

**MT. DIABLO UNIFIED SCHOOL DISTRICT**  
1936 Carlotta Drive  
Concord, CA 94519

**AGREEMENT BETWEEN  
MT. DIABLO UNIFIED SCHOOL DISTRICT  
AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 8th day of December 2015, by and between the Mt. Diablo Unified School District (hereinafter "District") and Angela Barra (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

(a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.

(b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ 20,000.00 for Services 260 - 3083 - 10 - 5800 \$ 20,000.00

The basis of the fee for Services shall be as follow \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

- a. \$ \_\_\_\_\_ per hour, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_
- b. \$ \_\_\_\_\_ per day, or \_\_\_\_\_ **BUDGET CODE(S)**
- c. \$ 1,000.00 per engagement.

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on December 8, 2015. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit \_\_\_\_ prior to commencing work under this Agreement.
6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

Purchase Requisition # R89257

The insurance policies are to contain, or be endorsed to contain, the following provisions:

**Additional Insured Status**

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

**Primary Coverage**

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

**Notice of Cancellation**

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

**INSURANCE REQUIREMENTS**

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: \_\_\_\_\_

Other: \_\_\_\_\_

The initials of the Superintendent, or his/her designee, and the General Counsel, are **required** to waive or modify any Insurance requirements in this Agreement:

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
General Counsel

- 9. **Ownership of Designs and Plans.** Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. **Notice.** Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519-1397  
Attn: Superintendent

CONTRACTOR

Name: Angela Barra  
Attn: \_\_\_\_\_  
Address: [REDACTED]  
Berkeley, CA 94709  
Phone: 510-549-9112  
Fax: 510-845-8722  
Tax ID #: [REDACTED]


Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

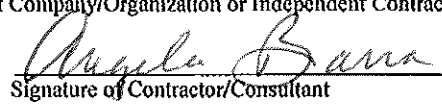
the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.


IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT


By:  11/20/15  
 Signature of Principal/Budget Administrator Date  
 Title: Lynn Carlisle, SIG Administrator  
 Print Name and Title

Angela Barra  
 Name of Company/Organization or Independent Contractor/Consultant  
 By:  \_\_\_\_\_  
 Signature of Contractor/Consultant Date  
 Title: Angela Barra, Coach  
 Print Name and Title

Authorized and Approved by:

 11/20/15  
 Superintendent or Designee Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

 11/18/15  
 Originator's Signature Date  
Christina Filios, Principal Oak Grove MS  
 Print Name of Originator and Title

Oak Grove MS & District SIG  
 Site/Department Originating this Contract

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<i>Distribution</i>
<i>original: Fiscal Services for payment</i>
<i>copy: Contractor</i>
<i>copy: Originator/Budget Administrator</i>

## **EXHIBIT A**

### **LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR**

**IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE  
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE**

Provide professional development and coaching for teachers in the area of literacy development. Areas of focus will include: comprehension, intervention, decoding, word analysis, academic vocabulary, complex text, writing.

Services are aligned with the Common Core standards.

Service will occur between December 8, 2015 and June 30, 2016.

## EXHIBIT B

### *Contractor REQUIRED to Complete*

## CRIMINAL BACKGROUND CHECK CERTIFICATION

**Mt. Diablo Unified School District**  
**Consultant/Independent Contractor Agreement - Criminal Background Check**

Name of Independent Consultant/Contractor:	Angela Barra
Services to be performed under the Agreement:	PD/Consulting/Coaching
Schools/Locations where services will be performed:	Oak Grove Middle School
Total amount to be paid by the District under this Agreement:	\$ 20,000.00
Term of Agreement:	December 8, 2015 - June 30, 2015
<i>Check the applicable box(es) and fill in any blanks.</i>	
1	<input checked="" type="checkbox"/> I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B	I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."

  
 \_\_\_\_\_  
 Independent Contractor/Consultant Signature

Angela Barra  
 \_\_\_\_\_  
 Print Name Date  
 Independent Contractor/Consultant

 11/20/15  
 \_\_\_\_\_  
 Superintendent or Designee's Signature

Jennifer Sachs  
 \_\_\_\_\_  
 Print Name Date  
 Superintendent or Designee's Signature



POLICY NUMBER: 57SBMBF6588

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

SCHEDULE

<p>Name Of Person Or Organization (Additional Insured):</p> <p>MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR. CONCORD, CA 94519</p>
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Who Is An Insured In Section II – The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.



Financial Indemnity Company  
 Administrative Offices Located At:  
 8360 LBJ Freeway, Suite 400  
 Dallas, TX 75243

**Financial Indemnity Company**

A part of **Kemper Specialty**

**Mail Correspondence To:**  
 PO BOX 223687  
 Dallas, TX 75222-3687

**California Commercial Vehicle Policy  
 Renewal Declaration Page**

**Summary**

**Named Insured(s)**

ANGELA BARRA  
 ██████████  
 BERKELEY CA 94709

**Your Agent/Broker**

ALIVE INSURANCE SERVICES INC  
 6328 FAIRMOUNT AVE STE 230  
 EL CERRITO CA 94530  
 510-524-3200

**Policy Number**

CCFICR1625889-02

**Renewal of Policy Number**

CCFICR1625889-01

**Policy Period**

From 11/07/2015 to 11/07/2016 12:01 a.m. standard time  
 at the address of the named insured as stated herein.

**Policy, Endorsements, and Amendments Attached to Policy**

- ABRTS (07/13) Auto Body Repair Consumer Bill Of Rights
- CA-500 (04/12) Rental Reimbursement Endorsement
- CA-650 (04/12) Policy Amendatory Endorsement
- CA-9 (04/12) Amendatory Endorsement - Termination Provision

**CA-999 (08/15) Policy Amendatory Endorsement \***

\*This form provides you with information explaining additional fees that may apply.  
 Please read it carefully!

- U-642 (10/03) Designated Insured Endorsement
- U-647 (06/95) Individual Named Insured
- U-672 (04/12) California Commercial Auto Policy
- U-784 (07/03) Exclusion of Certified Act of Terrorism

**Total Premium and Fees**

Premium for all Vehicles (See Total Coverage Premium)	\$2,050.00
Policy Fee	\$80.00
Additional Insured Fee	\$25.00
Vehicle Assessment Fee	\$1.76

**Discount(s)/Surcharge(s) Applied To This Policy**

General Liab or Business Owner Policy

**Total for this Policy Term**

**\$2,156.76**

In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in your policy documents.

**Declarations Print Date:** 10/08/2015

**\*\*Important:**

The Limits shown in this Declaration for **Part I - Liability Coverage, Part III - Uninsured Motorist and Underinsured Motorist Coverage**, may be subject to reduction to the **Minimum Financial Responsibility Limits** specified by your state of \$15,000 per person, \$30,000 per accident and \$ 5,000 for property damage for any losses involving a user of any vehicle, which qualifies as an **insured vehicle** in this Declaration and in other provisions of your policy, who is not listed on this Declaration as a driver.

Policy Number: COFICR1625889-02 Your Agent/Broker: ALIVE INSURANCE SERVICES INC  
 Policy Effective Date: 11/07/2015 610-624-3200

Coverage is only provided where a limit of liability and a premium are shown for the coverage.

Coverage	Limits	Premium
<b>Part I - Liability Coverage**</b>		
Combined Single Limit (LIAB)	\$1,000,000 Each Accident	\$1,320
<b>Part II - Medical Payments/Personal Injury Protection</b>		
Medical Payments (MED)	\$5,000 Each Person	\$29
<b>Part III - Uninsured/Underinsured Motorist Coverage**</b>		
Bodily Injury (UMBI)	\$1,000,000 Each Person	\$126
	\$1,000,000 Each Accident	
PROPERTY DAMAGE (UMPD)	See Schedule Each Accident	\$11
<b>Part IV - Coverage For Damage to Your Auto</b>		
Other Than Collision (OTC)	See Schedule	Deductible Applies \$145
Collision (COL)	See Schedule	Deductible Applies \$371
<b>Part V - Waiver of Collision Deductible (with limits the same as Part III - Property Damage) (CDW)</b>		
<b>ADDITIONAL COVERAGE(S)</b>		
Rental Coverage (RR)	up to \$30 per day to maximum of \$900	\$48
<b>Total Coverage Premium</b>		<b>\$2,050</b>

**\*\*Important:**

The Limits shown in this Declaration for **Part I - Liability Coverage, Part III - Uninsured Motorist and Underinsured Motorist Coverage**, may be subject to reduction to the **Minimum Financial Responsibility Limits** specified by your state of \$15,000 per person, \$30,000 per accident and \$ 5,000 for property damage for any losses involving a user of any vehicle, which qualifies as an insured vehicle in this Declaration and in other provisions of your policy, who is not listed on this Declaration as a driver.

<b>LEGEND:</b>	• INC - Included	• EXCL - Excluded	• NCV - No Coverage	• NA - Not Applicable	• ACV - Actual Cash Value
	• Y - Yes	• N - No	• DED - Deductible	• SCHD - Schedule	• NP - Named Perils

Policy Number: CCFICR1625889-02 Your Agent/Broker: ALIVE INSURANCE SERVICES INC  
 Policy Effective Date: 11/07/2015 510-524-3200

Coverage is only provided where a limit of liability and a premium are shown for the coverage.

**SCHEDULE OF VEHICLES COVERED**

Veh Num	Garage Zip	Gar Terr	Radius Max	Lien/ Loss Payee	Vehicle Description	VIN	Vehicle Assessment \$	(DEDUCTIBLES)		
								OTC/NP \$	COL \$	UMPD \$
3402	94709	NA	50	N	2006 TYTA PRIUS		12,000	500	500	NA

**COVERAGE PREMIUMS**

Coverage is provided only for those vehicles where a premium amount is shown for the coverage.

Veh Num	LIAB \$	MED \$	UMBI \$	CDW/ UMPD \$	OTC \$	COL \$	RR \$	UMPD LIMIT \$	TOTAL PREM \$

**LISTED DRIVER(S)**

DRIVER	DRIVER LICENSE NO.	DATE OF BIRTH	FINANCIAL RESPONSIBILITY FILING	DRIVER STATUS	VIOLATION/ ACCIDENT POINTS
JENNIFER BARRA		04/15/1993	N	INSURED	0

**ADDITIONAL INTEREST(S)**

TYPE	VEHICLE	NAME / ADDRESS	CITY	STATE	ZIP
Additional Insured	ALL	MT DIABLO UNIFIED SCHOOL DIST 1936 CARLOTTA DR	CONCORD	CA	94619

**LEGEND:** • INC - Included • EXCL - Excluded • NCV - No Coverage • NA - Not Applicable • ACV - Actual Cash Value  
 • Y - Yes • N - No • DED - Deductible • SCHD - Schedule • NP - Named Perils

## DESIGNATED INSURED ENDORSEMENT

This endorsement forms a part of Policy No. CCFICR1625889-02 issued to ANGELA BARRA  
by the (Name of Insurance Company) Financial Indemnity Company at its Agency  
located (city and state) Dallas, Texas and is effective from 11/07/2015 (12:01 a.m. Standard Time).

Name of Person(s) or Organization(s): MT DIABLO UNIFIED SCHOOL DIST

Each person or organization indicated above is an insured for liability coverage, but only to the extent that person or organization qualifies as an insured under Part I, Liability of the policy.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, limits of liability, conditions or exclusions of the policy to which this endorsement is attached, other than as stated above.

This endorsement must be attached to the revision Declarations when issued after the policy is written.