

Change Order Request

PO # 0001093330

Request Date: 03/01/18

College/Dept.: FLC/OIR

Vendor Name

DEVOL, MICHELLE

Close Remaining Balance on PO.

PO COMMENTS:

Close PO and SA# 45378, work completed. Release remaining encumbrance of \$5,639.87.

Requested by: Molly Senecal 02/28/18

From: Senecal, Molly

Sent: Wednesday, February 28, 2018 5:11 PM

To: Haney, Brenda <haneyb@flc.losrios.edu>

Cc: Harman, Joany <harmanj@flc.losrios.edu>

Subject: Cancel PO 0001093330

Hi Brenda,

Please release the rest of PO 0001093330 – Michelle DeVol will not be submitting any more invoices. I believe the amount encumbered is \$5,639.87. Thank you.

Molly Senecal, Ed.D. | Dean, Planning and Research

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001093330

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
06/14/2017		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1009670 RUSSOR SHEWMAKERN	04VAPA ADMIN	

Supplier: 0000039125
 DEVOL MICHELLE
 4651 LONGVIEW DR
 ROCKLIN CA 95877

Phone: (916) 899-1206

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	PROFESSIONAL CONSULTING SERVICES	1.00 JOB	15,000.00	15,000.00	12/30/2017

PROFESSIONAL CONSULTING SERVICES, COUNSEL AND FACILITATION SUPPORT TO DEVELOP FOLSOM LAKES COLLEGE LEADERSHIP ACADEMY FROM MAY-2017 THRU DECEMBER 2017.

PER SERVICE AGREEMENT #45378

Sub Total Amount	15,000.00
Sales Tax Amount	0.00
Total PO Amount	15,000.00

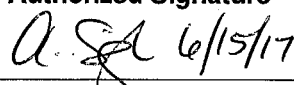
BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5100	12	FL.CP.PRDO	67500	00000	464A	15,000.00	2017

0001009670HARMANJ13-JUN-2017

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

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.

DeVol, Michelle

Requisition

Supplier: MISCELLANEOUS 0000003680

 ***** CA 95825
 United States

Business Unit: GENFD OPEN	
Req ID: 0001009670	Date: 06/07/2017
Requisition Name: Michelle DeVol-Consultant	
Requester: Renee Russo	Bldg#: ADMIN
Requester Signature	
Buyer: Nicholas Shewmaker	
Approved:	
Entered By: Renee 07-JUN-2017	

email:
Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	PROFESSIONAL CONSULTING SERVICES	1	JOB	15,000.00	15,000.00	06/30/2017

Total Requisition Amount: 15,000.00

Professional Consulting Services, Counsel and facilitation support to develop Folsom Lakes College Leadership academy from May-2017 thru December 2017.
 SA#45378
 Some Attachments included

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5100	12	FL.CP.PRDO	67500	00000	464A	15,000.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of 464A

For grants/special projects LEADERSHIP AcaDemy GRANT

Name: Molly Senechal

Approval Signature 	Approval Signature 	Approval Signature
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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. 45378

Attachment to Purchase Order No. _____

This Agreement entered this 15TH day of MAY by and between the Los Rios Community College District (District) and (CONTRACTOR), MICHELLE DEVOL CONTRACTOR No. _____ Social Security No. 571-04-9943

Business Name (if different) NA FIN No. _____

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

Telephone No. 916 899-1206 (SSN or FIN No. must be provided for payment)

Address 4651 LONGVIEW DR City and State Zip ROCKIN, CA 95677-4536

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) May-2017 to (date) 12-30-17. 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 \$ 15,000.00 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: MICHELLE DEVOL. All amendments to this Agreement must be in writing and signed by authorized representatives of both parties.

5. **Independent CONTRACTOR not Agent.**

- 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.
- 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.
- 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.
- 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.
- 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.
- Except as otherwise provided in this Agreement, CONTRACTOR is to provide all necessary tools and materials.
- 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.
- 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) Michelle Devol

Signature of CONTRACTOR Michelle Devol Date 6/5/2017 Requisition # 1009670

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

Michelle DeVol
Rocklin, CA 95677
(916)899-1206
mdevol@surewest.net

Staff and Organizational Development Consultant

Proactive, **nationally recognized expert** with more than 15 years in community college staff and organizational development, efficiency and process improvement. Known for **strengths in staff innovation, implementation and execution**. Thrives in collegial environment with ability to build relationship bridges **and full inclusion of all staff, certificated and credentialed**. Effectively liaisons with regional and national resources. Eager to **support faculty** with dedication and proficiency in teaching and learning methodologies. **Expertise in coordinating college events:** convocations, retreats, staff recognitions to **promote cultural inclusion and positivity**.

Core Competencies		
Facilitation	Compliance	Instructional design
Strategic planning	Networking	Innovation
Grant writing	Project management	Coaching

Highlights of Professional Experience

As Chairwoman of 4CSD (statewide organization for staff development) for state of CA:

- Provided leadership in staff and development training: planned, procured site and facilitators, logistics, and designed advertising for annual conferences. **Increased membership from 40 to 92 colleges statewide.**
- **Expanded newsletter** to develop enhanced communication and sharing effective strategies between staff development programs throughout the state.
- **Edited and revised** staff development **handbook reflecting current organizational trends and edited evaluation handbook.**
- **Developed website content** to assist staff development practioners locate resources across the state.

As Staff and Organizational Development Coordinator at Sierra Community College in Rocklin, CA:

- **Developed and implemented New Faculty Academy**, a weekly semester long training program **familiarizing faculty with cultural environment and institutional expectations**. Utilized **innovative strategies** to foster cultural awareness and inclusion.
- Designed and implemented Sierra College **Leadership Institute**, included all levels of campus staff in year-long training. Program culminated in creating and implementing individual projects that promoted leadership skills and college mission.
- **Authored and promoted staff and organizational development guides showcasing over 350** workshops during school year. Provided professors with teaching and learning theory knowledge and practice, educational technology, health & safety compliance, customer service focus, diversity and state and college mandated training.

Professional Experience

Sierra Community College Rocklin, CA 1977-2011

Staff and Organizational Development Coordinator (1998-2011)

- **Spearheaded, designed and executed** Staff Resource Center
- Maintained and reconciled multiple budgets in **excess of \$300,000**
- Hired and evaluated resource center staff, monitored workflow, adhered to procedures, protocols, and budgets
- Requested as **keynote speaker and presenter** at state and national level to share and discuss process improvement, cultural inclusion, and innovative strategies for staff recognition

Physical Education Professor/Men and Women's Track and Field Coach (1977-2008)

- **Coached and organized** all aspects of Men and Women's Field Program
- Instructed fitness classes, swimming, racquetball, gymnastics, modern, folk, square, and ballroom dancing
- Prepared and presented lessons in Health and Exercise Physiology utilizing varied teaching strategies
- Developed and authored course curriculum as mandated by state
- Maintained and operated Hydrostatic Weighing (body fat testing) Lab
- Presenter/speaker for area fitness clubs and conferences at state and national level in fitness, choreography, and exercise physiology

Awards and Honors

4CSD "Above and Beyond the Call of Duty"	2003
Sierra Community College "Faculty Member of the Year"	1999
CSU Chico Hall Athletic Hall of Fame- Individual Inductee Award	1996

Community Outreach

Co-chair Workout For Hope-City of Hope, Duarte, CA
Fund-raising for cancer research, raised \$450K
SPCA Volunteer

Education

Masters of Arts-Physical Education
California State University- Sacramento
Bachelor of Arts-Physical Education
Single Subject Credential
California State University-Chico

Kirklin, Kathleen

From: Russo, Renee
Sent: Friday, May 26, 2017 10:53 AM
To: Kirklin, Kathleen
Subject: Michelle DeVol
Attachments: Michelle DeVol-May.pdf; Devol_scopeofwork.pdf

Hi Kathleen,

Attached please find Michelle's resume and her scope of work doc.

Leadership academy dates as follows:

5/15 first one Michelle attended
5/26
6/9
6/23
7/14
7/28
8/11
8/25



Renee Russo | Assistant to Molly Senecal, Ed.D, Dean, Planning/Research
Folsom Lake College | 10 College Parkway | Folsom, CA 95630
☎ 916.608.6529 | Russor@flc.losrios.edu | www.flc.losrios.edu

WARNING: Dates on calendar are closer
are closer than they appear.....

Fall 2017 Mandatory Friday Schedule

8:30 to 9:20 Bagels and Brew (college-wide)
Roost (PA system)

9:30 to 10:20
Leading through Learning College-wide speaker
Roost (PA system)

10:30 to 11:30 TracDat (Faculty only)
FL3-162

11:30 to 12:50 LRCFT/AS Luncheon
(Faculty only) Community Room

1:00 to 2:30 Convocation
Harris Center Stage 1

2:40 to 3:30 Department Meetings
Assigned per requests (same as sp17)

Leadership Grant – Professional Development Assessment (External Consultant Plan)

Objectives

- Professional Development Center (where we are now, where we want to be, what we need). Also includes how to develop/institutionalize:
 - Leadership Academy
 - Calendar
 - New Employee Orientation (faculty, adjunct, classified and managers)
 - Committee structure (faculty, classified, manager PD committees)

Action Plan and Timelines

May-June:

- Send documents to Molly that you want to share with Michelle. Molly will email to Michelle (new comment – Molly will print and put in a binder for Michelle.)
- Begin developing a survey regarding professional development (logistics, space and culture)

June-July:

- Meet with classified group re: PDC vision/culture (June 13th confirmed?)
- Meet with administrative group re: PDC vision/culture (need to set a date – do we have a management team meeting scheduled for the summer?)

August:

- August 18th (Convocation – see draft schedule)
- August 25th – Leadership Academy Fall Kick Off Session
- Send out survey

September:

- College wide Town Hall meeting or focus groups (Need dates. Provide food? Also at the centers?)

October:

- All day professional development retreat (9AM-2PM. Need date, need food and agenda.)

Faculty needed:

Folsom Lake College has recently identified a gap in terms of being able to provide coordinated and comprehensive professional development opportunities for all campus constituents. This identification was based on multiple modes of feedback which included the 2015-16 campus climate survey. As such, Folsom Lake College will be developing a new leadership programs due to the growth of the college, recent rapid changes in the educational landscape, and the college's prioritized development of a comprehensive, multidimensional professional development center in the 2016-17 annual goals to support integrated enrollment management planning strategies, develop enhanced pathways for student success and build leadership across the campus.

Thus, the recently awarded IEPI grant funds will be used to develop a customized approach to building leadership and coordination across the campus and aligning with the college's annual goals for the 2016-17 year.

The Professional Development Committee is seeking a Letter of Interest from all FLC full time faculty members who would be interested in participating as a faculty consultant during the development of the new FLC Leadership Academy, scheduled for spring 2017, and FLC's 1st Annual Leadership Development Retreat, scheduled for fall 2017.

As faculty consulted it is expected that the successful person will function in the following capacities:

1. Provide faculty representation during the development of the Leadership Academy and the Annual Leadership Development Retreat.
2. Serve in joint collaboration with a selection team who will interview and select research consultants to assist FLC in the development of our leadership programs.
3. Work collaboratively with all constituent groups in creating professional development and leadership training opportunities.
4. Work closely with the new classified leadership coordinator and the leadership development team.
5. Attend all Professional Development Committee meetings.

Preferred Qualifications:

1. Full-time FLC faculty member.
2. Some professional development background.
3. Actively engaged in professional development activities at FLC.
4. A desire to be a part of a team that will build a strong professional development and leadership development program at FLC.

Stipend:

The successful faculty member will be provided a \$7000 stipend to be split between spring and fall 2017 semesters. The stipend is part of a \$50,000 IEPI grant recently awarded Folsom Lake College to fund the development of its leadership and professional development program.

How to apply:

Plan A Folsom Lake Community College: Staff & Organizational Development Proposal

Submitted by: Michelle DeVol

Steps	Implementation	Responsible Leaders/Stakeholders	Proposed Timeline	Proposed Budget
1. Examine Organization/Culture	<ul style="list-style-type: none"> * Campus visitations * Focus groups * Review current practice and documents * Retreat * Create a vision for Folsom Lake Staff Development 	<ul style="list-style-type: none"> * Leadership Committee * Senates/Unions * President/VP's/Deans/Managers * Other interest groups 	5/15 - 12/1/17	\$2,500
2. Access/Evaluate	<ul style="list-style-type: none"> * Develop an on-line Assessment Tool/Survey (C.A.S.E. Method i.e. Copy And Steal Everything) 	<ul style="list-style-type: none"> * Leadership Committee * Planning and Research * Other stakeholders (TBA) 	6/15 - 7/30	\$2,500
3. Develop a Plan Aligned with District/College Mission	<ul style="list-style-type: none"> * Write a Staff Development Vision/ Mission/ Goals/Objectives * Disseminate the plan and survey results * Develop a budget * Research alternative funding, internally and externally 	<ul style="list-style-type: none"> * Leadership Committee * Planning and Research 	7/1 - 9/1	\$2,000
4. Develop/Determine Activities that Align and Support the Plan, Prioritize, and Recruit	<ul style="list-style-type: none"> * Flexible calendar requirements * Institutes/Retreats/Academies/Speakers Events * Travel/Conference * Staff Development/Staff Resource Center * Mentoring * Determine Incentives <ul style="list-style-type: none"> - external - internal * Exchange programs * Consider incorporating a thematic approach that helps market the program * Ask for help 	<ul style="list-style-type: none"> * "Experts" on campus/District (SLO, Equity, Distance Ed., etc.) * Leadership Committee 	8/1 - 12/1	\$3,000

11/20 - 1/30

8. Make Strategic Connections College/District and Statewide	<ul style="list-style-type: none"> * Get involved with 4CSD - you are already a member! * Women's Leadership Conference - Asilomar * Academic Leadership Conference * Statewide Classified Leadership Senate Conference * Great Teachers * Internal District/external brown bags * NCSPOD * NISOD * AACCA * Review pertinent websites * Walk around campuses and go to centers. Help people if you expect them to help you. * Wiggle your way into the Chancellor's Office. 			\$750
9. Celebrate your accomplishments with everyone	<ul style="list-style-type: none"> * Have a social event with everyone who was a contributor 			
10. Constant refinement and renewal of program, find new stakeholders and keep the old, keep it growing!			Total Budget	\$15,000

Plan B Folsom Lake Community College: Staff & Organizational Development Proposal

Same steps as plan A, but incorporate the current leadership academy as a resource, if time permits. First adopters are gold. Also, employ an individual to develop and grow a dynamic, comprehensive, systematic, and robust Staff Development program. This program should be inclusive of all employees and students that support the mission of the college and District, and is tied to student success. A solid Staff Development program is necessary for a dynamic, inclusive college culture.

5. Implement the Plan for Spring 2018	<ul style="list-style-type: none"> * Maintain Calendar of Activities with necessary details * Make appropriate contacts and arrange facilities * Delegate tasks as appropriate * Communicate and communicate some more * Conduct formative evaluation of all activities and document 	<ul style="list-style-type: none"> * Presenters * Leadership Committee * Research and Planning * Student help 	10/1 - 12/1	\$2,500
6. Summative Evaluation	<ul style="list-style-type: none"> * Leadership Committee Retreat * Document, Document, Document 	<ul style="list-style-type: none"> * Leadership Committee * Research and Planning * Student help 	11/30	\$1,000
On-going				
7. Accountability	<ul style="list-style-type: none"> * Monitor the plan/implementation based on formative and summative evaluations * Monitor budget to ensure it supports the plan * Look for alternative funding * Monitor to ensure legal requirements are met * Try to correlate Return on Investment with all documents 	* All invested stakeholders		\$750

LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court, Sacramento, CA 95825

Phone (916) 568-3071 FAX (916) 568-3145

Purchasing Department

lrcdcpurchase@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:

[Handwritten Signature]
Employee/Date

3680 / 1009670
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.

- | | | |
|--|--------------------------|-------------------------------------|
| | <u>Y</u> | <u>N</u> |
| 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%- _____ Between 25% & 50% _____ Over 50 % _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this individual have a substantial investment in his/her business, maintain facilities, own/rent equipment, etc.? | <input 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 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 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: *[Signature]* Date: 6/7/17

LOS RIOS COMMUNITY COLLEGE DISTRICT
Service Agreement Certification Form

Requisition No 1009670
Description of Services CONSULTANT

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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The Legislature has specifically mandated or authorized the service to be contracted out. | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 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 checked="" 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: 6/7/12



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

VENDOR PACKET

Vendor Packet Check List

1. REVIEW/INFORMATION ONLY:

Purchase Order Terms and Conditions

Insurance Requirements for vendors providing onsite or contract services

2. COMPLETE AND RETURN:

Vendor Application

W-9

VENDOR NAME: Michelle Devol

Return the following via email, mail or fax:

Application W-9

Email – lrcdpurchase@losrios.edu

Mail – 1919 Spanos Court, Sacramento, CA 95825

Fax – (916) 568-3145



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: Michelle Devol

NAME OF FIRM <u>Michelle Devol</u>		FEDERAL ID# OR SOCIAL SECURITY # <u>571-04-994,3</u>	
MAILING ADDRESS <u>4651 Longview Drive, Rocklin, CA 95677</u>		REMIT ADDRESS <u>4651 Longview Drive, Rocklin, CA 95677</u>	
PHONE <u>916-899-1206</u>	FAX <u>916-791-8508</u>	EMAIL <u>mdevol@surewest.net</u>	

WEBSITE <u>∅</u>	ORGANIZATION CLASSIFICATION (Check all that apply)		
<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)			
AUTHORIZED COMPANY REPRESENTATIVES			
Name	Title/Capacity	Email	Contractor's License #
<u>Michelle Devol</u>	<u>consultant</u>	<u>mdevol@surewest.net</u>	

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
<u>Consultant</u>		

VENDOR CERTIFICATION 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. <u>MD</u> INITIALS	OTHER BUSINESS INFORMATION	
	Payment Terms _____ Refund/Returns _____	Discounts Extended _____ _____ _____
	<u>Michelle Devol</u> SIGNATURE	<u>5/17/17</u> TITLE DATE

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
 Michelle Devol

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Exempt payee

Address (number, street, and apt. or suite no.)
 4861 Longview Drive

City, state, and ZIP code
 Rocklin CA 95677

List account number(s) here (optional)

Requester's name and address (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	1	-	0	4	-	9	9	4	3
---	---	---	---	---	---	---	---	---	---	---

Employer identification number

		-							
--	--	---	--	--	--	--	--	--	--

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶** Michelle Devol **Date ▶** 5/17/2017

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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)

06/01/2017

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 have ADDITIONAL INSURED provisions or 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  Stephanie Bader 973 Pleasant Grove Blvd. #130 Roseville, CA 95678	CONTACT NAME: Krystle Robertson PHONE (A/C, No, Ext): 916-772-8415 E-MAIL ADDRESS: krystle.robertson.df3j@statefarm.com	FAX (A/C, No): 916-441-5733
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Michelle DeVol 4651 Longview DR Rocklin, CA 95677		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			400 3901-C21-55	03/21/2017	09/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

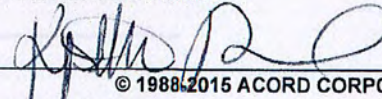
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Los Rios Community Collage

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



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AT2
DEVOL, MICHELLE M
4651 LONGVIEW DR
ROCKLIN CA 95677-4536

A-0311 A

AUTO RENEWAL

PREMIUM PAID: \$485.36

DO NOT PAY.

Your premium is billed through the State Farm Payment Plan

State Farm Payment Plan Number: 1151314212

Your State Farm Agent

STEPHANIE BADER

Office: 916-772-8415

Address: 973 PLSNT GRV BLVD STE 130
ROSEVILLE, CA 95678-6144

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Policy Number: 400 3901-C21-55

Policy Period: March 21, 2017 to September 21, 2017

Vehicle:

2007 LEXUS RX 350

Principal Driver:

MICHELLE M DEVOL

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund

transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 400 3901-C21-55
Prepared February 13, 2017
1004583

Page number 1 of 4

143562 201 11-12-2014



It's What You Know.

Your auto insurance premium is \$485.36.

Did you know you may qualify for a discount?
Call State Farm® Agent STEPHANIE BADER at 916-772-8415
to see how much you can save!

**Not all discounts are available in every state, and discount amounts may vary by state.*

TP22

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

DISCOUNTS *These adjustments have already been applied to your premium.*

Multiple Line	✓
Driving Safety Record	✓
California Good Driver	✓
Loyalty	✓
Drive Safe & Save™	✓
Total Discounts	\$1,074.30

Other Available Discount(s)

You may be eligible for additional discounts
See the enclosed insert for more information.

Mature Driver

SURCHARGES AND DISCOUNTS

Driving Safety Record Rating Plan

Your driving safety record, along with other rating factors, determines what you pay for Liability, Medical Payments, Comprehensive, Collision, and Uninsured Motor Vehicle Coverages. Policyholders with no accidents and convictions pay less than those with accidents and convictions.

The Driving Safety Record Rate Level that is assigned to your policy moves up, down, or stays the same every policy renewal, depending upon your driving record. For every 12 months since the renewal following the occurrence of a chargeable accident or the conviction of a minor violation, the initial assigned Driver Record Level for that chargeable accident or conviction shall be lowered by 1 level. For each 12 month period since the conviction of a major violation, the initial assigned Driver Record Level for that conviction shall be lowered by 2 levels. The Rate Level is increased if there are subsequent chargeable accidents or convictions.

Definition of Chargeable Accidents

Chargeable accidents for new business are those which resulted in bodily injury or death or in payment(s) by an insurer due to damage to any property in the amount of

more than \$1000. For accidents occurring prior to December 11, 2011, an accident shall be chargeable provided it resulted in death or in payment(s) by an insurer due to damage to any property in the amount of more than \$750.

For applicants without prior insurance at the time of the accident, an accident shall be chargeable provided it resulted in damage to any property in the amount of more than \$1000 (more than \$750 if the accident occurred prior to December 11, 2011).

Chargeable accidents for renewal business are those which resulted in bodily injury or death or State Farm claim payments totaling more than \$1000 (more than \$750 for accidents occurring prior to December 11, 2011) under property damage liability coverage and collision coverage combined.

For more information about the rating plan, please contact your State Farm agent.

Driving Safety Record Rate Level 1

ADDITIONAL INFORMATION

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

Kirklin, Kathleen

From: Russo, Renee
Sent: Thursday, June 1, 2017 1:18 PM
To: Kirklin, Kathleen
Subject: FW: Certificate
Attachments: Signed Cert.pdf

Hi Kathleen,

Certificate attached however, it is only for auto. Will this suffice?

Renee Russo
608-6529

*"If you try and take a cat apart to see how it works
The first thing you have on your hands is a non-working
Cat."
~ Douglas Adams*

From: Krystle Robertson [mailto:krystle.robertson.df3j@statefarm.com]
Sent: Thursday, June 01, 2017 12:43 PM
To: Russo, Renee <russor@flc.losrios.edu>
Cc: mdevol@surewest.net
Subject: Certificate

Hello,

Please see attached Certificate. Please confirm that this is sufficient.

Krystle Robertson

Account Representative, Lic # 0G90194
State Farm Insurance - Stephanie Bader, Agent
973 Pleasant Grove Blvd. Suite # 130 Roseville, CA 95678
Office: 916-772-8415 Email:krystle.robertson.df3j@statefarm.com
Visit us @ www.stephaniebader.com



REFER A FRIEND AND RECEIVE A \$25 GIFT CARD!

Ask us for more details.



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

INSURANCE PACKET

1. REVIEW :

_____ Contractor Requirements for public works projects including maintenance

_____ Insurance Requirements for vendors providing onsite or contract services

2. COMPLETE AND RETURN:

_____ Commercial General Liability – Certificate of Insurance

_____ Additional Insured Endorsement – Commercial General Liability

_____ Auto Liability – Certificate of Insurance

_____ Additional Insured Endorsement – Auto Liability

_____ Worker's Compensation

_____ Workers' Comp Waiver -per Labor Code 3700 & Business & Professional Code 7125

VENDOR NAME: _____

Email – lrcddpurchase@losrios.edu

Mail – 1919 Spanos Court, Sacramento, CA 95825

Phone - (916) 568-3071

Fax – (916) 568-3145



LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court, Sacramento, CA 95825

Phone (916) 568-3071, FAX (916) 568-3145

Purchasing Department

lrcdpc@losrios.edu

INSURANCE REQUIREMENT FOR PERFORMING ON-SITE SERVICES FOR THE LOS RIOS COMMUNITY COLLEGE DISTRICT

All insurance policies shall include additional insured (AI) endorsement naming the Los Rios Community College District, its trustees, officers, employees, agents, inspectors, project managers, consultants, sub consultants, their employees, and each of them, **as additional insured.**

The minimum insurance coverage to be obtained by the Contractor is as follows:

Commercial/Comprehensive General Liability Insurance (Insurance Services Organization, Inc. form GL-00-01, Ed. 11-89 or equivalent); Bodily Injury and Property Damage Liability Insurance for Premises and Operations; Personal Injury for Premises and Operations; Independent Contractors; Incidental Contracts; Contractual Liability; Broad Form Comprehensive General Liability Endorsement (Insurance Services Organization, Inc. form GL-04-04, Ed. 5-81 or equivalent); and Products and Completed Operations which shall be in the amount of not less than a combined single limit of One Million Dollars (\$1,000,000) per occurrence for one or more persons injured and property damaged on an occurrence form insurance policy. The aggregate limit of liability for products and completed operations shall not be less than Three Million Dollars (\$3,000,000) for Type A, Two Million Dollars (\$2,000,000) for Type B and One Million Dollars (\$1,000,000) for Type C. Any combination of General Liability and Excess Liability Coverage can be combined to meet the Aggregate.

Business Automobile Liability Policy Insurance: Protection against loss as a result of liability to others caused by an accident and resulting in bodily injury and/or property damage, arising out of the ownership or use of any automobile (Insurance Serving Organization, Inc. form GA-00-01, Ed. 12-90 or equivalent) the limits of liability shall not be less than One Million Dollars (\$1,000,000) for Type A & B or Five Hundred Thousand Dollars (\$500,000) for Type C combined single limit each accident for bodily injury and property damage combined.

Workers' Compensation and Employers' Liability Insurance: The Contractor shall be a qualified self-insurer or shall carry full Workers' Compensation and Employers' Liability insurance coverage, either through the State Compensation Insurance Fund or a standard approved policy obtained from a licensed insurance carrier for all persons employed, either directly or through subcontractors, in carrying out the work under this Contract in accordance with the "Workers' Compensation and Insurance Act," Division IV thereof. Employers' limits of liability shall be the prevailing statutory limits of liability.

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.

Los Rios Community College District

TYPES OF CONTRACT SERVICE

A. General Contractors and Specialized Services:

- Aircraft or Air Charter
- Ambulance Services
- Asbestos Abatement
- Food Services and Catering
- General Construction Contracts (Plant or Other Facilities)
- Hazardous Waste Services
- International Study Travel Abroad
- Medical Services (including optical and laboratory)
- Professional Services (Accountants, Actuaries, Architects, Attorneys, Engineers, Financial Services, Insurance, Surveyors)
- Special Events Community Services/Pyrotechnical Displays Transportation Services
- High Voltage Services

B. Building/Grounds and Maintenance Services:

- Building and Grounds Maintenance (Electrical, HVAC, painting, plumbing, roofing, etc.)
- Elevator Maintenance
- Groundskeepers
- Janitor/Custodial
- Special Events Community Services
- Tree Removal/Trimming
- Roadway/Parking Lot Striping

C. Repair, Installation, and Independent Contractors Services:

- Carpet Installation and Cleaning
- Door and Window Services
- Floor Installation, Cost Estimators, Schedule Consultants
- Facilities Planning Consultants, QA Plan Reviewers
- Garage Door Installation, Fence Repairs
- Independent services contracts (grants writers, professional speakers, trainers, and facilitators, report writers, and evaluation/assessment reports)
- Information Technology
- Locksmith Services
- Shower/Tub and Tile Repair

Attachment - C

Los Rios Community College District

INSURANCE COVERAGE AND LIMITS

(Identify the type of contract, reference Attachment A)

Type of Contract	Comm'l General Liab.	Business Auto Liab.	Professional Liab.	Fire and Extended Coverage for all Risk Prop.	Workers' Compensation
A, B, OR C	√	√		**	√
Aircraft	√				
Professional service contract (architects, engineers, doctors)*	√	**	√		√

√ = Coverage normally required in contract situation.

* = License required by governmental agency.

** = Coverage often (but not always) required in contract situation.

INSURANCE COVERAGE LIMITS				
Coverage	Basis	Type A	Type B	Type C
Commercial General Liability (CGL) (Additional Insured)	Occurrence	\$1,000,000	\$1,000,000	\$1,000,000
	Aggregate	\$3,000,000	\$2,000,000	\$1,000,000
Automobile Liability (AL) (Additional Insured)	Occurrence	\$1,000,000	\$1,000,000	\$500,000
Hazardous Waste Hauling w/ MCS 90 Filing (Additional Insured)	Occurrence	\$5,000,000	\$5,000,000	\$5,000,000
Workers' Compensation (WC) Employers' Liability (EL)	Statutory Occurrence	Statutory Limit \$1mil/\$1mil /\$1 mil	Statutory Limit \$500,000/\$500,000 /\$500,000	Statutory Limit \$500,000/\$500,000 /\$500,000
Builders' Risk (BR)	Occurrence	Completed Project Value		
Property	Contract Value	Full Replacement - No Coinsurance		
Professional Liability (PL) (Errors and Omission)	Claims Made *	\$3,000,000	N/A	N/A
	Aggregate	\$5,000,000		
Pollution/Environmental	Occurrence	\$5,000,000	\$1,000,000	\$1,000,000
	Aggregate	\$5,000,000	\$2,000,000	\$2,000,000
Aircraft Liability	Occurrence	\$5,000,000	\$5,000,000	\$5,000,000
	Aggregate	\$10,000,000	\$10,000,000	\$10,000,000
* Claims Made		5 year tail (ERP) Extended Reporting Period	N/A	N/A
* Claims Made: Require the retroactive date, if any, precede the commencement of the performance of the contract. Coverage should remain in force for (10) years after completion of work.				