

## INDEPENDENT CONTRACTOR/ CONTRACTED SERVICES, VENDORS, SPEAKERS, ARTISTS, AND PERFORMERS AGREEMENT

This Agreement is between California State University Dominguez Hills Foundation (hereinafter "Foundation"), a California nonprofit public benefit corporation and auxiliary organization organized under Education Code 89900 et seq. for the benefit of California State University, Dominguez Hills ("CSUDH"), with its principal place of business at 1000 East Victoria Street, Cain Library 3rd Floor, Carson, CA 90747, and \_\_\_\_\_\_\_\_\_.

Contractor is in the business of providing

The parties therefore agree as follows:

### **1. ENGAGEMENT SERVICES**

(a) **Engagement.** The Foundation retains Contractor to provide, and Contractor shall provide, the services described in the Statement of Work **Exhibit A** (the "**SOW**"). See page 3 for Exhibit A template.

### (b) **Tentative Timeline (Contractor, Please Complete)**

### 2. TERM AND TERMINATION

(a) Term. The effective date of this Agreement is \_\_\_\_\_\_ to \_\_\_\_\_Unless it is terminated earlier in accordance with subsection 2(b), this Agreement will continue until (the "Term") as stipulated in the "CSUDH FOUNDATION GENERAL TERMS AND CONDITIONS FOR INDEPENDENT CONTRACTORS, CONTRACTED SERVICES, VENDORS, SPEAKERS, ARTISTS, AND PERFORMERS.

BY CHECKING THIS BOX, AND SIGNING BELOW CONTRACTOR/VENDOR/SERVICE PROVIDER/ SPEAKER/CONSULTANT/ETC., AGREES TO BE BOUND BY CSUDH FOUNDATION'S GENERAL TERMS AND CONDITIONS INCLUDING RIDERS A & B FOR SERVICES AND GOODS PROVIDED TO THE CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION. FOR TERMS AND CONDITIONS CLICK HERE: TERMS & CONDITIONS

CSUDH FOUNDATION ENFORCES INSURANCE REQUIREMENTS OF CONTRACTORS, CONSULTANTS, VENDORS, AND SUPPLIERS PROVIDING SERVICES TO THE UNIVERSITY. BY CHECKING THIS BOX, AND SIGNING BELOW CONTRACTOR/VENDOR/SERVICE PROVIDER/ SPEAKER/CONSULTANT, ETC. ACKNOWLEDGES INSURANCE REQUIREMENTS OUTLINED IN CSUDH FOUNDATION'S TERMS AND CONDITIONS AND AGREES TO PROVIDE ALL REQUIRED DOCUMENTS TO FOUNDATION PRIOR TO THE COMMENCEMENT OF WORK. FOR MORE INFORMATION CLICK HERE: FAQ - INSURANCE GUIDE



# ATTACH EXIBIT A SCOPE OF WORK/FEE SCHEDULE

Each party is signing this agreement on the date stated opposite that party's signature and agrees to be bound by CSUDH Foundation's General terms and conditions for services and goods provided to California State University Dominguez Foundation.

Date	California State University Dominguez Hills Foundation
	Signature:
	Name: Tranitra Avery Title: Executive Director
Date	Service Provider
	Signature:
	Name:
	Title:
Date:	<b>California State University Dominguez</b> Hills Foundation Procurement and Contracts
	Signature:
	Name: Jinna Matzen Title: Director of Procurement and Contracts



EXHIBIT A - SCOPE OF WORK TEMPLATE							
Vendor Information	Vendor Information						
Vendor Name		Address					
Phone Number / Email Address		City	State	Zip Code			
		_					
<b>Department Contact Information</b> (Who will be responsible for approving the work being completed)							
Name Phone Number		Email Address					
Project or Event Name (Example: New Student Orientation)							
Place of Performance (Where the	services/work will b	e performed)					
Scope of Work (include details on the services the vendor be completing)							
Timeline (Duration of Services) Start Date		End Date					
Deliverables and Schedule (if ser	vices performed will	require progress po	yments, please inc	lude major			
deliverables and approximate delive	ry dates. Attach mo	-					
Deliverable Description		Deliverable Due Date					
				1			
				*			
Amount (must be inclusive of all fee	es)	I					
Torms of Doumont							
Terms of Payment           Payments to all vendors are made Net 30 in arrears after submitted invoice. If the vendor is requesting a							
different payment term, provide it below for consideration.							
Additional Comments and/or Conditions							