INDIVIDUAL SERVICE PROVIDER

Office of the Associate Vice Chancellor of Finance Services

50 Frida Kahlo Way San Francisco, Ca. 94112

Instructions: Payment to an Individual Contractor cannot exceed more than $10,000 within a fiscal year (FY). Both the Independent Contractor and Indemnification boxes **must** be checked. If either box is not checked, the requesting department shall submit a Professional Service contract. Process: (1) Requesting Department completes this form; (2) Requesting Department's leadership reviews and signs the form; and (3) Purchasing reviews and signs form. Upon completion, Purchasing will return the signed form to the requesting department. The requesting department must submit invoices, along with the completed form, to *accountsPayable@ccsf.edu* for payment.

Vendor Name: _____

Address: _____

Phone: _____ Email: _____

Banner Vendor ID#: _____ FOAPAL: _____

Amount of this ISP***: $*** _____

Requesting Department: _____

Scope of Work Performed:

Justification (for contracts above $5,000 and less than $10,000) ☐ Special skill set/services, or ☐ Selection process, or ☐ Availability provide detail for specified justification: (Add pages(s) for additional space, if necessary)

☐ Independent Contractor

I am operating as an Independent Contractor and wish to do business under contract for San Francisco Community College District ("District"). This does not create any employee/employer relationship, agency, joint venture, partnership, or any other kind of relationship between City College and myself other than an Independent Contractor relationship. As an Independent Contractor, I understand and agree that I am responsible for the liability I create and that liability insurance can help protect myself against liability arising from injury or death during the course of the work performed. As an Independent Contractor, I understand that City College does not insure me individually or collectively. I further understand and agree that it is my sole responsibility to secure and maintain life, health, and medical insurance or other financial resources to pay for any injury, illness, or death I may suffer while performing services under this agreement. A hold harmless agreement is in my contract (See Below).

☐ Indemnification

I shall defend, indemnify, and hold harmless the District (CCSF), its trustees, officials, directors, officers, employees, volunteers, and agents from and against all liabilities, losses, expenses, claims, actions, or judgments (including attorney fees) recovered or made against District for any damage, injury, or death to persons or damage to property caused by the negligent or intentional acts or omissions of Contractor, its officers, employees, or agents related to Contractor's performance under this contract. Contractor's indemnification of District shall not apply to damage, injury, or death caused by the sole negligence or willful misconduct of District, its Trustees, officials, agents, and employees.

_____ _____

Individual Contractor Signature ***Date***

_____ _____

City College Requesting Department Administrator ***Date***

_____ _____

Purchasing ***Date***