

CONTRACT REQUEST FORM

Orange County Department of Education

CONTRACTS DEPARTMENT USE ONLY

CONTRACT #: _____ P.O. TYPE: A R

PR #: _____ PO #:

PROCESSED BY: _____

(1) CONTRACT TYPE

STANDARD INCOME HCA MOU
 AMENDMENT FACILITY LEASE

(2) DEPARTMENT

(3) BUDGET NUMBER

(4) GRANT NAME: (Attach grant copy)

GRANT FUNDING: (Check all applicable boxes) FEDERAL STATE LOCAL

(5) CONTRACTOR INFORMATION For individual consultants, attach (a) current vita/resume and (b) Independent Contractor Questionnaire.

Legal Name: _____ Vendor Number: _____

DBA (if applicable): _____ Vendor e-mail: _____

Mailing Address: _____

Contact Name: _____ Phone Number: () _____ Fax Number: () _____
Cell Number: () _____

Social Security/Federal Tax I.D. Number: _____ Has individual ever been an employee of OCDE?
 Yes No

Is individual retired? from CalSTRS: Yes No from CalPERS: Yes No If yes, date retired: _____

(6) SCOPE OF WORK (If additional space is required, please use back of form or attach separate sheet)

DESCRIPTION OF SERVICES:

JUSTIFICATION:

Date(s) of service: _____ Will services be performed in State of California? Yes No

Will the services provided be videotaped? No Yes If Yes, attach videotape release.

(7) DOLLAR AMOUNT

Total Dollar Amount: _____ Rate of Pay: _____ Cost to OCDE: _____

Reimbursement for travel expenses included? No Yes If Yes, please specify: _____

Reimbursement for materials included? No Yes If Yes, please specify: _____

Are costs to be reimbursed from any other source of income? No Yes If Yes, please specify: _____

(8) AMENDMENT

Purchase Order # _____ Contract # _____

Amended Total Dollar Amount \$ _____ Increase by \$ _____ Decrease by \$ _____

Budget # _____ From: _____ To: _____

Amended Date(s) of Service: _____ From: _____ To: _____

Reason for Amendment: _____

(9) USE OF FACILITY

Deposit Required? Yes No Deposit Due Date: _____ Deposit Amount: \$ _____ Refundable?: Yes No

Check to be mailed by: _____ Check pick-up by: _____ Pick-up date: _____ Phone #: _____

(10) APPROVAL (SIGNATURE MUST BE LEGIBLE)

ORIGINATOR _____ PHONE/EXT. _____ MAIL STOP _____ DATE _____

ADMIN./MGMT. REP. _____ DATE _____

CAB. REP./ASSIST. SUPT./DIR. _____ DATE _____

CHIEF ACADEMIC OFFICER _____ DATE _____

SUPERINTENDENT _____ DATE _____

(11) CONTACT PERSON FOR CONTRACT REQUEST FORM INFORMATION

Name: _____ Phone/Ext. _____ Mail Stop: _____

INSTRUCTIONS

Submit one (1) completed Contract Request Form to the Contracts Unit.

- 1) **CONTRACT TYPE**
Standard: Service Agreement or Independent Contractor Agreement.
Amendment: Revisions made to any contract type.
Income: OCDE receives payment for performing services.
Use of Facility: Contractor is providing use of a facility.
HCA: Customized contract for County of Orange Health Care Agency.
Lease: Real property or equipment leases.
MOU: Memorandum of Understanding.
- 2) **DEPARTMENT:** Name of the department originating the request for services.
- 3) **BUDGET NUMBER:** 10-digit budget number required. If multiple budget numbers are used, a specific dollar amount must be allocated for each budget number.
- 4) **GRANT NAME:** Complete name of the grant is required (no acronym is to be used). Copy of the grant with the contract requirements must be attached.
GRANT FUNDING: Mark all applicable funding sources.
- 5) **CONTRACTOR INFORMATION**
Legal Name/DBA: Legal name of the individual and/or business. Attach a copy of the business card.
Vendor Number: Number issued for contractor by Bi-Tech.
Vendor E-mail Address
Mailing Address: Street address must be included with a P. O. Box address.
Contact Name: Name of the person to receive the contract for signature.
Phone Number/Cell Number/ Fax Number
Social Security/Federal Tax I.D. Number
Has individual ever been an employee of OCDE?
Vita/Resume/Independent Contractor Questionnaire:
- 6) **SCOPE OF WORK**
Description of Services: Provide specific and detailed information.
Justification: Justification for contracting for services with the contractor.
Date(s) of Service: Specific dates (month, date, year) for the start and ending dates of service.
Will services be performed in the State of California?
Will services provided be videotaped?: Attach a copy of Media Services media release form.
- 7) **DOLLAR AMOUNT**
Total Dollar Amount: Total dollar amount, including expenses, for services to be performed.
Rate of Pay: Provide pro-rated dollar amount (per task, per hour, etc.), if applicable.
Cost to OCDE: Dollar amount being paid from OCDE's General Fund.
Reimbursement for Travel Expenses Included?: List items approved as expenses to be reimbursed.
Reimbursement for Materials Included?: List items approved as expenses to be reimbursed.
Are Costs to be Reimbursed From Any Other Source of Income?: List specific sources (registration fees, grant, etc.).
- 8) **AMENDMENT**
Purchase Order #/Contract #
Reason for Amendment
Dollar Amount - Increase by \$/Decrease by \$: Note the increased or decreased dollar amount change.
Budget #
Service Dates: Changes for the start and/or end date for services being performed.
Other
- 9) **USE OF FACILITY**
Deposit Required?/Deposit Due Date/Deposit Amount/Refundable?
Check to be mailed by/Check Pick-up by/Pick-up date/Phone Ext.: Complete this section if the Program will be delivering the check to the contractor.
- 10) **APPROVAL**
Signatures: Follow OCDE guidelines for the signature process.
- 11) **CONTACT PERSON FOR CONTRACT REQUEST FORM INFORMATION**
Name/Phone/Mail Stop: Contact person if additional information is needed.