Purchase Order	
Form No. 502-083	
DATE ISSUED	ACCT PAYABLE PHON
08/23/2019	562 926-5566 EXT.
BUYER	BUYER FAX NO
Escobar, Maria - ABC USD	562.802-3846

Direction Ondon		l			
ruiciase Orger			<b>THIS PURCHASE ORDI</b>	THIS PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPED Page:	ED Page: 1
			MATERIAL AND CORR	ESPONDENCE: P.O. #2.2.2.	,
Form No. 502-083				0000041290	<u> </u>
DATE ISSUED	ACCT PAYABLE PHONE NO.	ACCT PAYABLE PHONE NO. BID/QUOTE/CONTRACT NO QUOTE BY	QUOTE BY	DELIVERY HOURS	DUE DATE
08/23/2019	562 926-5566 EXT.		,	8:00 AM - 3:30 PM (MonFri.)	08/23/2019
BUYER	BUYER FAX NO	VENDOR NO	VENDOR PHONE NO	VENDOR PHONE NO   VENDOR FAX NO   SHIP VIA	FOR
Escobar, Maria - ABC USD	562 802-3846	0000060244	909-260-2647	AS DIRECTD	DES
BUYER PHONE NUMBER	REQUESTOR NAME	PO TERMS	WAREHOUSE INSTRU	WAREHOUSE INSTRUCTIONS (DELIVER TO)	
562 926-5566 EXT. 21218		Net 30 Days	ACADEMIC SERVICES	ES	
FROM	ro			SHIP TO	DISTRICT NO
ABC UNIFIED SCHOOL DISTRICT GENERATION READY INC.	OL DISTRICT GENER	ATION READY INC.		1 1	64212
L6/00 Norwalk Blvd. Cerritos CA 90703	352 711 FLOOR	H AVENUE 2 12A			FISCAL YEAR
	NEW Y	NEW YORK NY 10001			07-61
LINE/SCHD ITEM DESCRIPTION				TSCS TINIT YTC	EXTENSION

CONSULTANT SERVICES TO PROVIDE ABCUSD EQUITY TRAINING FOR THE 2019-20 SCHOOL YEAR 1-1

1.00 LOT 42,000.0000

42,000.00

NOT TO EXCEED \$42 000.00

CONTACT SHEILA LORANGER 562-926-5566 EXT, 21126

ALL INVOICES MUST BE ITEMIZED AND REFERENCE ABOVE PURCHASE ORDER NUMBER

BOARD APPROVAL: 7/16/2019 BOARD ITEM: 3.10-C

INSURANCE EXP. 1/1/2020

REQ. 997278 7/15/2019

42,000.00

Sub Total Total Tax Amount Total Frt Amount Total PO Amount

42,000.00 ↔

01.0 -01508.0-11100-21000-5812-0560000 -RQ:

**AUTHORIZED/APPROVAL SIGNATURE** 

a/s/19- envailed to Sheela a/s/19- mailed to consultant

## ABC UNIFIED SCHOOL DISTRICT AGREEMENT FOR CONSULTANT/INDEPENDENT CONTRACTOR SERVICES

And Generation Ready	NIFIED SCHOOL DISTRICT, hereinafter ref	erred to as DISTRICY,	
Consultant 352 7th Avenue, New York, N	Social Security Number Y 10001		
	alling address		
CONSULTANT agrees to provide to DISTRICT the service following terms and conditions:	es enumerated in Section "G" of this Agreem	ent under the	
A. Services shall begin on 7/17/19 and	shall be completed on or before 6/30	/20	
B. CONSULTANT understends and agrees that s/he and benefits of any kind or nature normally provided employ including, but not limited to, STATE Unemployment Com for payment of all Federal, State and local taxes or contri respect to CONSULTANT's employees.	all of her/his employees are not employees rees of the DISTRICT and/or to which DIS	of the DISTRICT and are not entitled to TRICT employees are normally entitled.	
C. CONSULTANT shall furnish, at own expense, all lab Agreement.	or, materials, equipment and other items n	accessary to carry out the terms of this	
D. In the performance of the work herein contemplated, the performance of the details of the work, DISTRICT being	CONSULTANT is an independent contractor g interested only in the results obtained.	r, with the authority to control and direct	
E. CONSULTANT agrees to defend, indemnify and hold hall liability or loss arising in any way out of CONSULTANT claim due to injury and/or damage sustained by CONSULT			
F. CONSULTANT shall provide DISTRICT with a Certi \$2,000,000 per occurrence/ \$4,000,000 aggregate, namic addition, consultant shall provide proof of automobile insurdue to sole proprietorship. All insurance must be California ATTACH CERTIFICATE OF INSURANCE TO THIS AGR coverage for abuse and molestation \$3,000,000 per oc	ficate of insurance showing general liability of the DISTRICT as additionally insured vance coverage, proof of workers compensat in Admitted with a minimum rating of A from A	ty insurance with a minimum limits of with endorsement from insurance, in ion insurance or certify exception	
G. Services to be rendered to the DISTRICT by the CONS			
Equity Institutes	OLIMICI are as longwa:		
H. Neither party shall assign or delegate any part of this Ag	preament without the written consent of the o	ther party.	
I CONSULTANT certifles by signing below that no person serious falony by completing a fingerprint background check	te/ampleuses who will be and the series		
J. The work completed herein must have the approval of the supervision to secure the satisfactory completion thereof, laws, rules and regulations that are now, or may in the full and personnel engaged in operations covered by this Agre.	he DISTRICT and shall be subject to the DIS CONSULTANT agrees to comply with the	Federal, State, Municipal and District	
K. Payments will be made by the DISTRICT to the CONSU \$per day, or \$per hour, not to exce	TANT or follows:		
This agreement may be terminated by either party notifying date of termination. COMPLETE AND ATTACH IRS FORM RETIREES TO SUBMIT WITH THIS AGREEMENT.	the other in writing, at least fourteen (14) da IW-9, AN EDD FORM DE542 AND EMPLOY	lys prior to the /MENT OF CALPERS/CALSTRS	
THE ACCEPTAGE TO CHECKED THE PARTY TO THE		d Approval Date) Board approved 7/16	6/1
	OR THE CONSULTANT:		,, _
Joshia Cox, Director of Purchasing/ Flisk Manager Sig	nature		
	EX O'Kulich, Executive Vice President	866-792-5879	
- Fill	n taming win Itlin	Phone Number	
NOTE: Paragraph "F" above are hereby waived if this waiver is significantly of this softenant by signing above.	ed below by the District Representative who has		
2			
Toan Nuyen, Chief Firancial Officer	Date	_	
1 1 1			