

# Alvord Unified School District & El Comalito Collective Agreement

**1. PARTIES:** Alvord Unified School District, and El Comalito Collective

Name of Individual/Company: El Comalito Collective  
 Address: 140 Franklin St. City: Vallejo ST: CA Zip: 94591  
 Telephone: 707-310-1843 Email: ElComalitoCollective@gmail.com

**Mutually agree and promise as follows:**

**2. CONTRACT TERM:** Date of Service: 11/18/21

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

A. El Comalito Collective will facilitate a virtual painting tutorial for \$300 for a 60-minute session on Thursday, 11/18/21. Alvord Unified School District will be responsible for providing materials to participants and hosting the workshop 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 El Comalito Collective, upon completion of services.

a.      **Fee Rate:**      per      and \$     , not to exceed a maximum of      of service. MPSD 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	Paint Night	ALVORD USD Painting for Family 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.**

**El Comalito Collective:**

Representative: Edgar-Arturo Camacho Date: 10/14/21

Signature  Date: 10/14/21

**Alvord Unified School District:**

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

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