SAN LEANDRO UNIFIED SCHOOL DISTRICT
CONTRACTED SERVICES AGREEMENT

INSTRUCTIONS:
1. Submit Contracted Services Agreement 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. Originating Dept. will follow up with HR once the contract is received.

Requested by: Jeffrey Miles (SLUSD) Print Name / Signature / 11/2/17 Date

Name of Consultant/Organization: Bay Area Children's Theatre

2162 Mountain Blvd. (Address) Oakland (City) CA (State) 94611 (Zip)

510-296-4433 x7014 (Telephone Number) n/a (Fax Number) amanda@bactheatre.org (Cell # or E-Mail Address)

SCOPE OF WORK: Provide after school musical theatre program at Bancroft Middle School.

LOCATION OF SERVICES: Bancroft Middle School

DATE(S) OF SERVICE: 1/22/18 - 5/12/18

ESTIMATED COST: $15,000 (and/or hourly Rate: $_____)

NAME OF PROGRAM: Musical Theatre Program

BUDGET NUMBER: 010-5809-0888-0000-3130-011-11-001 (or ASB funds____)

Administrator/Program Manager Approval:

JEFFREY MILES (Print Name) / (Signature) / Date: 11/2/17

Consultant/Contractor:

Amanda Maxwell (Print Name) / (Signature) / Date: 11/2/17

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:
___Originating Department ___Human Resources ___Purchasing Department

REVISED 4-16-14 RA/RM/vkc

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.
Bay Area Children's Theatre

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. 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.
☐ 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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
614 La Salle Ave. #431

Requester's name and address (optional)

6 City, state, and ZIP code
Oakland, CA 94611

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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 *How to get a TIN* on page 3.

Note. 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.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
55-0871317

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ 6/15/17

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*.

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.

PLEASE COMPLETE THIS FORM AND FAX IT BACK TO THE PURCHASING DEPT. AT 510 667-3569. PAYMENT CANNOT BE MADE UNTIL THIS FORM IS RETURNED. THANK YOU

SAN LEANDRO UNIFIED SCHOOL DISTRICT

BUSINESS SERVICES
14735 JUNIPER STREET
SAN LEANDRO, CA 94579
510 667-3515
510 667-3569 FAX

Before we are able to authorize payment for services performed we are required by the **Internal Revenue Service** to have certain information on file. Please complete the appropriate sections below and return this form to us.

Name Bay Area Children's Theatre, Amanda Maxwell

Address 2162 Mountain Blvd

Oakland (City) CA (State) 94611 (Zip)

Phone 510 (296) 4433 x7014

Fax: n/a

Please check type of business entity:

____ Individual	____ Corporation
____ Sole Proprietor	____ Government Agency
✓ Partnership	____ Other (please specify on next line

Please provide tax identification number:

Social Security No. ____

Employer Identification No. 55-0871317

PLEASE NOTE: If you are a Sole Proprietor, you are required to provide the owner's name and social security number:

Business Name Bay Area Children's Theatre EIN 55-0871317

Owner's Name ____ SSN ____

CERTIFICATION: Under penalties of perjury, I certify that the number shown on this form is the correct taxpayer identification number.

Signature [signature] Date 11/2/17

Title Education Program Manager