



**Martinez Unified School District
AGREEMENT FOR PERSONAL SERVICES**

THIS AGREEMENT is hereby entered into by the MARTINEZ UNIFIED SCHOOL DISTRICT, hereinafter referred to as DISTRICT, and:
Lori A. Watson

CONSULTANT SOCIAL SECURITY NUMBER

MAILING ADDRESS CITY STATE ZIP

Here-in-after referred to as CONSULTANT.

CONSULTANT agrees to provide to DISTRICT the services enumerated in Section FI of this Agreement under the following terms and conditions:

- A. Services shall begin on August 25, 2020, and shall be completed on or before June 30, 2021.
- B. CONSULTANT understands and agrees that he or she, and all of his or her employees are not employees of the DISTRICT and are not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, State Unemployment Compensation or Workers' Compensation. CONSULTANT shall assume full responsibility for payment of all Federal, State and local taxes or contributions including Unemployment Insurance, Social Security, and Income Taxes with respect to CONSULTANT'S employees.
- C. CONSULTANT shall furnish, at his own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement.
- D. In the performance of the work herein contemplated, CONSULTANT is an independent contractor, with the authority to control and direct the performance of the details of the work, DISTRICT being interested only in the results obtained.
- E. CONSULTANT agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of CONSULTANT'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by CONSULTANT, and/or the CONSULTANT'S employees or agents.

F. CONSULTANT shall provide DISTRICT with a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the DISTRICT.

G. CONSULTANT shall comply with the provisions of Ed Code regarding the submission of fingerprints to the California Department of Justice. The CONSULTANT is required to fulfill these requirements at its own expense.

_____ are subject to fingerprinting requirements (will be working with students unsupervised)

* are not subject to the fingerprinting requirements (will not be working with students, or not without constant, direct supervision by an credentialed employee of the District)

_____ * Fingerprints are already on file with the District

(* Waiver on page 3 of this Agreement must be signed by the District Representative authorized to sign this agreement)

H. Services to be rendered to the DISTRICT by the CONSULTANT are as follows:
VIRTUAL: STS Introduction to Racial Equity work, Racial Equity Seminar, Collaborative work & coaching for deeper racial equity dive, Parent Education Racial Equity seminars.

Attach additional information as Exhibit A "Scope of Services" if needed

I. Support services to be provided by the District include: (List such items as office space, telephone, photocopier, clerical, office supplies etc.).

J. DISTRICT may at any time terminate this Agreement upon written notice to the CONSULTANT. DISTRICT shall compensate CONSULTANT for services satisfactorily provided through the date of termination.

K. The work completed herein must meet the approval of the DISTRICT and shall be subject to the DISTRICT'S general right of inspection and supervision to secure the satisfactory completion thereof. CONSULTANT agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to CONSULTANT, CONSULTANT'S business, equipment, and personnel engaged in operations covered by this Agreement or accruing out of the performance of such operations. CONSULTANT shall not engage in unlawful discrimination in the employment of persons because of race, color, national origin, age, ancestry, religion, sex, marital status, medical condition or physical handicap.

L. Payments will be made by the DISTRICT to the CONSULTANT as follows: *As Invoiced*

This Agreement may be terminated by either party notifying the other, in writing, at least 30 days prior to the date of termination

THIS AGREEMENT IS ENTERED INTO THIS 21st DAY OF August, 2020.

FOR THE DISTRICT (ORIGINATOR):

[Signature]
SIGNATURE

AMY BLACK
PRINTED NAME

Director, Ed Service
TITLE

DATE

FOR THE CONSULTANT:

[Signature]
SIGNATURE

LURIA WATSON
PRINTED NAME

C.E.O. RACE - WORK LLC
TITLE

8/21/20
DATE

CHIEF BUSINESS OFFICIAL, MUSD

DATE

DATE OF BOARD APPROVAL:

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NOTE: PARAGRAPHS "F" AND "G" ABOVE ARE HEREBY WAIVED IF THIS WAIVER IS SIGNED BELOW BY THE DISTRICT REPRESENTATIVE WHO HAS AUTHORIZED THIS AGREEMENT BY SIGNING ABOVE.

- F) Fingerprint Requirement Waiver:
 - Consultant will not be working with students or will do so only under constant, direct supervision by a credentialed MUSD employee
 - Representative verifies that fingerprints for the Consultant are currently on file with MUSD

- G) Insurance Requirement Waiver (Consultant is unable to obtain the required coverage, the service is deemed to be both beneficial and low risk, and there is no reasonable alternative services provider).
[Signature] 8/21/20



PERSONAL SERVICES REQUEST

Date Submitted _____ Board Date Requested _____
(Must be submitted at least fifteen (15) calendar days prior to Board Meeting)

Legal Name of Contractor: Lori A. Watson
Address:

_____ Street City State Zip
Virtual Introduction to Racial Equity work, Racial Equity Seminar, Collaborative work & coaching,
and parent Racial Equity seminars.
Date(s) of Service: As needed during the 2020-2021 school year.
Fee: \$ 16,000.00 ()Single Amount ()Hour ()Month (X)Other: as invoiced
Total not to exceed: \$ 16,000.00 (X)including expenses ()plus expenses: _____
Payment date(s) requested: ()upon completion ()end of month(X)other: As invoiced
Payment address (if different from above): _____
District Contact Person: Amy Black Extension No. 5959
Contractor Contact Person: Lori A Watson Telephone No. _____
Contractor E-mail Address: dr.lawatson2012@gmail.com

SITE ADMINISTRATOR

BUSINESS OFFICE

[Signature]
Site Administrator
Date 9/21/20

Chief Business Official
Date _____

ROUTING, FISCAL SERVICES DEPARTMENT:

1) Received by: _____ Date: _____ Signature: _____

Documents Complete _____ Documents Incomplete (Return to Originator): _____

Funding Source (SACS Code): 01-0787-1110-1000-090-0-687-5800

2) Board Approved (Date): _____ CBO Signature: _____

3) Requisition Completed By: _____ Date: _____ Signature: _____

4) Purchase Order Completed By: _____ Date: _____ Signature: _____

5) Verification of Fingerprints Received By: _____ Date: _____ Signature: _____

6) Accounts Payable returns copy of Personal Services Request to Originator.