**\_\_\_ Request for Contract**

**\_\_\_ Request for Work by Independent Contractor**

(Check all that apply.)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CCC Personnel requesting contract:** | | | | | | | | | | | |
| Name: Click here to enter text. | | | | | |  | Phone: Click here to enter text. | |  | E-mail: Click here to enter text. | |
|  | | | | | | |  | | |  | |
| Location (Indicate College or District Dept): Click here to enter text. | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| Brief explanation of request/type of contract: Click here to enter text. | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| **Vendor/Other Party Information** | | | | | | | | | | | |
| Vendor Name (If a business, please provide full corporate name, include *Inc., LLP, LLC, etc.*):  Click here to enter text. | | | | | | | | | | | |
|  |  | | | | | | |  | | | |
| FEIN/SSN | | | | Click here to enter text. | | | | | | | |
| Mailing Address (No P.O. Box) | | | | Click here to enter text. | | | | | | | |
|  | | | | (City, State & Zip) | | | | | | | |
| Telephone Number: | | | | Click here to enter text. | | | | | | | |
| Fax Number: | | | | Click here to enter text. | | | | | | | |
| Type of corporation (if applicable): | | | | Click here to enter text. | | | | | | | |
| State of Incorporation: | | | | Click here to enter text. | | | | | | | |
| Contact Person(s): | | | | Click here to enter text. | | | | | | | |
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| **MBE/WBE requirements:** You must ensure that MBE/WBE requirements have been met or attach proof that a waiver has been obtained. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Term of contract:** | | | Begins: | | Click here to select date. | | | | | |  |
|  | | |  | |  | | | | | |  |
|  | | | Ends: | | Click here to select date. | | | | | |  |
|  | | |  | |  | | | | | |  |
| Monetary Value: x = $ | | | | | | | | | |  | |
|  | | Rate Units Total | | | | | | | |  | |

**Exhibits/Attachments:** Any exhibits and/or attachments referenced in the agreement must be included in your request.

**Description of Goods/Scope of Services**  Provide detailed description of the work to be done, who is to perform the work, where the work will be performed, dates and hours the work is to performed, specifications and deliverables, etc. All professional services agreements and training agreements must include a scope of services. May be attached separately if additional space is required.

**Board Reports:** An approved Board Report must be included if the contract is an intergovernmental agreement, an agreement with a value over $25,000, or involves a vendor who will be receiving over $25,000 in a fiscal year via multiple contracts.

Even if this contract has a value of less than $25,000, will vendor receive more than $25,000 in this fiscal year?  
 yes no. If yes, Board report is required!



**If contracting with an individual, attach the IRS 20 Factors and 3 Categories of Control.**

In addition, other forms of proof that the individual is self-employed should be available for inspection (e.g., vendor’s advertisement, IRS 1040 or IRS Sch C or C-EZ or IRS Sch SE). Do NOT attach these forms to the contract request.

**If funds are being expended by District and no Board report is attached, provide the following:**

|  |  |
| --- | --- |
| Funding source (Budget Line): | Click here to enter text. |
| Requisition Number: | Click here to enter text. |
|  |  |

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| --- |
| **Independent Contractor Review**  **For Human Resources Use Only**  (To be completed by Human Resources Office at requestor’s location)  Is individual a CCC employee? \_\_\_ Yes \_\_\_ No  Is work to be performed a CCC job duty? \_\_\_ Yes \_\_\_ No  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**APPROVALS:**

By signing below, I acknowledge that I have reviewed the above information and the attached contract (if applicable), and that all requirements of the Board Rules and Operations Manual have been met.

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|  |  |  |  |  |
| Signatureof College President/District Office Department Head |  | Print name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Vice Chancellor |  | Print name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Executive Director of Business |  | Print name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Chancellor or Designee |  | Print name |  | Date |