



INDIVIDUAL SERVICE PROVIDER

*Office of the Associate Vice
Chancellor of Finance Services
50 Frida Kahlo Way
San Francisco, Ca. 94112*

Instructions: Payment to Individual Contractor cannot exceed more than \$10,000 within a FY. Both the Independent Contractor and Indemnification boxes must be checked, if not, requesting department shall submit a Professional Service contract (1) Requesting Department completes this form; (2) Department's contact signs and obtains the following signatures: Vendor, Risk Manager and VC, AVC of Finance Services; or Sr. Director of Budget & Accounting and (3) Requesting Department submits this completed form and proper vendor's invoice directly to Accounts Payable for payment (accountspayable@ccsf.edu).

Vendor Name: _____

Address: _____

Phone: _____ Email: _____

Banner Vendor ID#: _____ FOAPAL: _____

Amount of this ISP: \$ _____

Scope of work to be performed:

Requesting Department: _____ Specify Scope of Work: include start/end:

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 page(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.

Contractor Signature **Date**

City College Program Contact Signature **Date**

Risk Manager Review **Date**

Approval: VC or AVC of Finance and Administration or Sr. Director of Budget and Accounting **Date**