SAN LEANDRO UNIFIED SCHOOL DISTRICT

CONTRACTED SERVICES AGREEMENT

INSTRUCTIONS:

1. Submit Contracted Services Agreement to Assistant Superintendent, Educational Services, for Board Approval at least 1 month prior to services.
2. Forms must be completed with all required signatures and have Board approval before the consultant/independent contractor can perform services for the District. (Requests submitted after services are performed will jeopardize payment.)
3. Clearances must be obtained with Human Resources Dept. (if applicable) prior to the start of services. Educational Services will facilitate this with HR once the contract is received.

Requested by/ Victoria Forrester (SLUSD) Print Name / Victoria Signature / 2.13.15 Date

Name of Consultant/Organization: Ed Support Services, LLC - Tanya Scott, M.A. BCBA

1942 Embarcadero	Oakland	CA	94606
Address	City	State	Zip

510-832-4383	510-550-1981	tanya.scott@edsupports.com
Telephone Number	Fax Number	Cell # or E-Mail Address

SCOPE OF WORK: To provide Functional Behavior Assessments (FBA) for Special Ed students at various school sites.

LOCATION OF SERVICES: Various school sites

DATE(S) OF SERVICE: 2/23/15 – 6/30/15

ESTIMATED COST: Not to exceed $10,000 (and/or hourly) Rate: $125

NAME OF PROGRAM: Special Services Department

BUDGET NUMBER: 010-5100-6500-5001-2100-049-49-441 NPA funds (or ASB funds——)

Administrator/Program Manager Approval:

Victoria Forrester / Victoria /Date: 2.13.15

Print Name Signature

Consultant/Contractor:

Tanya Scott / Tanya Scott /Date: 2/23/15

Print Name Signature

Business Manager: Initial: _____ Date: _____ Human Resources: Initial: _____ Date: _____

The Contracted Services Agreement must include the following before going to Purchasing Dept. for processing. Check off and attach all documentation that applies.

___ BOARD APPROVAL DATE: _____
___ Clearances with Human Resources: ( ) Fingerprinting ( ) TB
___ Add as Vendor ___ W-9 Tax Form ___ EDD form (Employment Development Dept.)
___ Copy of Requisition ___ Invoice Attached

Note: District staff cannot be employed as a consultant/independent contractor.

Distribution:
___Assistant Superintendent, Educational Services ___Human Resources ___Purchasing Department

VERIFICATION OF FINGERPRINT SCAN-DOJ/FBI
AND TB CLEARANCE

ATTN: Valerie Cunha, Educational Services
(Forward to Mary Patterson in Human Resources)

COMPANY NAME Ed Support Services Phone # 510 832-4383

RE: MOU/CONTRACT APPROVED ON _____

Name	ATI #	TB Clearance Date
Shameka McCammon	B232MCS052	8/20/2014

I hereby verify with my signature that the above information is true and correct.

Signature Lynn Yo Date 2/18/15

Printed Name/Title Lynn Branstad, Office Manager