



Ventura County Office of Education
SHORT FORM SERVICES AGREEMENT

Contract# C23-00317

Vendor# 724 727

This Services Agreement (the "Agreement") is made and entered into _____ by and between the Ventura County Office of Education (hereinafter referred to as "VCOE") and Lisa Nilles, (hereinafter referred to as "Provider").

Lisa Nilles
Provider

Tax Identification or Social Security Number

Street Address

E-mail Address

CA
City, State, Zip code

Telephone Number

SERVICES.

Fiscal Expert - analysis and recommendations to improve accounting and business processes for district in fiscal distress

Description of Services

1/17/23- 6/30/23

Date(s) of Service

Hour(s) of Service

Location

FEES.

Compensation for Services

\$ 2,000 per day

*Please indicate Honorarium/Per-day/Hour/Session/Quarter/Lump Sum

Covered Expenses

☐ Yes (Itemized below)

☒ No

\$ _____

*Original itemized receipts required

Total not to Exceed

\$ \$200,000

ENCUMBERED 1/25/23 gm

PROVIDER REQUIREMENTS.

☒ W-9 received

☐ Signed Travel Policy

☐ Out-of-State Withholding Waiver (See Tax Notice)

PAYMENT. VCOE will pay Provider after receipt of an invoice, net 30 days.

CONDITIONS. Provider will have no obligation to provide services until VCOE returns a signed copy of this Agreement.

NATURE OF RELATIONSHIP. The parties agree the relationship created by this Agreement is that of independent contractor. Provider understands and agrees that the Provider, agents, employees, or subcontractors of Provider are not entitled to any benefits normally offered or conveyed to VCOE employees, including coverage under the California Workers' Compensation Insurance laws.

AUTHORITY. Provider represents and warrants that Provider has all requisite power and authority to conduct its business and to execute, deliver, and perform this Agreement.

BINDING AFFECT. This Agreement shall inure to the benefit and shall be binding upon all of the parties to this Agreement, and their respective successors in interest or assigns.

TERMINATION OR AMENDMENT. This Agreement may be terminated or amended in writing at any time by mutual written consent of all of the parties to this Agreement, and may be terminated by either party for any reason by giving the other party 30 days advance written notice.

COMPLIANCE WITH LAWS. Provider hereby agrees that Provider, officers, agents, employees, and subcontractors of Provider shall obey all local, state, and federal laws and regulations in the performance of this Agreement.

Provider shall be responsible for the safety of its employees and shall comply with California Code of Regulations Title 8, section 3205, COVID-19 Prevention.

Provider shall ensure that workers in school settings who are on-site supporting school functions are fully vaccinated in accordance compliant with the State Public Health Officer Order of August 11, 2021, regarding proof of COVID-19 vaccination.



Ventura County Office of Education
SHORT FORM SERVICES AGREEMENT

Contract# _____

Vendor# _____

This Services Agreement (the "Agreement") is made and entered into _____ by and between the Ventura County Office of Education (hereinafter referred to as "VCOE") and _____, (hereinafter referred to as "Provider").

Guided Decisions - Inform
Provider

Tax Identification or Social Security Number _____

Street Address _____

E-mail Address _____

South Pasadena CA

City, State, Zip code _____

Telephone Number _____

SERVICES.

Fiscal Advisor - working for VCOE & advising the
Description of Services district in fiscal distress

1-23-2023 thru
Date(s) of Service 6/30/23

attending district
Hour(s) of Service board meetings,
daily in person leadership,
etc.

district, home or
Location VCOE

FEES.

Compensation for Services

*Please indicate Honorarium/Per-day/Hour/Session/Quarter/Lump Sum

Covered Expenses ☐ Yes (Itemized below) ☒ No

*Original itemized receipts required

Total not to Exceed

\$ 3,500 per da

\$ 350,000

PROVIDER REQUIREMENTS.

☒ W-9 received ☐ Signed Travel Policy ☐ Out-of-State Withholding Waiver (See Tax Notice)

PAYMENT. VCOE will pay Provider after receipt of an invoice, net 30 days.

CONDITIONS. Provider will have no obligation to provide services until VCOE returns a signed copy of this Agreement.

NATURE OF RELATIONSHIP. The parties agree the relationship created by this Agreement is that of independent contractor. Provider understands and agrees that the Provider, agents, employees, or subcontractors of Provider are not entitled to any benefits normally offered or conveyed to VCOE employees, including coverage under the California Workers' Compensation Insurance laws.

AUTHORITY. Provider represents and warrants that Provider has all requisite power and authority to conduct its business and to execute, deliver, and perform this Agreement.

BINDING AFFECT. This Agreement shall inure to the benefit and shall be binding upon all of the parties to this Agreement, and their respective successors in interest or assigns.

TERMINATION OR AMENDMENT. This Agreement may be terminated or amended in writing at any time by mutual written consent of all of the parties to this Agreement, and may be terminated by either party for any reason by giving the other party 30 days advance written notice.

COMPLIANCE WITH LAWS. Provider hereby agrees that Provider, officers, agents, employees, and subcontractors of Provider shall obey all local, state, and federal laws and regulations in the performance of this Agreement.

Provider shall be responsible for the safety of its employees and shall comply with California Code of Regulations Title 8, section 3205, COVID-19 Prevention.

Provider shall ensure that workers in school settings who are on-site supporting school functions are fully vaccinated in accordance compliant with the State Public Health Officer Order of August 11, 2021, regarding proof of COVID-19 vaccination.