

# Alvord Unified School District & Sabrina Gonzalez Agreement

## 1. PARTIES: Alvord Unified School District, and Sabrina Gonzalez

Name of Individual/Company: Sabrina Gonzalez  
Address: 5831 Ridgeview Ave Jurupa Valley, CA. 91752  
Telephone: (617) 504-8524  
Email: gonzalez.sabrina.y@gmail.com

### Mutually agree and promise as follows:

#### 2. CONTRACT TERM: Date of Service: 05/25/2022

#### 3. CONTRACTOR'S OBLIGATION: In consideration of the compensation, the Contractor shall provide the following services materials, products, and/or reports:

A. Sabrina Gonzalez will facilitate a virtual presentation. Compensation will be \$300 for a 60-minute session on Wednesday, 05/25/22. Alvord Unified School District will be responsible for providing materials to participants and hosting the presentation on their virtual platform.

#### 4. COMPENSATION: In consideration of contractor's provision of services as described above, and subject to the payment provisions expressed herein, Alvord USD shall pay Sabrina Gonzalez, upon completion of services.

- a. Fee Rate: \_\_\_\_\_ per \_\_\_\_\_ and \$ \_\_\_\_\_, not to exceed a maximum of \_\_\_\_\_ of service. MPSPD may, but is not obligated to, request the maximum number of hours/days of service. The total maximum fee is \$ \_\_\_\_\_. (Fee Rate X Total Number of Hours/Days). (If "a" is chosen, be sure to indicated either hours or days in both places indicated.)
- b. X Flat Rate: \$300 to be the total payment to the Contractor including travel and/or other expenses.
- c. Other: \$\_\_\_\_\_ (Describe rate agreement or other costs) \_\_\_\_\_.

#### 5. BUDGET CODE:

PURCHASE ORDER	OBJECT	FUNCTION	COST CENTER	SITE	AMOUNT
#ALVORD 1	Student Engagement in an At-Home/Out-Of-School Setting	ALVORD USD Presentation for Supporting Parents in Improving Student Engagement		Virtual	\$300.00

By signing below, Contractor and Program Manager attest that they have reviewed District guidelines and certify that the information above is true and correct.

Contractor: Sabrina Gonzalez Date: 04/19/2022

Signature \_\_\_\_\_ Date:

Alvord Unified School District:

Representative: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_