

### County of Santa Cruz

### **HUMAN RESOURCES AGENCY**

CECILIA ESPINOLA, ADMINISTRATOR
1000 EMELINE ST.. SANTA CRUZ, CA 95060
(408) 454-4130 OR 4544045 FAX: (408) 454-4642

May 11, 1999 Agenda: May 25, 1999

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, California 95060

## APPROVAL OF AGREEMENTS WITH CABRILLO COMMUNITY COLLEGE DISTRICT AND THE UNIVERSITY OF CALIFORNIA SANTA CRUZ EXTENSION

Dear Members of the Board:

As your Board is aware, the Human Resources Agency (HRA) is in the process of enhancing service delivery by increasing the integration of services both within and among agency programs. As part of this effort, we want to ensure that staff located at client entry points, as well as supervisors, take an approach that is consistent across program areas throughout the agency.

To this end, we have identified two specialized trainings for reception staff and supervisors that will address the specific needs of HRA programs. A Cabrillo College training entitled "Front Line Strategies" will help to ensure that consistent, high-quality services are provided at agency reception areas. Trainers will work with HRA clerical supervisors to develop training sessions for HRA reception staff. Training proposed by the University of California Santa Cruz Extension will encourage teamwork and consistent supervisory practices agencywide.

We are requesting your Board's approval of the attached agreement with the Cabrillo Community College District in the amount of \$4,500, and the agreement with the University of California Santa Cruz Extension in the amount of \$3,520. These funds are included in the FY 1998-99 HRA Staff Development budget and represent no County cost.

Page -2-

### **BOARD OF SUPERVISORS**

May 25, 1999

Approval of agreement with Cabrillo Community College District and the University of California Santa Cruz Extension

Ciclia Espinola

IT IS THEREFORE RECOMMENDED that your Board authorize the Human Resources Agency Administrator to sign the agreements with the Cabrillo Community College District and the University of California Santa Cruz Extension to provide staff development training.

Very truly yours,

Cecilia Espinola Administrator

**RECOMMENDED:** 

Susan A. Mauriello

County Administrative Officer

Attachments

cc: Auditor-Controller

County Counsel

Cabrillo Community College District

University of California Santa Cruz Extension

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### COUNTY OF SANTA CRUZ

### REQUEST FOR APPROVAL OF AGREEMENT

TO:	County Counsel	(Dept.)
The	e Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.	
1.	Said agreement is between the County of Santa Cruz Human Resources Agency (Ag	gency)
	and, Cabrillo Community College District (Name & Ad	ldress)
2.	The agreement will provide Staff training on customer service	
3.	The agreement is needed to provide three one-hour planning sessions and eight two-hour Staff training on customer service.	ning.
4.	Period of the agreement is from May 25, 1999 to June 30, 1999	
5.	Anticipated cost is \$	exceed
	Remarks: contact person: Nora Krantzler, ext. 5430  Appropriations are budgeted in 392100 (Index#) 3 6 6 5 (Subc	
	NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74	
Ар	opropriations are not available and have been encumbered. Contract No. CO 81842 Date 5/12/99  GARY A. KNUTSON, Auditor - Controller  By Rould J. Silva D	Deputy
Pro	oposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the County of Santa Cruz	
Re	Human Resources Agency  emarks:    Agency   Agency	5
Dis	State of California ) County Counsel - Green * Co. Admin. Officer - Conary Auditor-Controller - Pink Originating Dept Goldenrod  'To Orig. Dept. if rejected.  State of California ) SS County of Santa Cruz )	d by

ADM - 29 (6/95)

### Contract No.

### INDEPENDENT CONTRACTOR AGREEMENT

THIS CONTRACT is entered into this 25th day of May, 1999, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and CABRILLO COMMUNITY COLLEGE DISTRICT, hereinafter called CONTRACTOR. The parties agree as follows:

- 1. <u>DUTIES</u>. CONTRACTOR agrees to exercise special skill to accomplish the following result:
- A. Conduct three one-hour planning sessions with supervisors and eight two-hour staff trainings on customer service, entitled Front Line Strategies, for approximately 60 HRA staff.
- 2. <u>COMPENSATION</u>. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:
- A. Planning and training for a total cost not to exceed \$4,500.
- B. Upon completion of the final session, submit claim no later than July 15, 1999, to:

County of Santa Cruz Human Resources Agency Attention: FK13
P.O. Box 1320
Santa Cruz, CA 95061

- 3. <u>TERM</u>. The term of this contract shall be: May 25, 1999 through June 30, 1999.
- 4. <u>EARLY TERMINATION</u>. Either party hereto may terminate this contract at any time by giving 30 days written notice to the other party.
- 5. <u>INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS.</u>
  CONTRACTOR shall exonerate, indemnify, defend, and hold harmless
  COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and
  volunteers) from and against:

- A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property(ies) of CONTRACTOR and third persons.
- B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR'S officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).
- 6. <u>INSURANCE</u>. CONTRACTOR, at its sole cost and expense, for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be excess of CONTRACTOR'S insurance coverage and shall not contribute to it.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here:

### A. Types of Insurance and Minimum Limits

(1) Worker's Compensation in the minimum statuto-rily required coverage amounts. This insurance coverage shall not be required if the CONTRACTOR has no employees and certifies to this fact by initialing here \_\_\_\_\_

(2) Automobile Liability Insurance for each of CONTRACTOR'S vehicles used in the performance of this Agreement, including owned, non-owned (e.g. owned by CONTRACTOR'S employ-

ees), leased or hired vehicles, in the minimum amount of \$500,000 combined single limit per occurrence for bodily injury and property damage. This insurance coverage shall not be required if vehicle use by CONTRACTOR is not a material part of performance of this Agreement and CONTRACTOR and COUNTY both certify to this fact by initialing here

(3) Comprehensive or Commercial General Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, <sup>©</sup> broad form property damage, (d) contractual liability, and (e) cross-liability.

(4) Professional Liability Insurance in the minimum amount of \$\_\_\_\_\_combined single limit, if, and only if, this Subparagraph is initialed by CONTRACTOR and COUNTY / LEmma

### B. Other Insurance Provisions

(1) If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three (3) years after the expiration of this Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed to be reasonable.

(2) All required Automobile and Comprehensive or Commercial General Liability Insurance shall be endorsed to contain the following clause:

"The County of Santa Cruz, its officials, employees, agents and volunteers are added as a additional insured as respects the operations and activities of, or on behalf of, the named insured per-

formed under Agreement with the County of Santa Cruz."

(3) All required insurance policies shall be endorsed to contain the following clause:

"This insurance shall not be canceled until after thirty (30) days prior written notice has been given to:

Human Resources Agency 1000 Emeline Ave. Santa Cruz, CA 95060 Attn: Nora Krantzler

(4) CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Agreement with Certificates of Insurance for all required coverages. All Certificates of Insurance shall be delivered or sent to:

Human Resources Agency 1000 Emeline Ave. Santa Cruz, CA 95060 Attn: Nora Krantzler

- 7. <u>EOUAL EMPLOYMENT OPPORTUNITY</u>. During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:
- A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 18), veteran status, pregnancy, and gender or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.

- B. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:
- (1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 40), veteran status, or any other non-merit factor unrelated to job duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR'S solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY General Services Purchasing Division.
- (2) The CONTRACTOR shall furnish COUNTY Affirmative Action Office information and reports in the prescribed reporting format (PER 4012) identifying the sex, race, physical or mental disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority/Women/Disabled Business Enterprises.
- (3) In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with the COUNTY.
- (4) The CONTRACTOR shall cause the foregoing provisions of this Subparagraph 7B. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.
- 8. <u>INDEPENDENT CONTRACTOR STATUS</u>. CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible

for all insurance (workers compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST: The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS: (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; in the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and work place; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (q) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (I) CONTRAC-TOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business.

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgement that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

- 9.  $\underline{\text{NONASSIGNMENT.}}$  CONTRACTOR shall not assign this Agreement without the prior written consent of the COUNTY.
- 10. <u>RETENTION AND AUDIT OF RECORDS</u>. CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than

five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.

- 11. <u>PRESENTATION OF CLAIMS</u>. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
- 12. <u>ATTACHMENTS</u>. This Agreement includes the following attachments:

Attachment A: SCOPE OF WORK

Attachment B: AMENDMENT OF COMPREHENSIVE OR COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENT

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

CONTE	RACTOR	COUNT	TY OF	SANTA CRUZ	
By:	Law Cardwell.	By:			
-	Kay Cardwell	-	Human	Resources	Agency
	Director of Business Services				

Address: 6500 Soquel Drive Aptos, CA 95003

Telephone: (831) 479-5701

Tax ID#: **77-0385///** 

### APPROVED AS TO INSURANCE:

BY: Jarot Whyloy 5-11-99
Risk Management

APPROVED AS TO FORM:

By: Jac M. Scott

County Counsel

DISTRIBUTION: County Administrative Office

Auditor-Controller County Counsel Risk Management

Contractor

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### Attachment A

### SCOPE OF WORK

Conduct three one-hour planning sessions with clerical supervisors and eight two-hour reception staff trainings.

The training sessions will include topics such as:

- definition of customer (internal and external)
- awareness of customer's needs and feelings
- identification of appropriate responses and resources (own and departmental)
- development of short- and long-term strategies

There will be two distinct training sessions, each offered twice in Santa Cruz offices and twice in Watsonville offices.

Trainings are scheduled as follows:

May 26--Watsonville May 27--Santa Cruz June 16--Watsonville June 17--Santa Cruz

CONTRACTOR:	Kan Cardwell	COUNTY:	
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#### Attachment B

### AMENDMENT OF COMPREHENSIVE OR COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENT

Subparagraph 6A(3), of Contract No: dated May 19, 1999, by and between County of Santa Cruz (hereinafter called COUNTY) and CABRILLO COMMUNITY COLLEGE DISTRICT (hereinafter called CONTRACTOR) is amended to read as follows:

## (Y)/Chu 1. Guest Speaker Waiver

CONTRACTOR represents to COUNTY that it will accomplish the result required by this Agreement by manner and means similar to those employed by a guest speaker, namely by oral and documentary presentation to a group of persons such that no person will be exposed to reasonably foreseeable risk of personal injury or In reliance thereon, COUNTY amends property damage. the Comprehensive or Commercial General Liability Insurance requirement of said Agreement by waiving same.

# 2. Teacher, Instructor, Trainer Waiver

CONTRACTOR represents to COUNTY that it will accomplish the result required by this Agreement by manner and means similar to those employed by a teacher, instructor, or trainer and subject to the following limitations: (1) the results will be accomplished entirely within a classroom setting; (2) no minors will be involved, or, if minors will be involved, the teaching, instructing, or training accomplished (and the activity(ies) involved) will be by such manner and means that a minor of the youngest age allowed to be involved will not be exposed to any reasonably foreseeable risk of personal injury; and (3) no person will be exposed to reasonably foreseeable risk of personal injury or property damage. In reliance thereon, COUNTY amends the Comprehensive or Commercial General Liability

Insurance	requirements	of	said	Agreement	by	waiving
same.						

(K)/CEnte	3.	General	No	Risk	Waiver

CONTRACTOR represents to COUNTY that it will accomplish the result required by this Agreement by manner and means which will expose no person to reasonably foreseeable risk of personal injury or property damage, namely as follows: \_\_\_\_\_\_ In reliance thereon, COUNTY amends the Comprehensive or Commercial General Liability Insurance requirements of said Agreement by waiving same.

The above paragraph(s) shall be operative if initialed by both parties in the space provided, effective MaY 25, 1999.

CONTRACTOR:	Hay Cardwell	COUNTY :	
	<b>J</b> -		

37

Form W-(Substitute)
County of Santa Crur

## Request for Taxpayer Identification Number and Certification

Give rhis farm :a the County of Santa Cruz Do **MOT send to the** IRS

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part 1 below. See leastructions on page 2 If your name has changed.) **2**00 CABRILLO COMMUNITY COLLEGE Business name (Sole proprietors see instructions on page 2.) ŏ Please print Please check appropriate box Corporation Partnership P Other > GOVERNMENT Individual/Sole proprietor Address (number, street, and apt. or suite no.) YOU ARE PAID FOR: SOQUEL Health Care Servi C 0 City, state, and ZIP code Other Service APTOS Rent Goods Taxpayer identification Number (TIN) Freight Interest Enter your TIN in the appropriate box. For Other (Explain) individuals, this is your social security number Social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer Part II For Payees Exempt From Backup identification number (EIN). If you do not have a OR Withholding (see Part II number, see How To Get a TIN below. Employer Identification number instructions on page 2) Note: If the account is in more than one name, 740|3|8|5|1|1| see the chart on page 2 for guidelines on whose number to enter. Part III Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Cartification instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Cartification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)

Sign Here Signature > Director Busines

Date > 5-10-99

Section references are to the internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate

transactions, mortgage Interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you am giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 37 % of such

payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. The IRS tells the requester that you fumished an incorrect TIN, or
- 3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax ratum (for reportable interest and dividends only). or
- 4. You do not certify to the requester that you and not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities). fmm your local IRS office.

If you do not have a TIN, write 'Applied For in the space for the TIN in Part I, sign and date the form, and give tt to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding. If applicable, will begin and continue until you furnish your TIN.

### COUNTY OF SANTA CRUZ

#### REQUEST FOR APPROVAL OF AGREEMENT

FROM: TO: Board of Supervisors Human Resourcses Agency (Dept.) County Administrative Officer County Counsel (Date) **Auditor-Controller** The Board of Supervisors is hereby requested to approve the attached agreement and outhorire the execution of the same. 1. Said agreement is between the County of Santa Cruz Human Resources Agency and the University of California Santa Cruz Extension (Name & Address) 2. The agreement will provide Training for HRA Supervisors 3. The agreement is needed to provide three four-hour training sessions for supervisors Period of the agreement is from  $\underline{\text{May }25}$ ,  $\underline{\text{1999}}$ Anticipated cost is  $\frac{3,520}{}$ k s c : . contact person: N n r a Krantzler, ext (Index#) 3665 (Subobject) 392100 7. Appropriations are budgeted in \_\_ NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74 available and have been encumbered. Contract No. CO81843 Date Deputy. Proposol reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the <u> HRA Administrator</u> to execute the same on beholf of the County of Santa Cruz Human Resources Agency Remarks: \_ (Analyst) Agreement approved as to form. Date Distribution: Bd. of Supv. White State of California Auditor-Controller - Blue **County of Santa Cruz** County Counsel - Green . Co. Admin. Officer . Canary ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, Auditor-Controller - Pink Slate of California, do hereby certify that the foregoing request for approval of agreement was approved by Originating Dept. - Goldenrod said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered \*To Orig. Dept. if rejected. in the minutes of said Board on **County Administrative Officer** 

29 (6/95)

\_\_\_\_\_ Deputy Clerk

### Contract No.

### INDEPENDENT CONTRACTOR AGREEMENT

THIS CONTRACT is entered into this 25th day of May, 1999, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and THE UNIVERSITY OF CALIFORNIA SANTA CRUZ EXTENSION, hereinafter called CONTRACTOR. The parties agree as follows:

- 1. <u>DUTIES</u>. CONTRACTOR agrees to exercise special skill to accomplish the following result:
- A. Conduct three four-hour training sessions on site for HRA supervisors on the following topics:
- Leading and Motivating Employees: June 8, 1999
- Creating High Performance Teams: June 15, 1999
- Coaching and Mentoring Employees: June 22, 1999s
- 2. <u>COMPENSATION</u>. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:
- A. Preparation and training time at the rate of \$1,000 per session, for a total cost not to exceed \$3,000.00.
- B. Booklets for students at a cost not to exceed \$520.00.
- C. Total cost of contract not to exceed \$3,520.
- D. Submit one invoice on completion by July 15, 1999, to:

County of Santa Cruz Human Resources Agency Attention: FK13
P.O. Box 1320
Santa Cruz, CA 95061

- 3. <u>TERM</u>. The term of this contract shall be: May 25, 1999 through June 30, 1999.
- 4. <u>EARLY TERMINATION</u>. Either party hereto may terminate this contract at any time by giving 30 days written notice to the other party.
- 5. <u>INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS</u>. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless

COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:

- A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property(ies) of CONTRACTOR and third persons.
- B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR'S officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).
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### A. Types of Insurance and Minimum Limits

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- (3) Comprehensive or Commercial General Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, <sup>©</sup> broad form property damage, (d) contractual liability, and (e) cross-liability.

	(4)	Profe	ssional Li	ability	Insuran	ce ir	n the	<b>:</b>
minimum	amount of \$		combined	d single	e limit,	if,	and	only
if, this	s Subparagra	ph is	initialed	by CON	TRACTOR	and		
COUNTY	/							

### B. Other Insurance Provisions

- (1) If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three (3) years after the expiration of this Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed to be reasonable.
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"The County of Santa Cruz, its officials, employees, agents and volunteers are added as a addition-

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Human Resources Agency 1000 Emeline Ave. Santa Cruz, CA 95060 Attn: Nora Krantzler

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Human Resources Agency 1000 Emeline Ave. Santa Cruz, CA 95060 Attn: Nora Krantzler

- 7. <u>EQUAL EMPLOYMENT OPPORTUNITY</u>. During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:
- A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 18), veteran status, pregnancy, and gender or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places,

available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.

- B. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:
- (1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 40), veteran status, or any other non-merit factor unrelated to job duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR'S solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY General Services Purchasing Division.
  - (2) The CONTRACTOR shall furnish COUNTY Affirma tive Action Office information and reports in the prescribed reporting format (PER 4012) identifying the sex, race, physical or mental disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority/Women/Disabled Business Enterprises.
  - (3) In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with the COUNTY.
  - (4) The CONTRACTOR shall cause the foregoing provisions of this Subparagraph 7B. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

8. <u>INDEPENDENT CONTRACTOR STATUS</u>. CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (workers compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST: The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS: (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; in the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and work place; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (I) CONTRAC-TOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business.

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgement that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

- 9. <u>NONASSIGNMENT</u>. CONTRACTOR shall not assign this Agreement without the prior written consent of the COUNTY.
- 10. RETENTION AND AUDIT OF RECORDS. CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.
- 11. <u>PRESENTATION OF CLAIMS</u>. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
- 12. <u>ATTACHMENTS</u>. This Agreement includes the following attachments:

Attachment A: SCOPE OF WORK

Attachment B: AMENDMENT OF COMPREHENSIVE OR COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENT

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

DUNTY OF SANTA CRUZ
<i>7</i> :
Human Resources Agency

Telephone: (831) 427-6637

Tax ID#: 94-1539563

Santa Cruz, CA 95060

### APPROVED AS TO INSURANCE:

By: Jaret McKurley 5-11-99
Risk Management

APPROVED AS TO FORM:

By: M. Scott
County Counsel

DISTRIBUTION: County Administrative Office

Auditor-Controller County Counsel Risk Management

Contractor

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### Attachment A

### SCOPE OF WORK

Conduct three on-site trainings tailored for Human Resources Agency supervisors, as follows:

- Leading and Motivating Employees, June 8, 1999. Topics to be cover include the role of the supervisor as leader; evaluating strengths and weaknesses in yourself and others; understanding and appreciating different work styles and motivational needs; and matching styles to needs.
- Creating High Performance Teams, June 15, 1999. Key topics include qualities of successful teams; the role of the leader in teams; helping teams set and achieve objectives; understanding group dynamics and how they affect the "teaming process;" and evaluating team effectiveness.
- Coaching and Mentoring Employees, June 22, 1999. Topics include key characteristics of the coaching approach; the role of the coach/mentor; one-on-one vs. team coaching techniques; mentoring/managing by example; using confrontation as a positive reaction to negative events; counseling methods for handling difficult employees or employees in difficult situations.

CONTRACTOR C	m.	Oleklu	•	N	T	Y	
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#### Attachment B

### AMENDMENT OF COMPREHENSIVE OR COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENT

Subparagraph 6A(3), of Contract No: \_\_\_\_\_ dated May 25, 1999, by and between County of Santa Cruz (hereinafter called COUNTY) and THE UNIVERSITY OF CALIFORNIA SANTA CRUZ EXTENSION hereinafter called CONTRACTOR) is amended to read as follows:

### mn/Clube 1. Guest Speaker Waiver

CONTRACTOR represents to COUNTY that it will accomplish the result required by this Agreement by manner and means similar to those employed by a guest speaker, namely by oral and documentary presentation to a group of persons such that no person will be exposed to reasonably foreseeable risk of personal injury or property damage. In reliance thereon, COUNTY amends the Comprehensive or Commercial General Liability Insurance requirement of said Agreement by waiving same.

### mo Me 2. Teacher, Instructor, Trainer Waiver

CONTRACTOR represents to COUNTY that it will accomplish the result required by this Agreement by manner and means similar to those employed by a teacher, instructor, or trainer and subject to the following limita-(1) the results will be accomplished entirely within a classroom setting; (2) no minors will be involved, or, if minors will be involved, the teaching, instructing, or training accomplished (and the activity(ies) involved) will be by such manner and means that a minor of the youngest age allowed to be involved will not be exposed to any reasonably foreseeable risk of personal injury; and (3) no person will be exposed to reasonably foreseeable risk of personal injury or property damage. In reliance thereon, COUNTY amends the Comprehensive or Commercial General Liability Insurance requirements of said Agreement by waiving same.

130 / CEMU . General No Risk Waiver

CONTRACTOR represents to COUNTY that it will accomplish
the result required by this Agreement by manner and
means which will expose no person to reasonably fore-
seeable risk of personal injury or property damage,
namely as follows: In reliance
thereon, COUNTY amends the Comprehensive or Commercial
General Liability Insurance requirements of said
Agreement by waiving same.

The above paragraph(s) shall be operative if initialed by both parties in the space provided, effective June 1, 1999.

ľ		
CONTRACTOR:	COUNTY:	

Form W-9
(Substitute)
County of Santa Crut

## Request for Taxpayer Identification Number and Certification

Give this form to the County of Santa Cruz Do NOT send to the IRS

2	Name (If joint names, list first and circle the name of the person or entity whose number you enter in	n Part I below. See instructions on page 2 H your name has changed.)	_
print or type	Business name (Sole proprietors see instructions on page 2) Regents, University of California	- Santa Cruz Extension	- 1
	Please check appropriate box ☐ Individual/Sole proprietor ☐ Corporation ☐	Partnership ☐ Other ▶	-
Piease	Address (number, street, and apt. or suite no.)	YOU ARE PAID FOR:	
ě	7 to Front St. #155	Health Care Service	
Д.	City, state, and ZIP code		
	Santa Cruz CA 95060	Other Service	
P	art I Taxpayer Identification Number (TIN)	Rent Goods	
		Freight Intere	st
ind	ter your TIN in the appropriate box. For dividuals, this is your social security number  Social security number	Other (Explain)	
(SS	SN). For sole proprietors, see the instructions		
ΩN	page 2. For other entities, it is your employer		
ide	entification number (EIN). If you do not have a OR mber, see How To Get a TIN below.	Part II For Payees Exempt From Backu Withholding (See Part II	p
No	ote: If the account is in more than one name,		
\$ <del>8</del> 6	e the chart on page 2 for guidelines on whose 91711559	[4]	
	mber to enter.		
Р	art III Certification		
Un	der penalties of perjury, I certify that:	•	
	The number shown on this form is my correct taxpayer identification number (or I	I am waiting for a number to be issued to me), and	
	I am not subject to backup withholding because: (a) I am exempt from backup with Revenue Service that I am subject to backup withholding as a result of a failure to me that I am no longer subject to backup withholding.	withholding, or (b) I have not been notified by the internal	d '
wit	rtification Instructions.—You must cross out item 2 above if you have been notifie thholding because of underreporting interest or dividends on your tax return. For received, the acquisition or abandonment of secured property, cancellation of deb	sei estate transactions, item 2 does not apply. For mortgage	je

Sign
Here Signature ▶ Martal

TiN. (Also see Part III instructions on page 2.)

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured properly, cancellation of debt, of contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding. or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Nob: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form w-9.

What la Backup Withholding?—Persons making certain payments to you must withhold arid pay to the IRS 31% of such

payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

(IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be, subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. The IRS tells the requester that you furnished an incorrect TIN, or
- 3. The IRS tells you that you am subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only). or
- 4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

Date ▶

5. You do not cartify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate instructions for the Requester of Form W-9.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Parti, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to tie requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable. will begin and continue until you furnish your TIN.