

GRANTS MANAGEMENT TRAINING


OCTOBER 16, 2019

PRESENTED BY THE
GRANTS DEPARTMENT




Washoe County School District

Every Child, By Name And Face, To Graduation



Grant Management Training

October 16, 2019
Presented By:
WCSD Grants Department



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Agenda

- Introduction to grants
- How to apply for a grant
- Do's and Don't of spending grant funds
- Procurement and Contracts
- Data and Evaluations
- Fraud, Waste, and Abuse
- Contact Information






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Application process

- Pre-Application Process
 - Grant Submission Form
 - All Grant Applications must be approved by the Grants Department
 - Review of Request for Proposal
 - Grant Template



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Deadlines

Setting Deadlines – Why

- *Highly competitive grants require:*
 - *Clear explanation of program*
 - *Follows logic*
 - *Rubric review*
 - *Spelling/grammar*
 - *Does narrative match budget*
- *Multiple grants applications*






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Understanding purpose

- *What you propose to do is really a contract of agreeing to what you will carry out your proposal, if you are funded.*
- **Tips:**
 - ✓ *Frequent check-ins will help you stay on track.*
 - ✓ *Grant staff can help you modify plans that may not be working.*





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Types of Grant Funds

<ul style="list-style-type: none"> – Federal Grants: <i>funds originate from US Doe or other federal agency may pass through NDE</i> <ul style="list-style-type: none"> • <i>i.e. Title I, Title II, Title III, Title VI, IDEA, 21st Century Team Up, Perkins</i> – State Grants: <i>funds originate from NDE or other state agency</i> <ul style="list-style-type: none"> • <i>i.e., SB178, Read By 3, Victory, Zoom, Adult Education, CTE</i> 	<ul style="list-style-type: none"> – Private Foundation Grants: <i>funds provided by private foundation</i> <ul style="list-style-type: none"> • <i>i.e. E.L. Cord Foundation, Pennington Foundation, Redfield Foundation, and Van Sickle Foundation</i>
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Budgets

- **Line item budgets**
 - Set up in accordance with grant application
 - Budgets must align with the stated purpose in the initial grant application.
 - Deviations from original approved budgets require formal budget revisions
 - Revisions for larger grants done quarterly
 - Revisions must be approved by grantor prior to spending funds on items not in the original budget.



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UH OH...I'M OVER BUDGET



Now what???




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Budget Options

- **Budget Transfers**
 - work with Grant Accountant to determine if funds can be transferred from one line item to another
- **Budget Revision**
 - delay purchase until a budget revision is approved
- **Alternate expense account**
 - if a transfer is not possible, and a budget revision is not approved, provide an alternate funding source to cover the expense




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Basic Cost Principal

-Necessary, Reasonable & Allocable

- **Necessary:** Generally recognized as ordinary and necessary to carry out the objectives of the program.
- **Reasonable:** Is the cost reasonable?
"Prudent person standard" no \$1,000 hammers!
- **Allocable:** A cost is allocable if the goods or services are allowed under the terms of the grant and chargeable or assignable to the program.

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Timely Spending

- Supplies, books, kits, computers, contracted services etc.... need to be purchased/contracted in the 1st quarter of the school year. Insures funds are benefiting students for which the funds were intended.
- Do not budget for carry over. If products or services cost less than originally estimated, work with Grant Dept. to determine an alternate program and submit a budget revision.




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Supplement not Supplant




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Supplement not Supplant

- Grant funds must be used to **supplement** (increase the level of service), not **supplant** (take the place of) other funds including General Funds.
- Demonstrate that federal funds were spent on goods or services that otherwise would not have been provided absent the federal award.
- If a program or service was funded by local funds in one fiscal year, it cannot be grant funded in the next fiscal "just because they have the money." Would need to demonstrate that the program or service would be discontinued if no funding was available.



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Procurement




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Micro Purchase

- **Micro Purchase <\$10,000**
 - No quotes required
 - Equitable distribution among vendors



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Small Purchases

- **Small Purchase \$10,000 or more but less than \$250,000**
 - **Quotes:**
 - At least 3 vendors
 - Award to lowest cost provider
 - Sealed bid not required
 - **Board approval required if \$100,000 or more**
 - Allow 4-8 weeks



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Purchases over \$250,000

- Sealed bids or competitive proposals required
- Must work with Purchasing Department




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Exemptions

- **Sole Source exemption**
 - Item only available from one vendor
 - Must be **ONLY** vendor not just **BEST** vendor
 - Sole source documentation must be approved by Purchasing
- **Waiver of competitive process**
 - Awarding agency or pass through agency expressly authorizes noncompetitive solicitation.
- **Insufficient Competition**
 - Competition is inadequate after requests for quote.





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PO or P-Card??

<p>P-Card</p> <ul style="list-style-type: none"> • Travel • Office Supplies • School Supplies • Other purchases under \$500 	<p>PO</p> <ul style="list-style-type: none"> • Software • Curriculum • Textbooks/library books • Kits • Computers • Assets • Consultants • Items requiring a contract
--	--

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Things to keep in mind

- *Can't circumvent the rules by "breaking up" large purchase into several smaller purchases*
- *Conflicts of interest*
- *Independent Contractor Agreements (ICA) are required for businesses or individuals coming to school/dept to perform services*
- *Please refer to Administrative Regulation 3329*



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Contracts

- *RFP (Request for Proposal)*
- *Internal Policies/Procedures*
- *Procurement/Purchasing Under OMB Federal Guidelines*
- *Contractor Selection*
- *Contract Review*
- *Contract Negotiation*
- *Contract Execution*



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Types of Contracts

- “Agreement”
- “Memorandum of Understanding”
- “Memorandum of Agreement”
- “Scope of Work”
- “Independent Contractor Agreement”





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Contract Review Process

Document Review – No Money (AF 3327):
<http://www.wcsdpolicy.net/search.php?search=AF%203327&rd=TRUE>

Document Review – Money (AF 3326):
<http://www.wcsdpolicy.net/search.php?search=AF%203326&rd=TRUE>

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Contract Review Process

REQUIRED APPROVALS/SIGNATURES:

- Principal/Administrator (for schools only)
- Area Superintendent (required for schools)
- Chief Officer (for Departments)
- Chief IT Officer (if applicable for Software/License Agreements)
- Purchasing (If Exchange of Money)
- Legal (if not grant funded) or Grants (grant funded)



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Time & Effort Reports

- Required on all employees whose salaries are:
 - Paid in whole or in part by **federal** funds, OR
 - Used to meet a match/cost requirement for a federal award
- Any employee funded by **federal** grants MUST maintain documentation showing that their time is allocable to a federal program.
 - Documentation must be based on records that accurately reflect the work performed.
 - Must be signed by a supervisor with firsthand knowledge of the work performed and cannot be signed until all the work is completed.



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When to report:

Personnel Activity Report (PAR)-used for staff that work on multiple cost objectives


- o Grants office sends workbook at beginning of fiscal year
- o Must be completed and returned **monthly** by the 10th of the following month (scanned copy is acceptable)

Semi Annual Certification (SAC)-used for staff that work on a single cost objective


- o Grant Office sends form in December and May
- o Must be completed and returned by the 10th of the following month




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Stipends

- Used to pay one-time payments:
 - i.e. attending Professional Learning, curriculum development, home visits
 - requires Scope of Work for Additional Hourly Pay form 
 - must accompany Special Services Agreement form when requesting payment for stipend
 - not required for home visits



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Hourly Certified Positions

- Hourly Certified positions:
 - Used for recurring extra duties worked throughout year
 - i.e. Tutoring, mentoring
- Use Certified Hourly Application (HR-F002)



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Travel




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Travel-Lodging

- Leave Request form must be approved PRIOR to booking travel.
- Lodging and meal rates follow federal GSA rates (do not include room taxes):
 - Out of state conference hotel rates allowed up to 175% of the GSA rate
 - In-state conference hotel rates allowed up to 150% of GSA lodging rate
 - Non-conference hotel rates GSA rate no increased percentage
- Additional nights or rates above the allowable GSA rates are the responsibility of the employee. Make sure the employee is aware up front if they will be responsible for some costs.






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Travel-Meals

- Meals on day of travel paid at 75% of the daily GSA rate
 - Travel day: day of travel needed to reach or return from destination regardless of whether or not the conference begins or ends on that day.
- Meals provided by conference will not be reimbursed even if the employee chooses to eat elsewhere.
- Meals can not be charged on the district P Card.
- Receipts are not required.






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Travel-Transportation

- Air travel should be booked with the district P Card. Baggage fees for 1 bag are reimbursable (receipt required) for travel up to 5 days, 2 Bags are allowed after 5 days.
 - Early bird check-in, booking agent fees, seat selection fees, and flight change fees are unallowable.
- Mileage claims should be submitted monthly and are paid at IRS established rates. For 2019:
 - Within Washoe County = .58/mile (set annually by IRS)
 - Outside Washoe County = .29/mile

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ESSA Evidence Levels

Tier 1 – Strong Evidence: *randomized control experiment*


Tier 2 – Moderate Evidence: *quasi-experimental studies*

Tier 3 – Promising Evidence: *correlational studies (with statistical controls for selection bias)*


Tier 4 – Demonstrates a Rationale: *logic model or theory of action, are supported by research, and have some effort underway by an SEA, LEA, or outside research organization to determine their effectiveness.*

Any federal grants (Title) must meet these standards

Ok for state/other grants (but sometimes state prefers Tier 3+)




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How do I know what evidence level my project is?

- [Best Evidence Encyclopedia](#)
- [Doing What Works](#)
- [Center on Instruction](#)
- [What Works Clearinghouse](#)
- Contact program vendor
- Grant department evidence bank
- [EBSCOhost](#): Free article search database




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Grant Evaluation

What to include in narrative:


- Who is collecting, analyzing, communicating data
- How program will adjust in response to data
- Evaluation questions (implementation and impact)
- How and what data will be collected to answer questions:
- Implementation measures
- Impact measures



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S	M	A	R	T
SPECIFIC	MEASURABLE	ACHIEVABLE	RELEVANT	TIME-BOUND
Answer specifics about the goal.	How will you measure your goal?	Can you accomplish this goal?	Is this goal realistic?	What is the timeline?
<ul style="list-style-type: none"> • Who? • What? • Where? • When? • Which? 	<ul style="list-style-type: none"> • Concrete Evidence • Numbers • Facts • Feelings 	<ul style="list-style-type: none"> • Using current resources • Time • Money • Talent 	<ul style="list-style-type: none"> • Consider objective. • Why do you want to achieve goal? 	<ul style="list-style-type: none"> • Create achievable deadlines. • Review. • Provide feedback.



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Grant Fraud

What is Grant Fraud?

- **Fraud-**
 - Not using grant funds for the purpose for which they were awarded.
 - Lying, cheating or stealing anywhere in the process.

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Lying or failing to support

- Redirecting funds in a manner different than the grant.
- Failing to adequately track and account for transactions.
- Providing false or misleading statements in grant application.




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Embezzlement/Theft

- Most common form of grant fraud
- Creative and trustworthy people
- Separation of duties
- Careful control of reimbursement requests and P Card usage



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Consequences

- Program impairment/failure
- **Administrative:** cancel awards; recovery of funds; withholding future funds; special conditions; suspension; debarment
- **Civil:** false claims act; triple damages; penalties
- **Criminal:** prison; fines; restitution/asset seizure



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Conflict of interest

- *Decisions must be free of undisclosed personal or organizational conflicts of interest-both in appearance and fact.*



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Examples:

- **Less than arms- length transaction**
 - Related party
- **Undue influence**
 - Fair and transparent process
 - Full and open competition, including quotes



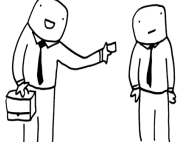

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Examples (cont.):

- **Consultants**
 - Fair selection process
 - Reasonable pay rate
 - Specific, verifiable work

i'm a consulting consultant...
i can help you with consulting.
here's my card... all the consulting
consultant consultants agree
i'm the best

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Conflict of Interest

- **Chicago Public Schools**
 - CEO had worked for The SUPES Academy as a consultant before taking the helm of the Chicago system.
 - She steered more than \$20 million in contracts to the SUPES Academy and related firms, in exchange for an expectation of hundreds of thousands of dollars in bribes, kickbacks, and other compensation, according to federal prosecutors.




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Conflict of Interest (cont.)

- **Chicago Public Schools**
 - CEO Barbara Byrd-Bennett and the former co-owner SUPES Academy were sentenced by a federal judge to prison terms in conjunction with a corruption scandal.
 - Byrd-Bennett was sentenced to 4 1/2 years in prison, and Gary Solomon, co-owner of The SUPES Academy, received 7 years.




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Fraud

- **Department Director at U. of South Carolina**
 - Submitted fraudulent documentation to obtain federal grant money.
 - Approved contracts and payments to shell corporations controlled by family and friends.
 - 27 month prison sentence
 - \$335,000 restitution



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Accounting Failure

- **Big Brothers Big Sisters of America**
 - Commingled three federal grants over a three year period with general funds.
 - Lack of internal controls to ensure proper use of money.
 - U.S. Attorneys Office and DOJ Office of Inspector General
 - Ordered to repay \$1.6 million.



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What to do??

- Confidentially report any time you perceive incidences of financial or ethical abuse and/or dishonesty
- **Call:** (775) 325-2020
- **Email:**
ReportFraudWasteAndAbuse@gmail.com
- **Visit:** www.ReportFraudWasteAndAbuse.net
- **Contact:** Internal Audit 425 E Ninth St, A215B



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USEFUL GRANT FORMS AND DOCUMENTS

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PLEASE READ AND RETAIN TO HELP YOU WITH THE GRANT PROCESS

GRANTS DEPARTMENT, WASHOE COUNTY SCHOOL DISTRICT
P.O. Box 30425, Reno, NV 89520-3425 (775) 348-0332 (775) 333-5012 Fax
Lauren Ohlin, Director of Grants

Ten Steps To Help Your Grant Succeed- RETAIN THIS PAGE FOR YOUR REFERENCE

Thank you for your interest in applying for a grant for your school on behalf of Washoe County School District. **As per the Washoe County School District Board of Trustees Protocol, the following steps must be taken to apply for a grant:**

1. **All grants** whether private/corporate, state, or federal **must be approved by the** Grants Department prior to submission. The proper approval form is the Grant Submission Form. In case of a particular school(s) qualifying for state or federal funding, the GSF may be exempt per the Director of Grants.
2. **Washoe County School District will serve as the fiscal agent on all grants.**
3. **Please complete (type) the attached Grant Submission Form (GSF)**, have it signed by your site administrator/supervisor, and return to the Grants Department via FAX to 333-5012 or school mail. The Grants Department will route for approvals to pertinent departments and your area superintendent.
4. Please plan ahead: the Grants Department **needs at least *TEN (10)* workings days to process your grant** once your Grant Submission Form has been approved. Some grants require longer lead-time to process, particularly if there is a large volume of schools applying or if there is a high volume of grants being processed in the department at the time.
5. Once the GSF is approved, you will be contacted by the Grants Department. A grant staff person will work with you to help you successfully submit the grant. During the writing process, a grant writer will also oversee the process to ensure all requirements of the grant are met. Additionally, the Grants Department **must** review every grant proposal to ensure the budget, evaluation or other grant requirements are correct and keeping with any and all District requirements.
6. **The Grants Department will submit the grant application on behalf of Washoe County School District, unless otherwise directed by the Grants Department Staff.**
7. If the grant is more than **\$25,000, it must go to the WCSD Board of Trustees for approval.** A Grants Department representative will inform you of the date your grant will be on the Board Consent Agenda. Please plan to attend this meeting.
8. If your school or site is directly contacted about the grant from a funding agency, **please call the Grants Department to inform and keep us up-to-date on this communication. A representative from the Grants Department will direct you as to how best to communicate with the funding agency.**
9. **If awarded the grant and funding goes directly to your school or site, please contact the Grants Department.** In most cases, the Grants Department will process the check and deposit it into a special grants account. Funding

over \$10,000, or if it is for technology or personnel, *must* be processed through the Grants Department. Once the account is set up, you will be notified and your school representative will be able to access the account.

- 10. Washoe County School District assumes no fiscal responsibility for the continuation or sustainability of any grant-funded project once the grant has expired and grant monies spent. In addition, all purchases made with grant funds (equipment and other non-consumables) remain the property of the Washoe County School District at the original site location and must honor the donor's intent.**

If you have any questions about the grant process, please contact **your Grants Department Team:**

Lauren Ohlin, Director of Grants - 348-0254

Jill Murdock, Grant Fiscal Administrator - 348-0212

Randy Drake, Asst. Dir. of Grants & Compliance -789-4617

Marianne Reger, Grant Writer - 348-0356

Tracy Barclay, Grant Accountant - 348-0337

Keely Lallement, Administrative Assistant- 348-0277

Kimberly Lynch, Grant Accountant- 384-0333

Clare Casbarro, Program Services Assistant -348-0332



WASHOE COUNTY SCHOOL DISTRICT GRANT SUBMISSION FORM SY 2019-20

MUST BE TYPED (FORM EXPANDS)

PLEASE SEND VIA SCHOOL MAIL OR FAX TO 333-5012.

RETAIN “Ten Steps to Helping Your Grant Succeed” for your information files.

Questions? Contact Marianne Reger, Grant Writer (mreger@washoeschools.net, 348-0356) or

Lauren Belaustegui Ohlin, Director of Grants (lohlin@washoeschools.net, 348-0254)

SCHOOL/SITE:

CONTACT PERSON:

PHONE:

FAX:

EMAIL:

FUNDING SOURCE (IF KNOWN):

TOTAL AMOUNT NEEDED: \$

WEB ADDRESS or ADDRESS of funding source:

- 1. How does your request fit into your School Performance Plan?**

- 2. Will you be hiring personnel? Yes No**
 - a. If yes, what position(s)?**

- 3. Will you be purchasing technology (i.e. computers, iPads or other hardware with these grant funds)?* Yes No**
 - a. If yes, please specify technology and the purpose of the technology.**
 - b. Does your site have the infrastructure to support this technology? If not, do you have funding identified for the infrastructure?**
 - c. Will professional development be included for staff to learn how to use technology? Yes No**

Please state type of PD. If no PD, please explain why.
 - d. Will you be purchasing software with these funds? If so, is it on the District’s approved Digital list?**

<https://www.washoeschools.net/Page/12903>.

- e. How will ongoing licensing and support costs be addressed after the life of this grant? Do you have ongoing funding identified?
- f. What type of support will be needed from the IT Department for the implementation and ongoing life of this project? Have you identified who will support this at your site?
4. Will school site or ground modifications be made using these grant funds?***
 Yes No
 a. If yes, what type of improvements will be made?
5. Are matching dollars required for this grant? Yes No
 If so, is it: In Kind or Cash
6. Briefly explain your project in three to five sentences:

7. How will the grant funds be used? Itemize anticipated expenses by category below.

Line Item Categories – Please type specific items in detail you want to purchase with grant funding	Proposed Expenses		
	Requested Funds	In-Kind Contributions	Project Total
Personnel Salary <i>(not generally funded by Private Foundation grants).</i> Specific items in detail:			
Fringe Benefits <i>(For full-time, estimate 35% of total salary).</i>			
Materials <i>(i.e Supplies, computers, printers, Interactive Whiteboards, iPods, books, art/music supplies, etc).</i> Specific items in detail:			
Equipment <i>(i.e Items for which unit cost is more than \$5,000).</i> Specific items in detail:			
Travel <i>(i.e Mileage, transportation, lodging, conference fees, etc.).</i> Specific items in detail:			

Contracted Services (i.e. Costs that require a contract for services to be rendered, such as professional development or project evaluation).			
Specific items in detail:			
Other			
TOTAL			

Washoe County School District assumes no fiscal responsibility for the continuation or sustainability of any grant-funded project once the grant has expired and grant monies spent. In addition, all purchases made with grant funds (equipment and other non-consumables) remain the property of the Washoe County School District at the original site location and must honor the donor's intent.

SIGNATURE APPROVALS

Site Administrator _____ Date _____

Director of Grants _____ Date _____

*IT /Educational Technology _____ Date _____

**Facilities Management _____ Date _____

Area Superintendent _____ Date _____

Other _____ Date _____

*Signature required if question 3 answered yes. **Signature required if question 4 answered yes.

KEEP PAGE 1

RETURN PAGES 2-4 TO THE GRANTS DEPARTMENT

VIA FAX TO 333-5012 OR SCHOOL MAIL (Grants Department/Admin Building).



Administrative Form AP-F006 INDEPENDENT CONTRACT AGREEMENT

Following is the process used for submission and approval of an Independent Contractor Agreement ("ICA") in the Washoe County School District ("District" or "WCSD").

1. The ICA must be approved through the WCSD Office of Business and Financial Services **prior** to the start of service. The Superintendent, Chief Financial Officer, and Director of Procurement and Contracts are the only representatives of the District authorized to sign the ICA. If you do not have a signed copy of the ICA and an approved purchase order, there is no authorization for services to be performed.
2. Instructions
 - a. The ICA form and W-9 are to be completed and signed electronically. Electronic, certified signatures through Adobe are acceptable. Other approvals are done via Business Plus workflow.
 - b. District site representative completes the ICA Justification Worksheet, ICA Screening Form, and ICA. If provider does not have access to Adobe, print the form, obtain the provider's signature and copies of associated required documents (i.e. W-9, certificate of insurance, completed fingerprint form). Scan all documents and save as .pdf.
 - c. Enter a purchase requisition into Business Plus for **all** ICAs regardless of total dollar amount.
 - d. Enter "IC" in any 1 of the 10 requisition code boxes on the purchase requisition.
 - e. If ICA is being paid for with student activity funds forward SAF check with Deposit Transmittal Form to Business Office for deposit.
 - f. Attach ICA and required documents to purchase requisition. Request will route through Business Plus for approval. Your request is fully approved when a PO number has been assigned.
3. Approved ICA will be sent electronically to the originator or denied ICA will be returned to initiating department. **Do not allow a contractor to provide services until you have received the fully approved ICA.**
4. Vendor invoice and receiving on the purchase order is required for payment to be processed.
5. Both the proposed contractor and any staff requesting the independent contract shall complete the Public Disclosure Form as part of the ICA.

Staff's attention to the correct processing of an ICA will ensure prompt payment after services are rendered. Questions about these procedures should be directed to the Office of Business and Financial Services at 775-348-0307 or 775-348-0317.

Independent Contractor (IC) Justification Worksheet

Name of Contractor: _____ PR Num: _____
Vendor ID: _____

1. Is the Contractor/Owner a current/former employee of WCSD? Yes ___ No ___
2. Is the Contractor/Owner a retiree of WCSD or other state agency? Yes ___ No ___
3. If yes to 1 or 2, will the contractor be working in the same or similar capacity and within 6 months or the same calendar year as they were employed? Yes ___ No ___

If the answer to 3 is yes, the Contractor/Owner is ineligible to be an independent contractor with Washoe County School District.

4. Will the Independent Contractor be working on District Property? Yes ___ No ___
5. Will the Independent Contractor be working directly with students? Yes ___ No ___

If yes to 4 or 5, name and title of person monitoring Contractor:

*Explain why it is necessary to secure the services of this Independent Contractor and what will not get done if Independent Contractor is not contracted by WCSD:

Describe the scope of work including date(s) services will be provided, details of the work to be completed and specific deliverables:

Provide a detailed breakdown of contract costs (i.e. consulting fees, travel expenses, material expenses, etc.) and the expected payment schedule (one-time, weekly, monthly, etc.):

Budget Source: General Grant Capital/Bonds SAF

Total dollar amount of IC services: _____ Daily pay rate _____

Department requesting IC: _____

Department Head/Principal Name: _____ Date _____

ICA must be approved through the Office of Business and Financial Services prior to the start of service. The Superintendent, Chief Financial Officer, and Director of Procurement and Contracts are the only representatives of the District authorized to sign the ICA. If you do not have a signed copy of the ICA and an approved purchase order, there is no authorization for services to be performed.

*Excludes Related Services Consultants (i.e. bilingual school psychologists, speech pathologists, occupational therapists, physical therapists and school nurses) through Student Support Services.

Screening to Determine Potential Status as an Independent Contractor

It is the responsibility of the appointing authority to evaluate the nature of services and terms negotiated in order to recommend "independent contractor" status.

	YES	NO
1. Is the individual <u>currently</u> an employee of the District in any capacity? If yes, Certified <input type="checkbox"/> or Classified (ESP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the District have the right to control when, where, and how much the individual is to work or provide training to the individual?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the District furnish the worker's space, equipment, tools, or supplies on a recurring basis?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any of the workers who assist this individual in the performance of his/her duties employees of the District?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the arrangement with this individual constitute continuing or recurring work, even if the services are seasonal, part-time, or of short duration?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the District incur an employment liability if the individual is terminated for failure to perform?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the individual restricted from offering his/her service to the general public while engaged in this relationship with the District?	<input type="checkbox"/>	<input type="checkbox"/>

Note: "Yes" answers are indicative of employee status per IRS Revenue Ruling 87-41, 1987-1 CB296.

While there is no set number of "yes" answers which can cause a person to be classified as an employee rather than an independent contractor, some IRS auditors will try to classify an individual to employee status with only one "yes". Therefore, if **any** answer to the questions above is "YES", then **this form is not acceptable**. An EMPLOYEE must provide the services by processing through normal personnel/payroll procedures.

What is the penalty of misclassification?

1. If the IRS reclassifies a significant number of independent contractors to employee status, the result is a significant financial impact on the school district and the location(s) that are making these payments. As shown below, the cost to the school district for worker misclassification can be up to 63.3%.
 - a. Federal income tax at the rate of 20%; and
 - b. Federal Social Security and Medicare tax assessment of 15.3%; and
 - c. Retirement contribution rate of 14.0% or 28.0%.

Department Head/Principal Signature

Date

Washoe County School District, hereafter referred to as DISTRICT, and _____,
hereafter referred to as CONTRACTOR, agree to the following terms and conditions:

1. **SERVICES to be performed by CONTRACTOR:**
2. **SCHEDULE OF SERVICES AND PAYMENT:** CONTRACTOR will comply with the following schedule in the performance of service or delivery of product:

- A. The total amount due CONTRACTOR from DISTRICT for the above stated services: \$ _____.
- B. Date services are to begin: _____ and date services are to end: _____.
- C. DISTRICT shall pay CONTRACTOR within 30 days of receipt of an invoice from CONTRACTOR. Final payment is due upon satisfactory completion of the contract as certified by the recognized agent of DISTRICT and within 30 days of receipt of an invoice from CONTRACTOR.
- D. This agreement may be terminated immediately by DISTRICT giving written notice to CONTRACTOR.
- E. Contractor shall invoice at least quarterly but may invoice monthly.
3. **CONTRACTOR CERTIFICATIONS:** The undersigned CONTRACTOR certifies:
 - A. CONTRACTOR is not an employee of DISTRICT and DISTRICT is not CONTRACTOR'S employer. CONTRACTOR thereby waives any and all claims to benefits otherwise provided to employees, included but not limited to medical, dental, or other personal insurance; retirement benefits; unemployment benefits; and workers' compensation insurance coverage, if not required by law.
 - B. The services provided by CONTRACTOR are not supervised or controlled by DISTRICT, and the only demand on CONTRACTOR'S time is faithful performance and delivery of described services by the specified deadline.
 - C. CONTRACTOR is not in the same trade, business, profession, or occupation as DISTRICT.
 - D. CONTRACTOR **does** hold itself out as being engaged in a business separate from that of DISTRICT. CONTRACTOR **does** hold a business or occupational license in CONTRACTOR'S **own name to provide similar services for other customers**. CONTRACTOR'S business or occupational license number is _____.
 - E. CONTRACTOR does own, rent, or lease property used in the furtherance of CONTRACTOR'S business.
 - F. CONTRACTOR'S federal tax I.D. number (TIN or SS#) is _____. **Attach a FEDERAL FORM W-9.**
 - G. CONTRACTOR acknowledges that DISTRICT is not engaged in any construction project related to or in conjunction with the services CONTRACTOR agrees to provide.
 - H. If CONTRACTOR will be performing services with the help of others, CONTRACTOR agrees to obtain a waiver of subrogation endorsement in favor of the DISTRICT and maintain coverage for industrial insurance pursuant to NRS Chapter 616 for involved parties in full force and will **file with this form a WAIVER OF SUBROGATION ENDORSEMENT and a CERTIFICATE OF WORKER'S COMPENSATION.**
 - I. CONTRACTOR shall not discriminate against any person referred for CONTRACTOR services because of actual or perceived race, color, religion, sex (including pregnancy), national origin, age, sexual orientation, gender identity or expression, genetic information, veterans or military status, marital status, political affiliation, the presence of any sensory, physical or mental disability, or socioeconomic status.
 - J. CONTRACTOR shall hold harmless, indemnify and defend DISTRICT and their officers from and against all claims, liabilities, failure to act, omission, or negligence of CONTRACTOR.
 - K. CONTRACTOR shall obtain and maintain throughout the term of this independent contract Accident and Liability Insurance. The coverage shall include general liability insurance with limits of \$1,000,000 per coverage and automobile liability insurance with limits of \$300,000 per coverage. Contractor shall name DISTRICT as an additional insured on its general liability **and** auto insurance policies and provide proof of insurance at the time of execution of this agreement.

- L. Have you, or any of your employees that may be present on DISTRICT premises, **EVER** (no matter how long it has been) been arrested (even if charges were dropped), convicted, pled guilty or pled no contest to:
- A criminal offense, other than a minor traffic violation? This includes, but is not limited to a felony, gross misdemeanor, misdemeanor, DUI, etc.) Yes No
 - A drug or sexual related offense or act of violence? Yes No
 - Been reported for child abuse/sexual activities involving a student or minor, or had charges filed against you by a school district, state / county agency, police or court? Yes No
- If "yes", please explain the person(s), type(s) of offense(s), location(s) and date(s) below. Attach a separate sheet if necessary.

Person	Date	Charge/Offense	Disposition	Penalty	Explanation

4. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS:

- A. As required by the federal government, as defined at 34 CFR part 85, Sections 85.105 and 85.110: The Contractor or Subgrantee certifies that it and its principals:
- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 2) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - 4) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or Local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

CONTRACTOR:

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Contractor's Signature Date

Signed by (Print name)

WASHOE COUNTY SCHOOL DISTRICT:

Authorized District Representative Date
(Superintendent, CFO or Director of Procurement)

Signed by (Print name)

CHARGE TO ACCOUNT: _____

Fingerprint Screening/Verification

Name of Service Provider: _____

Vendor Name on Contract: _____

Fingerprinting is deemed mandatory for the following reason (please check all that apply):

- Provider will be working directly with students and unsupervised by WCSD staff*
- Provider will have access to student information (i.e. test scorers)*
- Provider is grant funded and fingerprinting is required by the grant*

- Provider does not meet any of the above criteria and fingerprinting is not required

Department Head/Principal Signature

Date

*Any service provider who meets the criteria for fingerprinting should take this signed form to the Washoe County School District School Police office at 425 E 9th Street, Reno, NV 89512. Reservations are recommended and can be made at <https://www.washoeschools.net/Page/11574>. The cost of fingerprinting is the responsibility of the contractor. Check with School Police for the amount. This fee is a cost to the provider and will not be paid for or reimbursed by WCSD.

Return completed fingerprint screening/verification form to:

_____ for submission with Independent Contractor Agreement.
(site name)

WCSD School Police confirmation Date
of completed fingerprinting

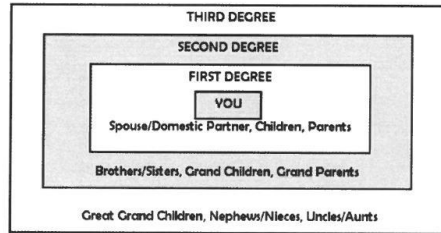
Work may not begin without Business Office approved Independent Contractor Agreement.

**PUBLIC DISCLOSURE FORM
To Be Completed By Contractor**

Vendor Name: _____

I understand that per NRS 281A.020 a public office is a public trust and shall be held for the sole benefit of the people; and a public officer or employee must commit himself or herself to avoid conflicts between the private interests of the public officer or employee and those of the general public who the public office or employee serves. Furthermore, I understand that pursuant to Washoe County School District (WCSD) Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek or accept any gift, service, favor, employment, engagement, emolument or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not use their positions to secure or grant unwarranted privileges, preferences, exemptions or advantages for the public officer or employee with any business entity. I certify and acknowledge by signature below that I am a duly authorized agent of the submitting firm/agency named above and that failure to disclose all facts relative to a conflict or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the firm/agency is submitting to WCSD may result in a rejection of said solicitation submission or termination of any resulting contract/agreement should the above-named firm be awarded.

1. I certify that I and my firm/agency and/or principals of my firm/agency have no pecuniary/financial interests between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members, and any other current and former WCSD personnel.
2. To the third degree of consanguinity (refer to chart below), I have listed all of my and firm/agency principals and firm/agency key personnel's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employee of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



Complete chart below. Additional sheets may be attached, if necessary. Write in **N/A** if non-applicable.

Submitting Firm Employee Name (First, Last)	Title / Position	Relations / Association to WCSD Personnel	Name of WCSD Personnel	Pecuniary Interest (Y or N)

Print Name: _____ Signature: _____

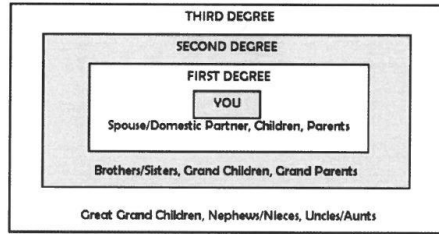
Title: _____ Date: _____

PUBLIC DISCLOSURE FORM
To Be Completed By WCSD Staff Requesting Contract

Staff Name and Title: _____

I understand that per NRS 281A.020 a public office is a public trust and shall be held for the sole benefit of the people; and a public officer or employee must commit himself or herself to avoid conflicts between the private interests of the public officer or employee and those of the general public who the public office or employee serves. Furthermore, I understand that pursuant to Washoe County School District (WCSD) Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek or accept any gift, service, favor, employment, engagement, emolument or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not use their positions to secure or grant unwarranted privileges, preferences, exemptions or advantages for the public officer or employee with any business entity. I certify and acknowledge by signature below that I am a duly authorized agent of the submitting firm/agency named above and that failure to disclose all facts relative to a conflict or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the firm/agency is submitting to WCSD may result in a rejection of said solicitation submission or termination of any resulting contract/agreement should the above-named firm be awarded.

1. I certify that I and my firm/agency and/or principals of my firm/agency have no pecuniary/financial interests between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members, and any other current and former WCSD personnel.
2. To the third degree of consanguinity (refer to chart below), I have listed all of my and firm/agency principals and firm/agency key personnel's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employee of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



Complete chart below. Additional sheets may be attached, if necessary. Write in **N/A** if non-applicable.

Submitting Firm Employee Name (First, Last)	Title / Position	Relations / Association to WCSD Personnel	Name of WCSD Personnel	Pecuniary Interest (Y or N)

Print Name: _____ Signature: _____

Title: _____ Date: _____



Administrative Form 3326 (Formerly 3321.1)
DOCUMENT REVIEW – Exchange of Money

THIS SECTION TO BE COMPLETED BY THE REQUESTING SCHOOL OR DEPARTMENT

Date Submitted: _____ Requested Completion Date: _____
Name/Title of Individual Submitting for Review: _____
School/Department: _____ Phone #: _____
Document/Contract Title: _____
Additional Information: _____

Contract Amount: _____ Term Dates: _____ to _____
Budget # to be charged: _____

REQUIRED APPROVALS/SIGNATURES

Principal/Administrator (for schools only): _____
Area Superintendent (required for schools): _____
Chief Officer (for Departments): _____
Chief IT Officer (if applicable for Software/License Agreements): _____

Upon completion of the above, send this form, any related documentation, and the contract/document to the Purchasing Department via email (purchasing@washoeschools.net). Original signatures are not required.

THIS SECTION TO BE COMPLETED BY THE PURCHASING DEPARTMENT

Other Approval (if applicable) (i.e. Curriculum, Assessment, etc.): _____
Business Office **or** Grants Dept. (fund confirmation): _____
Purchasing Staff Assigned: _____
Insurance Required? Yes No
Approved Dated: _____
Director of Procurement and Contracts Approval: _____
Comments: _____

TO BE COMPLETED BY THE OFFICE OF THE GENERAL COUNSEL or GRANTS LEGAL COUNSEL

Is a Parent/Guardian Consent/Waiver Required? Yes No
Approved as to Form: Dated: _____ Re-Draft Dated: _____
(If redraft is required, revised contract must be re-submitted for approval)
General Counsel or Grants Legal Counsel Approval: _____
Comments: _____

v8; Revised 2/7/18

Responsible: Purchasing Department

1. Step One

a. "THIS SECTION TO BE COMPLETED BY THE REQUESTING SCHOOL OR DEPARTMENT"

i. For documents that will require an expenditure of District funds, to include grant funds, the department/school seeking review and approval shall complete the necessary information, to include:

1. Date submitted and requested completion date
2. Name and Title of individual submitting contract
3. School or Department
4. Phone number
5. Title of Document or Contract
6. Additional Information. Include a description of the document/contract and/or any specific questions
7. Contract Amount and term dates
8. Budget # to be charged

b. "REQUIRED APPROVALS / SIGNATURES"

i. The following approvals and signatures are required prior to submitting the document, contract, or agreement to the Purchasing Department.

1. Principal/Administrator. For schools, all documents subject to an expenditure of District funds must be approved by the principal or site administrator.
2. Area Superintendent. Documents/contracts for schools, once approved by the principal, shall be reviewed and approved by the area superintendent of the Office of School Leadership; or executive director of the Office of Student Services, as applicable.
3. Chief Officer. For departments/non-schools, all documents subject to an expenditure of District funds shall be submitted by the department head. Documents/expenditures approved by the department head shall be reviewed and approved by the Chief Officer.

4. Chief IT Officer. If the contract/agreement relates to software or license agreements, the contract/agreement must be reviewed and approved by the Chief Information Officer from the office of Information Technology.
 - c. Upon completion of the above, send the contract review form, any related documentation, and the contract/document to the Purchasing Department via email (purchasing@washoeschools.net). Original signatures are not required. The document may be copied and scanned for the purpose of emailing to Purchasing.
2. Step Two
- a. "THIS SECTION TO BE COMPLETED BY THE PURCHASING DEPARTMENT"
 - i. Upon receipt of the contract review form, contract / agreement / document, and any applicable documentation, the Purchasing Department shall notate the following:
 1. Approval of any other applicable departments such as the Department of Curriculum and Instruction and/or the Department of Assessment;
 2. That funds exist through the Office of Business and Financial Services or the Grants Department;
 3. The Purchasing Department staff member responsible;
 4. Whether or not the contract will require insurance.
 - ii. The Purchasing Department will either:
 1. Approve the document and refer it to the Office of the General Counsel or Grants Department Legal Counsel (dependent on type of funding); or
 2. Return the document for redraft. This may include the Purchasing Department contacting the vendor directly to negotiate terms.
3. Step Three
- a. "THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE GENERAL COUNSEL (non-grant funded) or GRANTS LEGAL COUNSEL (grant funded)"
 - i. The Office of the General Counsel or Grants Department Legal Counsel shall review as to form and notate the following:

1. Need for a parent/guardian consent or waiver to accompany implementation of the contract or agreement. If so, the Office of the General Counsel must be contacted by the school/department for the District's Release/Waiver. Staff are not to create their own release/waiver.
 - ii. Legal Counsel will either:
 1. Approve the document as to form and return it to the Purchasing Department for execution; or
 2. Return the document for redraft. As stated above, this may include the Purchasing Department contacting the vendor directly to negotiate terms.
 - iii. If a redraft is required, the revised contract must be resubmitted for Legal review and approval.
4. Step Four, Notice and Execution
- a. The Purchasing Department shall initiate execution of the document and notify the originating school or department.
 - b. Only authorized representatives of the District may execute a contract or other agreement. See Board Policy 3321 and its associated Administrative Regulation 3322, Bids/Quotations and Contracts, for additional information.

IMPLEMENTATION GUIDELINES & ASSOCIATED DOCUMENTS

1. This Administrative Procedure reflects the goals of the District's Strategic Plan and aligns with the governing documents of the District, to include:
 - a. Board Policy 3321, Bids/Quotations and Contracts
 - b. Administrative Regulation 3322, Bids/Quotations and Contracts
 - c. Administrative Form 3327, Contract Review – No Exchange of Money

REVISION HISTORY

Date	Revision	Modification
2/7/2018	v8.0	Revised: updated form; included "approved as to form" related to legal review



Administrative Form 3327 (Formerly 3321.2)
DOCUMENT REVIEW – No Exchange of Money

THIS SECTION TO BE COMPLETED BY THE REQUESTING SCHOOL OR DEPARTMENT

Date Submitted: _____ Requested Completion Date: _____

Name/Title of Individual Submitting for Review: _____

School/Department: _____ Phone #: _____

Document/Contract Title: _____

Term Dates: _____ to _____

Additional Information:

REQUIRED APPROVALS/SIGNATURES

Principal/Administrator (for schools only): _____

Area Superintendent (required for schools): _____

Chief Officer (for Departments): _____

Chief IT Officer (if applicable for Software/License Agreements): _____

Upon completion of the above, depending on the funding code, send this form, any related documentation, and the contract/document to:

- Office of the General Counsel (non-grant funded) via email at legal@washoeschools.net ; or
- Grants Department (grant funded) via email to grants@washoeschools.net.

Original signatures are not required.

THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE GENERAL COUNSEL (non-grant funded) or GRANTS LEGAL COUNSEL (grant funded)

Is a Parent/Guardian Consent/Waiver Required? Yes _____ No _____

Approved: _____ Dated: _____ Re-Draft _____ Dated: _____

(If redraft is required, revised contract must be re-submitted for approval)

General Counsel or Grants Legal Counsel Approval: _____

Comments:

v7; Revised 2/7/18

Responsible: Office of the General Counsel

PURPOSE

This administrative form is used for the review and approval of documents such as contracts, leases and memorandums of understanding where no exchange of money will take place in the Washoe County School District ("District").

PROCEDURE

1. Step One – "SCHOOL/DEPARTMENT SEEKING APPROVAL SHALL COMPLETE TOP HALF OF THIS FORM"
 - a. For documents that DO NOT require an expenditure of District funds, the department/school seeking review and approval shall complete the necessary information, to include:
 - i. Name and Title of individual seeking approval
 - ii. Department/School Name
 - iii. Phone number
 - iv. Title of Document
 - v. Description of the document and/or any specific questions
 - vi. Date submitted and Requested return date:
2. Step Two – APPROVALS / SIGNATURES
 - a. Schools
 - i. For schools, documents must be approved by the principal.
 - ii. Documents approved by the principal shall be reviewed and approved by the area superintendent of the Office of School Leadership; or executive director of the Office of Student Services, as applicable.
 - b. Departments / Non-Schools
 - i. For departments/non-schools, all documents must be approved by the department head.
 - ii. Documents approved by the department head shall be reviewed and approved by the Chief Officer.
 - c. For software / license agreements, the contract/agreement must be reviewed and approved by the Chief Information Officer from the office of Information Technology.

v6; Revised 11/15/2017

- d. Forward the contract/agreement and contract review form with appropriate signatures to the Office of the General Counsel.
3. Step Three – OFFICE OF THE GENERAL COUNSEL OR GRANTS DEPARTMENT REVIEW
- a. If the agreement results in the need for a parent/guardian consent form for the associated activity, the Office of the General Counsel must be contacted by the school/department.
 - b. General
 - i. The Office of the General Counsel will either:
 1. Approve the document to form and return it to the school/department for final execution; or
 2. Return the document for redraft. If a redraft is required, the revised contract must be resubmitted for approval.
 - c. If the document is tied to a grant application or grant funded program, even where no expenditure of funds will occur, review will be conducted by the Grants Department counsel.
 - i. The Grants Department, (Assistant Director of Grants) will either:
 1. Approve the document to form and return it to the school/department for final execution; or
 2. Return the document for redraft. If a redraft is required, the revised contract must be resubmitted for approval.

v6; Revised 11/15/2017

SAMPLE

Federally Funded Personnel Activity Report (PAR)

Employees Split Funded Under Multiple Cost Objectives

Fiscal Year: 2019-2020

Employee Name: Ginger Snap

For the pay period paid during the month referenced below, I certify that my time spent working on

Grant Name/Cost Objective	Percentage
685 3080 55 Program Serv Coordinator (Fund 55)	50.00%
595 0900 10 Industrial Arts Teacher (Fund 10)	50.00%
Miscellaneous Other	0.00%

Total 100.00%

Month: September

Pay Period begin date 08/11/19 through 09/10/19

Pay Period begin date through

Pay Period begin date through

The information recorded above is true and correct to the best of my knowledge.

Employee Signature: Ginger Snap Date: 9/13/19

Supervisor Signature: Wade Date: 9/13/19

This form is to be signed by the employee or appropriate supervisor **after** work has been completed.
Certified=1 pay period; Classified=usually 2 pay periods, sometimes 3



REQUEST FOR PROFESSIONAL LEAVE/SCHOOL BUSINESS/COMMUNITY SERVICE LEAVE

Name of Person Completing Form:

Phone Number

Email Address

Fax Number

Administrator/Protech

Certified

ESP (Classified)

Employee's Name

Employee Signature _____

School or Location

I hereby request a leave of absence for the length of time indicated below:

Working Days (With Pay)

From:
Date

To: (inclusive)
Date

Non-Working Days (but requesting funds)

From:
Date

To: (inclusive)
Date

(Please Note: Time and Attendance Reports MUST show approved leaves using the appropriate codes. AESOP Codes and timecard online codes should match.)

Will a substitute teacher be required?

If yes, indicate number of days

School/Department/Grant to be Charged for Sub

Absence/Vacancy Code

Account Number to be Charged for Sub

If district funds (General Funds, Grant Funds, Activity Funds, etc.) are requested, please mark the appropriate box(es) below and show the amount requested. If funds are not requested, mark "None" in the "Total Requested" section. Travel and Per Diem amounts should conform to amounts stated in Administrative Regulation 4133. Hotel Rates must not exceed GSA allowable rates. GSA rate will be determined.

Travel Per Diem Car Rental Hotel

Mileage Other Explain

Total Requested

Have Funds Been Budgeted?

If yes, indicate Account Number to be charged:

Registration Have Funds Been Budgeted?

If yes, indicate Account Number to be charged:

Reason for Leave:

Location of Event/Seminar (Address/City/State):

Approvals: Principal/Supervisor _____ Date: _____
Program Coordinator _____ Date: _____

PROFESSIONAL LEAVE CRITERIA

Following are guidelines that employees should consider before applying for professional leave, and for principals and supervisors to consider before recommending approval of professional leave.

1. The professional activity attended will be of direct value to the District (please explain).
2. District representation at a national, regional, or local conference will result in direct benefit to the District (please explain).
3. District personnel who are officers in national, state, regional or local educational organization, or in community service organizations if community service leave is requested.
4. District personnel who are requested by the Governor of the State or by the State Department of Education to attend a professional activity.
5. Attendance of District personnel at the professional activity is legally within the applicable State laws and does not conflict with policies and regulations of the District.
6. Professional organization conducting the activity shall pay the cost of travel, per diem, registration, substitute teacher, and other expenses, or a part thereof, whenever possible and reasonable.
7. Attendance of District personnel at the activity does not unduly interfere with the employee's main job responsibilities.
8. Consideration shall be given to any problems that might occur in obtaining adequate substitute teachers needed to replace District employees leaving their jobs to attend a professional activity.
9. The information gained from attendance will be made available to other District personnel.
10. Professional leave shall not be requested during the first two or last two (2) weeks of the school year except in extenuating circumstances.

INSTRUCTIONS FOR USE OF THIS FORM

1. Employee completes the appropriate sections of the form and forwards to his/her principal or supervisor, and/or program or grant coordinator.
2. The principal, supervisor, and/or grant coordinator approves or disapproves the request.
3. Follow the Business Office directions on per diem (see back of Per Diem Form AP-F002).

PLEASE NOTE

Time and Attendance Reports **must show** approved leaves **using the appropriate codes**.

Specific provisions regarding the various leaves are contained in the Negotiated Agreement or the Administrative Regulations.



GRANTS DEPARTMENT

**Curriculum Development or Professional Development or
Other Assigned Duties Form**

**SCOPE OF WORK FOR ADDITIONAL HOURLY PAY BY A PROFESSIONAL STAFF MEMBER
(Certified, Pro Tech or Administrator)**

This form must be completed and approved prior to any work being done.

Questions: Please contact Lauren Ohlin, Director of Grants or Jill Murdock, Grant Fiscal Administrator

Exact Grant Name:

Fiscal Year:

Account Number:

Name of Department or Grant Program Director of Coordinator:

Name of staff developing curriculum or professional learning:

Name:

School/Department:

Estimated numbers of hours to complete this work:

Scope of Work: *(Please limit to two to five sentences).*

What is the final product or deliverable?

Timeline for Deliverables: *(i.e. First Quarter- rough draft of curriculum, 4th quarter final draft of curriculum for director approval).*

Date:

Deliverable

When turning in stipend request form(s), please submit an updated copy of this form with any example of relevant work. For final payment, form must have the final deliverable attached or emailed to Grants Department.

Name of person completing form: keely Lallement



Signature and Date: *(electronic signature ok)*

Site administrator or Department member overseeing the Grant: *(electronic signature ok)*

Signature and Date:

Grants Department Review/ Name/Signature/ Date:

Revision History:

Date	Revision Number	Modification
5/29/2019	1.0	Original



**WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative/Professional-Technical Staff Stipends
*Not Valid for ESP Staff***

THIS AGREEMENT, is made and entered into the _____ day of _____ 20____, between the Washoe County School District, herein referred to as District, and _____ herein referred to as Employee.

The District hereby engages and contracts the special services of the Employee as described below. Such services are to be performed in addition to other contracted services that may be specified in existing contractual agreements with the Washoe County School District. **Nothing contained herein shall be construed to create the relationship of independent contractor between the Employee and the District.**

Upon completion of the special services provided by the Employee, the District shall make payment to the Employee a stipend in the amount described below, **exclusive of any and all travel, subsistence, and other expenses.** Stipend payments shall be made through the payroll office and are subject to the current Federal Income Tax withholding rate for supplemental wages as detailed in Publication 15, Circular E, and Employers Tax Guide, which is published by the Internal Revenue Service. Stipend payments are also subject to Social Security taxes and Medicare taxes as applicable to the Employee's employment status. The District will report the stipend compensation as taxable income to the Internal Revenue Service and has the responsibility for payment of applicable Social Security, worker's compensation and all other benefits incidental to employment with the District.

This Special Services Agreement may only be modified by written agreement executed by both the District and the Employee.

Employee ID #: E000		Social Security #: XXX-XX-_____	
Employee Name: _____		Primary Work Location: _____	
Description of Services to be Performed: _____			
_____ Employee Signature		_____ District Representative (print or type)	
_____ Date		_____ Date	
MUST BE COMPLETED BEFORE WORK IS DONE			

List Dates Worked: _____

Month of Payment: _____ Total Hours Worked: _____
(will not be made until completion of services) (If Applicable)

Payment Amount: \$ _____ Grant Name: _____

Charge to/Account Code: - - -61690 - - - Organization Key: _____ / _____

Supervisor certification of completion of services; after the above work has been completed		
Name: _____	Signature: _____	Date: _____
If grant funded: By my signature, I certify that 100% of these personnel services are allowable costs to the grant listed on the form & performed in accordance with all applicable federal and state regulations.		
District Approvals		
_____ Project Coordinator Signature	_____ Grant Administrator or H.R. Approval	
_____ Date	_____ Date	

Date 02/13/14. Rev F

PAY-F009

WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative/Professional-Technical Staff Stipends

Instructions

The Special Services Agreement is only to be used for services provided by Certified, Administrative and Professional-Technical employees. This **CANNOT** be used to arrange the services of an ESP employee.

This form is intended to be a PDF fillable form. If the form will not be used in this manner, all fields must be legible to assure accurate processing.

Submit completed form to Human Resources or Grants department (depends on funding source) by the 10th of the month. If submitted by the 10th of the month the stipend will be paid in the main pay day of the month submitted.

All fields on this form must be filled out prior to submitting this form. If this form is not completely filled out, it will be returned and will not be processed until the following month.

Document Processing Flow:

1. District representative prepares the top and yellow section of the form before or on the first day worked.
2. The District Representative who completed this form prints or types their name in the appropriate field. This person can be a support staff member or a supervisor.
3. Agreement is signed by the Employee on or before the first day of work. The employee cannot start work until after signing.
4. Work is performed.
5. District Representative completes the remainder of the form with the necessary information and forwards for three supervisory signatures.
6. The immediate supervisor, who has first-hand knowledge of the work performed, signs **AND** dates the "Supervisor Certification" field to verify that services that were agreed upon have been completed.
7. Project Coordinator signs **AND** dates.
8. For district level signature and date, the form is forwarded to the Grants department for grant funding, or to Human Resources for non-grant funding.
9. Grants or Human Resources will submit the form to Payroll for processing.

ESSA Levels of Evidence

<p>“Activities, programs, and interventions” noted demonstrate a <i>statistically significant effect on improving student outcomes</i></p>	<p>LEVEL 1: STRONG EVIDENCE</p>	<p>Evidence cited is based on: <i>at least 1 well-designed and well-implemented experimental study</i></p>
	<p>LEVEL 2: MODERATE EVIDENCE</p>	<p>Evidence cited is based on: <i>at least 1 well-designed and well-implemented quasi-experimental study</i></p>
	<p>LEVEL 3: PROMISING EVIDENCE</p>	<p>Evidence cited is based on: <i>at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias</i></p>
<p>“Described programs, services, and/or curriculum” demonstrate a <i>rationale that such activity, strategy, or intervention is likely to improve student outcomes</i></p>	<p>LEVEL 4: DEMONSTRATES A RATIONALE</p>	<p>Evidence cited is based on: <i>high-quality research findings or positive evaluation, and includes ongoing efforts to examine the effects of such activity, strategy, or intervention</i></p>

Recommended Resources for Verifying ESSA Levels of Evidence

The U.S. Department of Education issued non-regulatory guidance on [Using Evidence to Strengthen Education Investment](#) to help in school improvement planning.

[Evidence for ESSA](#) is a website developed by the Center for Research and Reform in Education at Johns Hopkins University School of Education to help educators identify programs and practices that meet the ESSA evidence standards.

The [What Works Clearinghouse](#), developed by the Institute of Education Sciences (IES), is a user-friendly database organized by topic and content area to locate studies on specific intervention types to meet ESSA standards.

[An LEA Guide for Identifying Evidence-Based Interventions for School Improvement](#), developed by the Florida Center for Reading Research (FCRR)

[Best Evidence Encyclopedia](#), developed by the Center for Data-Driven Reform in Education at Johns Hopkins University School of Education (not categorized in ESSA evidence tiers)

[CCSSO](#) has a list of resources on ESSA evidence-based practices under the School Supports and Interventions section on its website, www.ccsso.org/ESSA.

[Results First Clearinghouse Database](#), developed by the Pew Charitable Trusts (not categorized in ESSA evidence tiers; evaluates interventions as rated by eight national databases)



Internal Audit Department
 425 East Ninth Street
 Room A-215
 Reno, Nevada 89520

Report Fraud, Waste, & Abuse Hotline Anonymous Secure Communication

Fraud, waste, and abuse are realities faced by all organizations. As employees, we all have a responsibility to help the District in managing these risks. The District's *Report Fraud, Waste, and Abuse Hotline* is available to anyone needing to report perceived incidences of financial or ethical abuse and/or dishonesty.

The WCSD Internal Audit Department administers the Hotline. District employees or community members may anonymously report perceived incidences of fraud, waste, and abuse relating to District operations via telephone, email, or mail. The Hotline serves to improve controls and promotes accountability and oversight throughout the District by providing a process for employees and community members to voice concerns. Your concerns may be reported anonymously – The Hotline is available 24 hours a day, 365 days a year.

If you ever have a concern regarding **unethical activity**, don't keep it to yourself

Report
 FRAUD, WASTE, AND ABUSE

The **Report Fraud, Waste, and Abuse Hotline** is available to anyone needing to confidentially report business abuse and/or dishonesty. We encourage you to use the hotline to report any issues of suspicious behavior or concern.

It's simple...

- Call 775-325-2020
- Email ReportFraudWasteAndAbuse@gmail.com
- Visit www.ReportFraudWasteAndAbuse.net
- Contact us 425 East Ninth Street, Reno, Room A215B

Items to report may include (but are not limited to):

- Questionable Accounting
- Fraud, Deceit and Embezzlement
- Conflict of Interest
- Theft
- Unsafe Workplace
- Falsification of Information
- Unethical Business Practices
- Threatening Violence
- Vandalism
- Violating Policies & Procedures

CONFIDENTIAL REPORTING COMMUNICATION SYSTEM

What does "Fraud, Waste, and Abuse" mean?

Fraud: Generally defined as an intentional act to deceive or cheat, ordinarily for the purpose or result of causing a detriment to another and/or bringing about some benefit to oneself or others.

Waste: In general, a significant loss or misuse of resources resulting from deficient or negligent practices, controls, or decisions. Waste does not necessarily involve fraud or other violations of law.

Abuse: Generally, a grossly intentional, wrongful, or improper use of resources or misuse of rank, position, or authority. Abuse does not necessarily involve fraud or other violations of law.

Several options are available to report such activity:

- 775-325-2020
- ReportFraudWasteAndAbuse@gmail.com
- www.ReportFraudWasteAndAbuse.net (English or Spanish forms available.)
- 425 East Ninth Street, Room A-215
 Reno, Nevada 89520

Report Fraud, Waste, and Abuse

Kirk Starkey, CPA -- Chief Auditor

GRANTS DEPARTMENT RESOURCE SHEET

The Grants Department is under the direction of Ben Hayes, Chief Accountability Officer

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USEFUL WEBSITES:
<p>Grants Department: https://www.washoeschools.net/Domain/108 (GSF form, document review with money, document review with no money, Leave Form, ICA, Curriculum Department Form)</p> <p>Research and Evaluation Department: https://www.washoeschools.net/Domain/1414</p> <p>Purchasing Department: https://www.washoeschools.net/Domain/65</p> <p>Accounts Payable: https://www.washoeschools.net/Domain/263 (ICA, Mileage, PCard Assistance, Leave Request, Per Diem)</p> <p>GSA Travel: https://www.gsa.gov/travel-resources</p> <p>Fraud, Waste, and Abuse: www.ReportFraudWasteAndAbuse.net</p>