size: 1.2em; color: blue;">Sturtevant, CA 95816</span>	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>												
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 generally 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 <i>How to get a TIN</i> on page 3.												
	Social security number											
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> </tr> </table>	5	6	9	-	7	5	-	5	3	0	3
5	6	9	-	7	5	-	5	3	0	3		
	or											
	Employer identification number											
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<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.												

<b>Part II Certification</b>	
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); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> 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 3.	

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.2em; color: blue;">Anthony Coleman</span>	Date ▶ <span style="font-size: 1.2em; color: blue;">2/26/16</span>
------------------	------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

REQ 808669

LOS RIOS COMMUNITY COLLEGE DISTRICT  
AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

NAME: ANTHONY COLEMAN II STUDENT ID NUMBER: N/A  
CLASS/ACTIVITY: BHM Concert INSTRUCTOR'S NAME: U/A

**This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in this class activity. I understand my decision to take this class or activity is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.**

I am aware that participating in this Los Rios Community College District (DISTRICT) class or activity can involve **MANY RISKS OF INJURY** including, but not limited to, property damage, bodily injury, personal injury and death.

In consideration of the DISTRICT permitting me to participate in the BLACK HISTORY MONTH CONCERT class/activity, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to the activity and/or class.

I understand that if this is/involves an excursion or field trip as defined by California Code of Regulations, Section 55220 that Section states in part:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of minor students taking out-of-state field trips or excursions shall sign a statement waiving such claims.”

By signing this Agreement, I hereby waive all such claims.

I understand and agree to accept all the rules and requirements of the activity and/or class, including safety rules and instructions given by the supervisory personnel. I understand, and agree, and grant to the DISTRICT the right to terminate my participation in the activity and/or class within the DISTRICT's or DISTRICT's employee's sole discretion. If applicable, I understand and agree that any costs associated with my return transportation shall be at my personal expense.

I consent to the DISTRICT providing emergency health assistance if it is determined necessary and further consent to the DISTRICT notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the DISTRICT's actions in this regard.

This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement.

The following person should be contacted in case of an emergency: (please print)

Anthony Coleman 2314 Qst #5 Sacto, CA 95816 (348) 486-8871  
Name Address Telephone No.

**I/WE, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I/WE ARE VOLUNTARILY ASSUMING ALL RISKS AND WAIVING ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO THIS ACTIVITY AND/OR CLASS. I/WE AGREE THAT NO ORAL REPRESENTATIONS, PROMISES, OR INDUCEMENTS, NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.**

Anthony Coleman II 2/25/16  
SIGNATURE Date

*If participant is under 18, parent or guardian must sign.*  
\_\_\_\_\_  
PARENT OR GUARDIAN Date