



**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:

Race-Work

CONSULTANT		SOCIAL SECURITY NUMBER	
1423 Broadway Suite 320	Oakland	CA	94612
MAILING ADDRESS	CITY	STATE	ZIP

Here-in-after referred to as CONSULTANT.

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

- A. Services shall begin on 09/29/2023 and shall be completed on or before 06/06/2024.
- 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)

 x * 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:

Student Led Antiracism Movement (SLAM!) Program: Year 1

One 2-hour Advisor Seminar, Three 1-day seminars at AHS, Three 1/2 day seminars at MJHS, Two 1-hour coaching sessions, additional check-ins as needed

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.).

Access to projector/screens, audio equipment and meeting space for seminars

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:

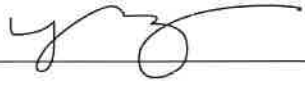
as invoiced upon completion of services

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 25 DAY OF September, 2023.

FOR THE DISTRICT (ORIGINATOR):

Yadira Zapata



NAME

Coordinator, Educational Services

TITLE

DATE

11/2/23

Andrew Cannon



CHIEF BUSINESS OFFICIAL, MUSD

DATE:

DATE OF BOARD APPROVAL: 9/25/2023

FOR THE CONSULTANT:

Dr. Lori Watson



NAME

Race-Work Founder & CEO

TITLE

DATE

11/02/2023

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

_____ 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).

Authorized Signature

Date



PERSONAL SERVICES REQUEST

Date Submitted 9/11/2023 Board Date Requested 9/25/2023
(Must be submitted at least fifteen (15) calendar days prior to Board Meeting)

Legal Name of Contractor Dr. Lori A. Watson

Address 1423 Broadway Suite 320 Oakland CA 94612
Street City State Zip

Description of Service Student Led Antiracism Movement (SLAM!) Program: Year 1
One 2-hour Advisor Seminar, Three 1-day seminars at AHS, Three 1/2 day seminars at

Date(s) of Service: 9/29/2023-6/6/2024

Fee: \$ 37,750 ()Single Amount ()Hour ()Month ()Other: _____

Total not to exceed: \$ 37,750 ()including expenses ()plus expenses: _____

Payment date(s) requested: upon completion ()end of month ()Other: _____

Payment address (if different from above): 3653 Rocky Shore Dr. Valle

District Contact Person: Yadira Zapata Extension No. 925-335-5800

Contractor Contact Person: Dr. Lori Watson Telephone No. _____

Contractor E-mail Address: drlawatson@race-work.com

SITE ADMINISTRATOR

BUSINESS OFFICE

Site Administrator
Date _____

AGH

Chief Business Official
Date 9/12/23

ROUTING, FISCAL SERVICES DEPARTMENT:

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

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

Funding Source (SACS Code): _____

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.