

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
PERSONAL SERVICES CONSULTANT AGREEMENT**

Budget No. \_\_\_\_\_ Date 4/22/15

THIS AGREEMENT, between the MANHATTAN BEACH UNIFIED SCHOOL DISTRICT, hereinafter referred to as District, and Dr. Dennis Fox hereinafter referred to as the Consultant.

WITNESSETH: The parties hereto mutually agree as follows:

1. Consultant agrees to perform the following services for the District:
2. District agrees to pay for a Presenter for the 21<sup>st</sup> Century Consortium and LCAP Training:

Amount to be paid: \$2,500

NOT TO EXCEED:

Start Date: April 16, 2015

End Date: June 30, 2015

Hours (if applicable):

3. The Consultant agrees to save and hold the District harmless from any liability incurred by reason of damage to property or injury to person arising out of the Consultant's performance of services authorized by the Agreement. Therefore the Consultant will maintain his or her own liability and professional coverage and provide proof of insurance to the District.
4. It is understood that the employees of the Consultant are not covered by Workers' Compensation Insurance carried by the District.
5. The Consultant agrees that if working with children of the District the Consultant is to be fingerprinted and cleared before commencement of services. Consultant is responsible for the DOJ processing fee associated with the fingerprint clearance.
6. The Consultant agrees that if working with children of the District the Consultant must have a current TB Test result available or may be sent to be tested before commencement of services. Consultant is responsible for the TB test fee.

IN WITNESS WHEREOF, the Board of Education of the Manhattan Beach Unified School District, has, by approval of the purchase requisition, approved this agreement to be executed by the Secretary to the Board of Education, and the Consultant has caused the Agreement to be executed by an authorized agent of the Consultant.

**BOARD OF EDUCATION of the  
MANHATTAN BEACH UNIFIED SCHOOL DISTRICT**

By (Print name): \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Carolyn Seaton  
Executive Director, Human Resources

Position: Consultant

Phone #: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Dawnalyn Murakawa-Leopard  
Assistant Superintendent, Administrative Services

Social Security No.: \_\_\_\_\_

or

Federal Tax ID. No.: \_\_\_\_\_

Signed: \_\_\_\_\_

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