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: James Parrish II / James Parrish II 9/5/2019
(SLUSD) Print Name / Signature / Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd	San Leandro	CA	94577
Address	City	State	Zip

510-483-5581	510-483-5584	bob@bgcsl.org
Telephone Number	Fax Number	Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at Washington ES as stated in MOU

LOCATION OF SERVICES: Washington ES 250 Dutton Avenue, SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-008-18-238 & 010-5809-6010-1110-1000-008-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish II / James Parrish II /Date: 9/5/2019
Print Name / Signature

Consultant/Contractor:

Robert Glotch / /Date: 9/5/19
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:
___Originating Department ___Human Resources ___Purchasing Department

REVISED 4-16-14 RA/RM/vkc

SAN LEANDRO UNIFIED SCHOOL DISTRICT

CONTRACTED SERVICES AGREEMENT

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Requested by: James Parrish II / James Parrish II / 9/5/2019
(SLUSD) Print Name / Signature / Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd | San Leandro | CA | 94577
Address | City | State | Zip

510-483-5581 | 510-483-5584 | bob@bgcsl.org
Telephone Number | Fax Number | Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at Monroe ES as stated in MOU

LOCATION OF SERVICES: Monroe ES 3750 Monterey Blvd. SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-006-18-238 & 010-5809-6010-1110-1000-006-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish II / James Parrish II / Date: 9/5/2019
Print Name / Signature

Consultant/Contractor:

Robert Glotch / / Date: 9/5/19
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:
____Originating Department ____Human Resources ____Purchasing Department

REVISED 4-16-14 RA/RM/vkc

SAN LEANDRO UNIFIED SCHOOL DISTRICT
CONTRACTED SERVICES AGREEMENT

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Requested by: James Parrish II / James Parrish II / 9/5/2019
(SLUSD) Print Name — Signature — Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd — San Leandro — CA — 94577
Address — City — State — Zip

510-483-5581 — 510-483-5584 — bob@bgcsl.org
Telephone Number — Fax Number — Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at McKinley ES as stated in MOU

LOCATION OF SERVICES: McKinley ES 2150 E. 14th Street. SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-005-18-238 & 010-5809-6010-1110-1000-005-18-238 (or ASB funds____)

Administrator/Program Manager Approval:
James Parrish II / James Parrish II / Date: 9/5/2019
Print Name — Signature

Consultant/Contractor:
Robert Glotch / / Date: 9/5/19
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:
___Originating Department ____Human Resources ___Purchasing Department

SAN LEANDRO UNIFIED SCHOOL DISTRICT

CONTRACTED SERVICES AGREEMENT

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Requested by: James Parrish II / James Parrish II / 9/5/2019
(SLUSD) Print Name / Signature / Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd | San Leandro | CA | 94577
Address | City | State | Zip

510-483-5581 | 510-483-5584 | bob@bgcsl.org
Telephone Number | Fax Number | Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at John Muir MS as stated in MOU

LOCATION OF SERVICES: John Muir MS 1444 Williams Street . SL, CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $46,502.82 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-012-18-238 & 010-5809-6010-1110-1000-012-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish III / James Parrish III / Date: 9/5/2019
Print Name / Signature

Consultant/Contractor:

Robert Glotch / / Date: 9/5/19
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
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___ Copy of Requisition ___Invoice Attached

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

Distribution:
___Originating Department ___Human Resources ___Purchasing Department

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Requested by: James Parrish II / James Parrish III / 9/5/2019
(SLUSD) Print Name / Signature / Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd | San Leandro | CA | 94577
Address | City | State | Zip

510-483-5581 | 510-483-5584 | bob@bgcsl.org
Telephone Number | Fax Number | Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at Jefferson ES as stated in MOU

LOCATION OF SERVICES: Jefferson ES 14300 Bancroft Ave. SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-003-18-238 & 010-5809-6010-1110-1000-003-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish III / James Parrish III / Date: 9/5/2019
Print Name / Signature

Consultant/Contractor:

Robert Glotch / [signature] / Date: 9/5/19
Print Name / Signature

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

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___ BOARD APPROVAL DATE: _____
___ Clearances with Human Resources: _____Fingerprinting ___TB
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___ Copy of Requisition ___Invoice Attached

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

Distribution:
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Requested by: James Parrish II / James Parrish III / 9/5/2019
(SLUSD) Print Name / Signature / Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd | San Leandro | CA | 94577
Address | City | State | Zip

510-483-5581 | 510-483-5584 | bob@bgcsl.org
Telephone Number | Fax Number | Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at Garfield ES as stated in MOU

LOCATION OF SERVICES: Garfield 13050 Aurora Drive. SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-003-18-238 & 010-5809-6010-1110-1000-003-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish III / James Parrish III / Date: 9/5/2019
Print Name / Signature

Consultant/Contractor:

Robert Glotch / / Date: 9/5/19
Print Name / Signature

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

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Requested by: James Parrish II / [signature] / 9/5/2019
(SLUSD) Print Name / Signature / Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd | San Leandro | CA | 94577
Address | City | State | Zip

510-483-5581 | 510-483-5584 | bob@bgcsl.org
Telephone Number | Fax Number | Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at Bancroft MS as stated in MOU

LOCATION OF SERVICES: Bancroft MS 1150 Bancroft Ave. SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-011-18-238 & 010-5809-6010-1110-1000-011-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish III / [signature] / Date: 9/5/2019
Print Name / Signature

Consultant/Contractor:

Robert Glotch / [signature] / Date: 9/5/19
Print Name / Signature

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

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

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Requested by: James Parrish II / James Parrish III / 9/5/2019
(SLUSD) Print Name — Signature — Date

Name of Consultant/Organization: Boys & Girls Clubs of San Leandro

401 Marina Blvd — Address
San Leandro — City
CA — State
94577 — Zip

510-483-5581 — Telephone Number
510-483-5584 — Fax Number
bob@bgcsl.org — Cell # or E-Mail Address

SCOPE OF WORK: Grant funding increase for the implementation and operation of ASES (After School Education & Safety Program at Wilson ES as stated in MOU

LOCATION OF SERVICES: Wilson ES 1300 Williams Street, SL CA 94577

DATE(S) OF SERVICE: August 2019 through June 2020

ESTIMATED COST: Increased by $ 8,771.49 (and/or hourly Rate: $_____)

NAME OF PROGRAM: ASES- After School Education & Safety Program

BUDGET NUMBER: 010-5100-6010-1110-1000-009-18-238 & 010-5809-6010-1110-1000-009-18-238 (or ASB funds____)

Administrator/Program Manager Approval:

James Parrish III / James Parrish III / Date: 9/5/2019
Print Name — Signature

Consultant/Contractor:

Robert Glotch / [signature] / Date: 9/5/19
Print Name — Signature

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

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