

Requisition No.	/ Purchase Order No.
R19-01194	P19-00022

#### **Independent Contractor Agreement**

This Agreement is entered into between the Alameda County Office of Education (ACOE) and **Nicole Anderson** and exp pro

		ial, economic, accounting, engineering, legal, and mpetent to perform such services. CONTRACTO			
	parties agree as				
	Services: CO	NTRACTOR agrees to provide the following servicials, products, and/or reports; attach additional page	,	' '	pected final results, such as
	sustainability Professional I	Equity related content in order to build internal ca closing equity gaps. Dev. for county leadership focused on equity and or lysis and equity action plan development.			
2.	Terms: CONT	RACTOR shall commence work on	10/1	17/18	The work shall be
	completed no l	ater than 12/03/18	(3)		
3	Compensation	: For the full performance of this Agreement, AC	OE shall pay (		al foo of
	Two thousand			rs (\$ 2,500	
4.	Insurance: Co	ONTRACTOR shall maintain general liability insur	ance, including	-	
	damage. The	n/a Dollars (\$ coverage shall be primary as to the ACOE and sh	all name the A		ce for bodily injury and property
		attached. [Note: This section is optional depe			
	the Agreement				
	Notices/Invoic	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, retu	this Agreement Irn receipt requ	shall be in writing ar ested) with postage (	nd either personally delivered prepaid to the other party at the
	<b>Notices/Invoic</b> during normal t address set for	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, retu	this Agreement Irn receipt requ CONTRAC	ested) with postage p	nd either personally delivered prepaid to the other party at the
	Notices/Invoic during normal t address set for ACOE Contrac Name:	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, retu th below: ct Coordinator/Representative: Ingrid Roberson	irn receipt requ	ested) with postage p	prepaid to the other party at the
	Notices/Invoice during normal to address set for ACOE Contract Name: Division/Dept.:	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, retuit below:  ct Coordinator/Representative:  Ingrid Roberson  Learning and Accountability	contrac	ested) with postage p	prepaid to the other party at the
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	Notices/Invoid during normal to address set for ACOE Contract Name: Division/Dept.: Location/Site: Address: Phone: Notice shall be	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, return to below:  et Coordinator/Representative: Ingrid Roberson Learning and Accountability Alameda County of Education 313 W Winton Ave Hayward, CA 94544 510 - 670 - 420  effective when received if personally served or, if	CONTRAC Name: Title: Address:	CTOR* Nicole Anderso Educational Eq 5841 Cabernet I Vallejo, CA 9459	orepaid to the other party at the  n uity Consultant Dr
	Notices/Invoic during normal to address set for ACOE Contract Name: Division/Dept.: Location/Site: Address: Phone: Notice shall be notice of a char	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, return to below:  et Coordinator/Representative: Ingrid Roberson Learning and Accountability Alameda County of Education 313 W Winton Ave Hayward, CA 94544 50 - 670 - 420  effective when received if personally served or, if age in address.	CONTRAC Name: Title: Address: Phone: mailed, three of	CTOR* Nicole Anderso Educational Eq 5841 Cabernet I Vallejo, CA 9459	orepaid to the other party at the  n uity Consultant Dr
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7.	Notices/Invoice during normal to address set for ACOE Contract Name: Division/Dept.: Location/Site: Address: Phone: Notice shall be notice of a chan * Non-resident Approval: This Alameda Cour	ing: All notices and invoices provided for under to business hours or sent by U.S. Mail (certified, return to below:  et Coordinator/Representative: Ingrid Roberson Learning and Accountability Alameda County of Education 313 W Winton Ave Hayward, CA 94544 50 - 670 - 420  effective when received if personally served or, if age in address.	CONTRAC Name: Title: Address: Phone: mailed, three coute. Ye upon its approached.	CTOR* Nicole Anderso Educational Eq 5841 Cabernet I Vallejo, CA 9459 916-539-7161 days after mailing. E	n uity Consultant Dr 91
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7.	Notices/Invoic during normal t address set for ACOE Contrac Name: Division/Dept.: Location/Site: Address: Phone: Notice shall be notice of a chal * Non-resident Approval: Thi Alameda Cour By: Date:	count Code(s)  All notices and invoices provided for under the pusiness hours or sent by U.S. Mail (certified, return the below:  Coordinator/Representative: Ingrid Roberson Learning and Accountability Alameda County of Education  313 W Winton Ave Hayward, CA 94544  510 - 670 - 42.0  effective when received if personally served or, if any in address.  In address are subject to withholding unless exempt by states and subject to withholding unless exempt by state	CONTRAC Name: Title: Address: Phone: mailed, three coute. re upon its appr Contractor By:	CTOR* Nicole Anderso Educational Eq 5841 Cabernet I Vallejo, CA 9459 916-539-7161 days after mailing. E	n uity Consultant Dr 91
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- 8. Status of Contractor: This is not an employment contract. CONTRACTOR is an independent contractor. CONTRACTOR is responsible for providing Unemployment Insurance and Workers' Compensation coverage for CONTRACTOR'S employees and for payment of all federal, state, and local payroll taxes for and on behalf of CONTRACTOR's employees.
- 9. Fingerprinting: By execution of this Agreement, the CONTRACTOR acknowledges that Education Code Section 45125.1 applies to contracts for the provision of school and classroom janitorial, school site administrative, school site grounds and landscape maintenance, pupil transportation, and school site food-related services, and any similar services. Section 45125.1 requires that employees of entities providing such services to school districts must be fingerprinted by the California Department of Justice for a criminal records check, unless the ACOE determines that the CONTRACTOR and CONTRACTOR's employees will have limited contact with pupils.

In making this determination, the ACOE will consider the totality of the circumstances, including factors such as the length of time the CONTRACTOR and CONTRACTOR's employees will be on the grounds of ACOE sites and whether pupils will be in proximity to the site where the CONTRACTOR and CONTRACTOR's employees will be alone or with others.

A. ACOE Determination of Fingerprinting Requirement Application	
ACOE has considered the totality of the circumstances concerning the Project and has determined that the CONTRACTOR a	ınd
CONTRACTOR's employees (check one of the following):	
are subject to the fingerprinting requirements of Education Code Sections 45125.1 and/or 45125.2, and Paragraph B (below) is applicable.	
are NOT subject to the fingerprinting requirements of Education Code Section 45125.1 or 45125.2, and Paragraph C (below) is applicable.	
B. If the ACOE has determined that fingerprinting is required, the CONTRACTOR expressly acknowledges that: (1) CONTRACTOR and a	all

- B. If the ACOE has determined that fingerprinting is required, the CONTRACTOR expressly acknowledges that: (1) CONTRACTOR and all of CONTRACTOR's employees working on the school site must submit or have submitted fingerprints in a manner authorized by the Department of Justice, together with the requisite fee as set forth in Education Code Section 45125.1; (2) CONTRACTOR shall not permit any employee to come in contact with students until the Department of Justice has ascertained that the employee has not been convicted of a serious or violent felony; (3) CONTRACTOR shall certify in writing to the ACOE that none of its employees who may come in contact with students have been convicted of a serious or violent felony; and (4) CONTRACTOR shall provide to the ACOE a list of names of its employees who may come in contact with students. The CONTRACTOR is required to fulfill these requirements at its own expense.
- C. Even if the ACOE has determined that fingerprinting is not required, the CONTRACTOR expressly acknowledges that the following conditions shall apply to any work performed by the CONTRACTOR and/or CONTRACTOR's employees on an ACOE site: (1) CONTRACTOR and CONTRACTOR's employees shall check in with the main office on site each day immediately upon arrival; (2) CONTRACTOR and CONTRACTOR's employees shall inform site office staff of their proposed activities and location on the site; (3) Once at such location, CONTRACTOR and CONTRACTOR's employees shall not change locations without contacting the site office; (4) CONTRACTOR and CONTRACTOR's employees shall not use student restroom facilities; and (5) If CONTRACTOR and/or CONTRACTOR's employees find themselves alone with a student, CONTRACTOR and CONTRACTOR's employees shall immediately contact the site office and request that a member of the ACOE staff be assigned to the work location.
- 10. Licenses and Permits: CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.
- 11. Assignment: The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of ACOE.
- 12. Non-Discrimination: ACOE shall be free from unlawful discrimination, including discriminatory harassment, intimidation, and/ or bullying, against any person based on his/her actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other characteristic identified in Education Code 200 or 220, Government Code 11135, or Penal Code 422.55, or based on his/her association with a person or group with one or more of these actual or perceived characteristics in programs and activities conducted by ACOE, which is funded directly by, or that receives or benefits from any state financial assistance. (Education Code 200, 220, 234.1, Government Code 11135, 5 CCR 4610, Penal Code 422.55.)
- 13. Indemnification: CONTRACTOR agrees to hold harmless, indemnify, and defend ACOE and its officers, agents, and employees from any and all claims and losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with its performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend ACOE and its officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement.
- 14. Copyright: Any written and training products produced under this Agreement shall be a work for hire and shall be the property of ACOE. ACOE shall have the right to secure a copyright and the product may not be used, in any manner, without ACOE's written permission.
- 15. Walver: No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
- 16. Termination: ACOE may at any time terminate this Agreement upon written notice to CONTRACTOR. ACOE shall compensate CONTRACTOR for services satisfactorily provided through the date of termination.
  In addition, ACOE may terminate this agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, ACOE may secure the required services from another contractor. If the cost to ACOE exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
- 17. Litigation: If any litigation is initiated to enforce or interpret this Agreement, the prevailing party shall be entitled to reasonable attorney's fees. This Agreement shall be governed by the laws of the State of California.

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18. Retirement Reporting Requirements: ACOE reports creditable service of employees and independent contractors to CalPERS and CalSTRS retirement systems as required by California law, Individuals and sole proprietors serving as independent contractors are required to answer the questions below certifying whether or not they are or ever have been a member of CalPERS or CalSTRS, If a contractor is a member of CalPERS or CalSTRS and ACOE deems the services to be rendered under this agreement to the creditable service as defined in law, ACOE will notify the contractor in writing of said determination and the associated reporting requirements. Retired CalSTRS and CalPERS members serving as independent contractors retain sole responsibility for complying with postretirement earnings limitations as established by CalPERS and CalSTRS as applicable.						
<ul><li>A. Have you ever been a member of CalPERS?</li><li>B. Are you a CalPERS retiree?</li><li>C. Have you ever been a member of CalSTRS?</li><li>D. Are you a CalSTRS retiree?</li></ul>	YES NO	Unsure Contractor to initial Unsure Contractor to initial Unsure Contractor to initial Unsure Contractor to initial Contractor to initial				
19. Completeness of Agreement: This Agreement conwriting.	lo/12/18	anding of the parties and any changes shall	10/9/2018			
ACOE Contractor Coord./Representative	Date	Independent Contractor	Date			

#### Alameda County Office of Education

### Contractor / Consultant Exemption from Department of Justice Clearance Requirements

After review of the scope of the attached Contractor/Consultant agreement, the Alameda County Office of Education (ACOE) and the Contractor/Consultant named in the attached contract do certify by their signatures below that the Contractor/Consultant or any of their employees or representatives will have no reason under the parameters of the scope of work to have any unsupervised access to any student (s) at school sites under the jurisdiction of ACOE.

#### Please "✓" if the following applies to this agreement:

Contractor acknowledges that s/he is entering into a contract for the construction, reconstruction, rehabilitation, or repair of a school facility where the Contractor's employees will have more than limited contact with students and the services to be provided do not constitute an emergency or exceptional situation. In accordance with Education Code Section 45125.2 Contractor shall (a) install a physical barrier to limit contact with students, or (b) provide for the continuous supervision and monitoring of the contractors by an employee of the Contractor who has received fingerprint clearance from the California Department of Justice, or (c) provide for the surveillance of the Contractor's employees by a district employee.

Both parties understand that failure to disclose a change in the student access under this contract will be grounds for cancellation.

#### **Special Conditions Required for this Exemption:**

If ACOE determines that fingerprinting is not required, the following conditions apply to any work performance by the Contractor's employees on a school site:
(1) Contractor's employees shall check in with the school office each day immediately upon arriving at the school site; (2) Contractor's employees shall inform school office staff of their proposed activities and location at the school site; (3) Once at such location, Contractor's employees shall not change locations without contacting the school office; (4) Contractor's employees shall not use student restroom facilities; and (5) If Contractor's employees find themselves alone with a student, Contractor's employees shall immediately contact the school office and request that a member of the school staff be assigned to work location.

Alameda County Office of Education	900	1 1 =	
Program Manager Si	nature	<u>lo/12/18</u>	
Ingrid Rolferspn, Chief of Lea		/	
Human Resolrces Sig	C9/10	16/10/18	
Contractor/Consultant  MA		10/10/2018	
Contractor/Consultant S	Signature	Date	
Nicole Anderson	Educational Equity Consult	8	
Printed Name and	Title		



Program Name: Learning and Accountability Division-Equity Leadership Professional Services

#### SCOPE OF WORK PROSPECTUS

Contractor: Nicole Anderson Consulting

DATES	SERVICE	EXPECTED OUTCOME/PRODUCTS	HOW	STAFFING	COST
October 17, 2018 12/63, 2018	½ workshop  ½ day professional development session	Capacity Building  Define and develop leadership team  Equity work alignment with federal, state, and district initiatives and policy  Strategic planning to expand work across divisions/departments  Launch Equity Initiative  Needs Assessment Identify need and focus Identify parriers and equity gaps  Review key data points  Awareness  Develop a lens to examine policy/practice that yield	Facilitation of equity related content in order to build internal capacity to provide optimal services and support to districts' focus on sustainability closing equity gaps.  Professional development provided for county leadership focused on equity and cultural awareness, research based strategies, data collection/analysis and equity action plan development.  Alignment of equity driven professional learning activities with current county focus areas while integrating equity work across departments within the county office.	1 Consultant	\$2500

Concurred:			
Md_	10/9/2018	4	10/12/18
Contractor	Date	Alameda County Office of Education	Date

#### Alameda County Office of Education 313 West Winton Avenue Hayward, CA 94544-1198

#### **Questionnaire For Determining Independent Contractor Withholding Status**

CON.	TRACTOR NAME:	Nicole And	erson ————			
		completing the	nmending the employment of an i "Questionnaire for Determining Ir TIONS ARE NOT REQUIRED TO (	ndependent Contractor With		itatus"
PAF	RT I					
1.		•	en classified as an "employee" by following types of workers are norm		Yes 🗌	No 📶
	Administrator		Examination Monitor	SAT Prep Class Teacher		
	Athletic Coach		Individual "filling in" on interim basis	School Bus Driver		
	Attendance/Outre	ach Consultant	Librarian	Specialty Teacher (art, poetry,		
	Cafeteria Worker		Licensed Clinical Social Worker	music, etc.)		
	Categorical Progra	am Coordinator	Nurse	Sub Teacher/Instructor		
	Clerical Staff		Proctor	Teacher/Instructor		
	Counselor		Psychologist	Tutor		
2.	Is the individual	an employee o	of ACOE in another capacity?		Yes □	No 🗹
3.	Has the individu	-	ubstantially the same services fo	or ACOE as an	Yes 🗌	No 🗹
4.	Are there curren		of ACOE doing substantially the ou are hiring?	same work as will	Yes 🗆	No 🔽
•	If the ans	swer to ANY	of the above questions is	YES STOP HER	E.	
	Do not co	omplete the	rest of the questions. The	individual is an emplo	vee	
-		•	e paid and reported accord	•	,,,,,	
	If ALL of	the above a	answers are <b>NO</b> , continue t	to PART II on the next	page.	

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#### **PART II** Yes 🗌 No 🔯 1. Instructions Is the worker required to comply with employer's instructions about when, where, and how to work? Yes 🖂 2. Training Is training required? Does the worker receive training from or at the direction of the employer, includes attending meetings and working with experienced employees? 3. Integration Are the worker's services integrated with activities of the company? Does the success of the employer's business significantly depend upon the performance of services that the worker provides? Yes D No 4. Services rendered Personally Is the worker required to perform the work personally? Yes 🗌 5. Authority to hire, supervise and pay assistants Does the worker have the ability to hire, supervise and pay assistants for the employer? Yes 🗌 No 6. Continuing Relationship Does the worker have a continuing relationship with the employer? Yes No To 7. Set Hours of Work Is the worker required to follow set hours of work? 8. Full-time Work Required Does the worker work full-time for the employer? Yes No 9. Place of Work Does the worker perform work on the employer's premises and use the company's office equipment? 10. Sequence of Work Does the worker perform work in a seqence set by the employer? Does the worker follow a set schedule?

11. Reporting Obligations

12. Method of Payment

set intervals?

13. Payment of Business and Travel Expenses

Does the worker submit regular written or oral reports to the employer?

Does the worker receive payment for business and travel expenses?

How does the worker receive payments? Are there payments of regular amounts at

#### PART II

14.	Furnishing of tools and materials  Does the worker rely on the employer for tools and materials?	Yes	No	M
15.	Investment Has the worker made an investment in the facilities or equipment used to perform services?	Yes	No	<b>∤</b> □
16.	Risk of Loss Is the payment made to the worker on a fixed basis regardless of profitability or loss?	Yes	No	
17.	Working for more than one company at a time  Does the worker only work for one employer at a time?	Yes	No	NV.
18.	Availability of services to the general public  Are the services offered to the employer unavailable to the general public?	Yes	No	
19.	Right to discharge Can the worker be fired by the employer?	Yes	No	M
20.	Right to quit Can the worker quit work at any time without liability?	Yes	No	
=	SCORING			
	If there is a high number of 'yes' marks, then it will most likely indicate the presence of an employer relationship, a high number of 'no' marks may or may not indicate a contractor relationship.	ment		

FOR ACOE USE ONLY				
PREPARERS CERTIFICATION	REVIEWED AND APPROVED			
I certify that the answers to the above questions accurately reflect the anticipated working relationship.    1	Business Office Signature Date			



## REPORT OF INDEPENDENT CONTRACTOR(S)

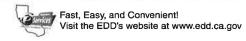




See detailed instructions on reverse side. Please type or print.

SERVICE-RECIPIENT (	BUSINESS OR GOVERNMEN	T ENTITY):				
DATE	FEDERAL ID NUMBER	CA EMPLOYER	ACCOUNT NUMBER	SOCIAL SEC	URITY NUMBER	
100918	94-6002421	21300001				
SERVICE-RECIPIENT NAME / E	BUSINESS NAME			CONTACT PI	ERSON	
Alameda County Of	fice Of Education			Joshua	Roben	
ADDRESS				PHONE NUM	1BER	
313 West Winton Av	ve			510	670-4268	
CITY				STATE	ZIP CODE	
Hayward				CA	94544	
FIRST NAME NICOLE SOCIAL SECURITY NUMBER 82-390384 DITY	STREET NUMBER 5841	Anderson STREET NAME Cabernet Dr		STATE	ZIP CODE	UNIT/APT
Vallejo				CA	94591	
START DATE OF CONTRACT	AMOUNT OF CONTRACT		CONTRACT EXPIRA		CHECK HERE IF CON	TRACT IS ONGOING
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MAIL TO: Employment Development Department • P.O. Box 997350, MIC 96 • Sacramento, CA 95899-7350 or Fax to 916-319-4410





(Rev. August 2013) 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.

	Name (as shown on your income tax return)						
	Nicole Anderson						
ge 2.	Business name/disregarded entity name, if different from above Nicole Anderson Consulting						
Print or type Specific Instructions on page	Check appropriate box for federal tax classification:    Individual/sole proprietor	Exemption	Exemptions (see instructions):				
/pe	Individual/sole proprietor	Trust/estate	Exempt p	Exempt payee code (if any)			
Print or type Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	ship) ►	Exemption code (if a	on from FATCA rep any)	orting		
F S	Other (see instructions) ▶		,				
ı iğ	Address (number, street, and apt. or suite no.)	Requester's na	me and addres	ss (optional)			
bec	5841 Cabernet Drive						
S	City, state, and ZIP code	ř					
See	Vallejo, Ca 94591						
	List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)						
to avo reside entitie	rour TIN in the appropriate box. The TIN provided must match the name given on the "Name' d backup withholding. For individuals, this is your social security number (SSN). However, fo int alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> page 3.	ra T	al security num	nber			
	If the account is in more than one name, see the chart on page 4 for guidelines on whose or to enter.		oyer identifica 390 <u>3</u> 840	tion number			
Par	II Certification						
	penalties of perjury, I certify that:						
	number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to b	ne issued to r	me), and			
2. I ar Sei	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding, and	) I have not be	en notified b	y the Internal Re			
3. la	n 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	g is correct.					
becau interes genera instruc	cation instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate transict paid, acquisition or abandonment of secured property, cancellation of debt, contributions to ally, payments other than interest and dividends, you are not required to sign the certification, tions on page 3.	actions, item 2 o an individua	does not ap I retirement a	ply. For mortgag rrangement (IRA	ge ), and		
Sign Here	Signature of U.S. person ► /// CL Da	ate ▶ 2/13/	/2018	100			
Gen	eral Instructions withholding tax on forei	ign partners' sha	are of effectively	y connected incom	ne, and		

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### 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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made

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:

- 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



# DOCUMENT ROUTING SHEET

Тур	Type of Document (Attach contractor documents)					
V	Independent Contract Agreement (ICA)					
	Memorandum of Understanding (MOU)					
	Grant Document(s)					
	Contract					
	Other (please explain):					

Contact:	Leilani H.
Phone #:	4168
Date Initiated:	10/12/18
Due Date:	10/16/18

Financial Information (if applicable)									
Vendor Name:	Nicole Anderson					ACOE Expense			
Amount:	2500.00	Fundii Sourc	- I			ACOE Income			
Indirect:	(ACOE Approved)	%	(Other Rate)	%		Other (explain below)			
Period Date (start & end):	10/17/18 & 12	2/03/18	<b>Budget #:</b> 0100	0-0000-0-86	00-21	00-5800-000-00-3000			

#### **Document Explanation/Comments**

Facilitation of Equity related content in order to build internal capacity to provide optimal services and support to districts' focus on sustainability closing equity gaps. Professional Dev. for county leadership focused on equity and cultural awareness, research based strategies, data collection/analysis and equity action plan development.

Required to Review	Initials*	Approved (circle one)		PRINT name next to title  *initials mean that the person has reviewed the attached document for accuracy and all necessary documents are included	Date Reviewed	
		Υ	N	Program Manager (if applicable)		
<b>✓</b>	DK	(Y)	N	Director III, Fiscal Services	16.1518	
		Y	N	Executive Director	, and the second	
<b>✓</b>	Le	(y)	Z	Division Chief	10/12/18	
		Y	N	CBO or CFO		
<b>✓</b>	Am	M	Ν	Human Resources (for ICA only)	10/16/18	