



CITY OF SAN PABLO

*City of New Directions*

# INDEPENDENT CONTRACT INSTRUCTOR HANDBOOK



San Pablo



2014

San Pablo Community Center  
2450 Road 20, San Pablo, CA, 94806  
[www.SanPabloCA.gov/Recreation](http://www.SanPabloCA.gov/Recreation)

E-mail: [AndreaM@sanpabloca.gov](mailto:AndreaM@sanpabloca.gov)

Phone: (510) 215-3080

Fax: (510) 215-3015

**Parks  
Make  
Life  
Better!**



CITY OF SAN PABLO

# City of San Pablo — Independent Contractor Handbook

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# WELCOME TO THE CITY OF SAN PABLO

The City of San Pablo is dedicated to providing life enjoyment and community strengthening services to promote and enhance the quality of life for San Pablo residents.

One of the ways we work towards this goal is by offering a range of low-cost recreation classes and programs for ages 3 and up. These programs focus on anything from music to dance to sports and beyond. Please refer to our most recent Recreation Guide to see examples of the programs we offer.

If you are interested in becoming a Contract Instructor, please complete the following Contract Instructor Proposal and mail it or deliver it to:

**Andrea Mendez**  
**Recreation Coordinator**  
**San Pablo Community Center**  
**2450 Road 20**  
**San Pablo, CA, 94806**

Applications can also be faxed to (510) 215-3015 or e-mailed to [AndreaM@sanpabloca.gov](mailto:AndreaM@sanpabloca.gov).

## Steps to Become an Independent Contract Instructor

**1. Submit a Class Proposal**—Those who wish to become a Contract Instructor with the City of San Pablo must submit a Contract Instructor Proposal (see page 7-8). This application can be submitted at any time during the year although we recommend submitting applications 3 months before proposed start date of the program.

**\*\*Please Note**—Submittal of a Contract Instructor Application is not a guarantee that the course will be accepted\*\*

### **2. Provide All Contract Instructor Documents**

- a. **Contract for Services** - If your proposal is accepted, the Recreation Coordinator will draft two (2) contracts for you which you will need to review & sign. The two **original** copies (with your signature) must be sent back to the Recreation Coordinator.
- b. **Insurance Certificate** - Contract Instructors must provide proof of insurance in the amount of **\$1 million per occurrence (\$2 million general aggregate** (see page 9).
- c. **Additional Insured Certificate** - In addition to being insured, Contractors must also provide proof that the City is included under their policy (see page 10).
- d. **W-9 Form** - Obtain from Recreation Coordinator and turn in with the first invoice.
- e. **Independent Contractor Handbook Acknowledgement Page** – After reviewing contract, sign and return page 6.



- 3. Get Fingerprinted**—All contract instructors *and any potential assistant instructors and substitute instructors* are required to be fingerprinted with the City of San Pablo prior to teaching the class.

Fingerprinting will be conducted by the San Pablo Police Department at 13880 San Pablo Avenue, San Pablo, CA, 94806 (across the street from San Pablo City Hall) at no cost to the contractor. **To schedule an appointment, contact Andrea Mendez, Recreation Coordinator, at (510) 215-3097 or via email at [AndreaM@sanpabloca.gov](mailto:AndreaM@sanpabloca.gov).**

- 4. Promote Your Class**—It is the responsibility of the instructor to create and produce all advertisement material to promote their class (i.e. flyers, posters, banners, etc.). Templates will be provided to the instructor, but any costs incurred for printing are the responsibility of the instructor. **All advertisement materials must be approved by the City of San Pablo.**

- 5. Show Up and Have Fun!**

## Additional Considerations

**Setting Your Fees & Standard Revenue Split:** Instructors are responsible for setting their own resident rate. A non-resident fee of \$5 will be added to the resident rate for customers not within the San Pablo city limits. A standard split of 60/40 will be applied to all contract instructors. Contract instructors will receive 60% of the resident rate per customer. The remaining 40% and the \$5 non-resident fee will be retained by the City of San Pablo to cover costs of maintenance and general operations. When setting rates, please keep in mind that we serve a low-income community and high-cost classes are unlikely to be successful/approved.

**Classroom Expectations:** Instructors are expected to arrive 15 minutes before the start of class to prepare the space and to greet participants/parents as they arrive. If you need to arrive more than 15 minutes before the start of class, please notify the Recreation Coordinator so that arrangements can be made to open the building earlier.

**Requesting Changes to Schedule:** If the instructor wishes to change the agreed upon time, dates, day, place, etc. of the class, s/he must give the Coordinator at least 3 months advance notice. In order for the changes to be published in the Recreation Guide, published 3x/year, changes must be submitted to the coordinator by the following dates:

For spring/summer guide (March-June) – changes due by December 1<sup>st</sup>

For summer/winter guide (July-October) – changes due by April 1<sup>st</sup>

For winter/spring guide (November-February) – changes due by August 1<sup>st</sup>

**Payments:** At the close of each session, the final roster will be provided to the instructor. Instructors must then submit an invoice in order to receive payment (see sample invoice at back of handbook). Payments take a minimum of 2 weeks to be processed from the date received.



**Merchandise & Material Fees:** If additional materials are required to participate in your class, we encourage you to find low-cost options for your participants to purchase. Instructors are allowed to sell merchandise to customers directly, but these transactions are done separately from the City and the instructors assumes all risk and responsibility of the items they sell.

**Missed Classes:** Instructors must give notice of a missed class a month before the session begins, except in cases of emergencies. Whenever an instructor misses a class, s/he must either offer a make-up class OR refund participants a prorated fee. Cancelled and/or rescheduled classes should account for no more than 10% of the total amount of classes in a session.

**Refunds:** Participants can withdraw from a class and get a full refund 10 business days prior to the first day of class. They may also receive a refund if they are extremely unsatisfied with the class or in other special cases. Instructors will not be paid for customers who are granted refunds.

**Course Evaluation:** Once a semester, instructors will be asked to distribute course evaluations. These evaluations will be collected by City Staff and will be given to the Recreation Coordinator for review. Please encourage your participants/parents to fill out these surveys as they help us to improve our services!!!

**Facilities:** Instructors can choose from different locations to hold their classes (subject to availability). Facility options are as follows:

1. San Pablo Community Center (SPCC)—2450 Road 20
  - a. Community Hall (Fitness Capacity: ~50)
  - b. Fitness Room (Fitness Capacity: ~25)
  - c. Activity Room 1 (Max Capacity: ~20)
  - d. Activity Room 2 (Fitness Capacity: ~20)
  - e. Computer Room (Max Capacity: ~20)
  - f. Teen Lounge (Max Capacity: ~20)
  - g. Media Room (Max Capacity: ~10)
2. Maple Hall—13831 San Pablo Ave, Bld. 4 (Fitness Capacity: ~75)
3. Madeira Room—13831 San Pablo Ave, Bld. 4 (upstairs) (Fitness Capacity: ~20)
4. Davis Park Multi-Purpose Room—1667 Folsom Ave (Fitness Capacity: ~40)
5. Davis Park Senior Center—1651 Folsom Ave (Fitness Capacity: ~25)
6. Church Lane Senior Center—1943 Church Lane (Fitness Capacity: ~70)
7. Wanlass Park—2999 21<sup>st</sup> Street (Fitness Capacity: ~25)

To see any of the above facilities, please contact Andrea Mendez, Recreation Coordinator at [AndreaM@sanpabloca.gov](mailto:AndreaM@sanpabloca.gov) or (510) 215-3097.

**City Holidays:** Please note that classes will not be held on the following City Holidays.

- January 1—New Year's Day
- 3rd Monday in January—Martin Luther King's Birthday
- 3rd Monday in February—Presidents' Day
- Last Monday in May—Known as Memorial Day



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- July 4—Independence Day
- 1st Monday in September—Known as Labor Day
- Second Monday in October—Known as Columbus Day
- November 11—Known as Veterans' Day
- 4th Thursday in November—Known as Thanksgiving Day
- 4th Friday Day in November—Day after Thanksgiving Day
- December 24 - January 1—City Hall Closed for Winter Holidays

**MBE/WBE/SME:** The City of San Pablo is actively recruiting for instructors that qualify as a Minority Business Entrepreneur, Women’s Business Entrepreneur, or a Small Business Entrepreneur.

I, \_\_\_\_\_, certify that I have read through the Independent Contractor Handbook and agree to adhere to the standards set forth in the previous pages.

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



# CITY OF SAN PABLO

## RECREATION COURSE PROPOSAL

Additional sheet(s) may be attached to complete this information

If a question does not apply to your course, please write "N/A".

Incomplete proposals will not be considered.

<b>Instructor Name:</b>	<b>Date:</b>
<b>Business/Organization:</b>	<b>Mailing Address</b> (street, city, state, zip):
<b>Daytime Phone:</b> (     )	<b>Evening Phone:</b> (     )
<b>E-mail:</b>	

### Course Proposal Details (Advertisement Material)

<b>Title of Proposed Course:</b>	
<b>Participant Age Range:</b>	<b>Resident Fee:</b>
<b>Minimum # of Students:</b>	<b>Maximum # of Students:</b>
<b>Course Description (30 words or less):</b>	
<b>Please list any supplies/materials students will need:</b>	
<b>Will students be able to purchase these supplies through you?    Yes    No    Cost?</b>	
<b>Start date:</b>	<b>Duration of session (# of weeks):</b>
<b>Day(s) of the week class is to be held*</b> (List choices for <u>meeting day(s)</u> in order of preference)	<b>Time class is to be held:</b> (List choices for <u>time</u> in order of preference)
1.	1.
2.	2.
3.	3.

\*Please note: Classes will not be held during City Holiday



Please return completed proposals to Andrea Mendez, Recreation Coordinator

# CITY OF SAN PABLO RECREATION COURSE PROPOSAL

**Please list your top four choices for facility in order of preference**  
(refer to page ? for list of available facilities)

- 1.
- 2.
- 3.
- 4.

**Facility/Set-Up Requirements:**

**Please describe your background and experience as it related to the class(es) you are interested in teaching (or attach a resume):**

**Please provide 3 references**

Name:	Phone Number or E-mail	Relationship

- I am a Minority Business Entrepreneur (MBE)
- I am a Woman Business Entrepreneur (WBE)
- I am a Small Business Entrepreneur (SME)



Please return completed proposals to Andrea Mendez, Recreation Coordinator



PROOF OF INSURANCE

INTEGRATED INSURANCE & FINANCIAL SERVICES

Certificate of Liability Insurance (Standard Form)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, MAIC #, INSURED

COVERAGES, CERTIFICATE NUMBER, REVISION NUMBER, THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ENSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

Table with columns: TYPE OF INSURANCE, POLICY PERIOD, POLICY LIMIT, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers Liability.

DESCRIPTION OF OPERATIONS (LOCATIONS, VEHICLES, ACCORD 941, Additional Resources Schedule, may be attached if more space is required)

CERTIFICATE HOLDER, CANCELLATION, SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2014/01)

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 11 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

<b>Designation Of Premises (Part Leased To You):</b>
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b>
<b>Additional Premium: \$</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**NAME**

**INVOICE**

ADDRESS  
ADDRESS  
PHONE NUMBER

**DATE:**  
**INVOICE #**

**FOR:**

**BILL TO:**  
Andrea Mendez  
City of San Pablo  
2450 Road 20  
San Pablo, CA, 94806  
510-215-3097

DESCRIPTION	# of Participants	Price Per Participant	SUB-TOTAL
			\$ -
			\$0.00
			\$0.00

**TOTAL DUE**

Make all checks payable to:

**THANK YOU FOR YOUR BUSINESS!**