

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1554919

Vendor Name: Lean Leadership Resource Cente

Invoice Number: 92018

Invoice Date: 09/25/18

PO Number:

Check Number: E0069663

Check Amount: \$ 1,300.00

Check Date: 10/10/2018

Department ID: 63001

Reviewer Name:

Voucher Number: V0530025

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 9/25/2018
Vendor ID: 1554919

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
92018		05	63	63001	5308001	Instructional Service Contr	\$ 1,300.00

Grand Total \$ 1,300.00

AP VERIFIED

--- \$1,000 and Greater: Approval of Division Vice President Required ---

10/05/18 - BETHANY CRUSE

Check the appropriate box below and sign

☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Lean Leadership Center
Payee Address: 1490 Iroquois Ave, St Charles, IL 60174

Other Instructions:

Description on Check:

Leadership Session, 9/12/18, Course #PROED-0012-001.

Approvals:

Prepared By: Yvonne Bedford
Signature: *Yvonne Bedford*
Payment Due: 10/19/2018
Board Approved Date:

Approved By: *[Signature]* Date: 10/2/18
Signature: *[Signature]*
Approved By: *[Signature]* Date: 10/2/18
Signature: *[Signature]*
Approved By Division VP: *[Signature]* Date: *[Signature]*

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



Invoice: 092018

Date: September 20, 2018
Services: Senior Leadership Session
Contact: Debra Hasse
Period: Session and Preparation time

Description	Amount
Services for Leadership Session on September 12th	<u>\$1,300.00</u>
<i>Procd 0012 100 001</i>	
Total for Senior Leadership Session	\$1,300.00

Please make checks payable to:

Lean Leadership Resource Center #1554919
1490 Iroquois Avenue
St. Charles, IL 60174

APPROVED

[Signature] OCT 02 2018

Contract Training #05-63-63001-5308001

Kel O... 10/2/18

CONTRACT APPROVAL COVER SHEET

Contract Name: Lean Leadership Center

Requesting Department: Continuing Education/Business Solutions Date Initiated: 8.15.18

Contact Name: Debbie Hasse Phone: 942.2679

Email Address: hassed@cod.edu

Vendor Name: Lean Leadership Center, Inc. Phone: 708-362-1664

Vendor Contact: Cheryl Jekiel Email: cjekiel@leanleadershipcenter.com

Total Contract: \$ up to \$4,700 Contract Dates: Start: 9.1.2018

FY Budget \$ 05-63-63001-5308001 \$60,000.00 End: 6.30.2019

Contract Purpose: Continuing improvement training including leadership and systems thinking training (contract training)

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

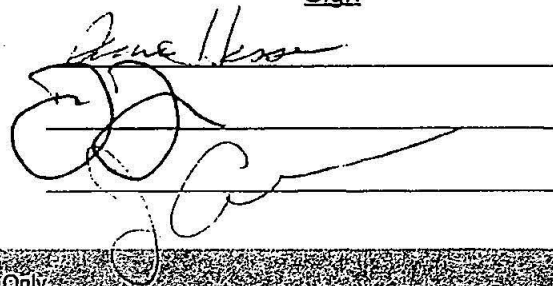
I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print
Sign

Requester: Debbie Hasse

Budget Mgr.: Dan Deasy

Dept. Adm.: Joseph Cassidy



Purchasing Dept. Use Only	
Comments: _____ Approval Initials: _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> REVIEWED By E. Roberts at 8:33 am, Aug 27, 2018 </div>

VENDOR AGREEMENT
Between
COLLEGE OF DuPAGE
And
Lean Leadership Center

This Agreement is entered into this 13th day of August, 2018, between College of DuPage and Lean Leadership Center, Inc. (Vendor).

SERVICES: Lean Leadership Center, Inc. shall perform the following services for the College of DuPage:

Contract training around continuous improvement and systems thinking training.

Vendor will perform duties at the College using College facilities as appropriate. Open enrollment and contract training will be done at the employer site. Currently have a direct request for training from the DuPage County Health Department.

WORK PRODUCT: All documents, including reports and all other work products produced by Vendor under this Agreement shall become and remain the property of College of DuPage. The Vendor shall submit any document, publication, brochure, electronic media, etc., which was developed for College of DuPage under this Agreement to the College for copyright or trademark by the College.

TERM: The term of this agreement shall be September 1, 2018 to June 30, 2019.

REMUNERATION: The total amount for FY19 shall not exceed \$ 4,700. Invoices for services are to be submitted to College of DuPage prior to any payment to Lean Leadership Center, Inc.

Vendor: It is understood, acknowledged and agreed by the Parties that the relationship of Vendor to the College arising out of this Agreement shall be that of an independent contractor. Neither Vendor nor any employee or agent of Vendor is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Vendor has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Vendor shall not represent to anyone that he is an employee of the College.

PAYMENT: Vendor must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>.

TAXES: Lean Leadership Center, Inc. shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. Lean Leadership Center, Inc. is required to provide a completed IRS W-9 document in order to do business with the College.

LIAISON: While performing these services, it is understood that Lean Leadership Center, Inc. will coordinate with Debbie Hasse, Senior Manager (name and title).

LIABILITY: Lean Leadership Center, Inc. agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

Lean Leadership Center, Inc. also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. Lean Leadership Center, Inc. shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants rights, against all damages suffered and expenses incurred based on any breach or alleged breach of Lean Leadership Center, Inc.'s warranty.

RESTRICTIVE COVENANTS: The Vendor will not, during the period of this Agreement, use any Information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any Information learned as part of this consult; or remove or make copies of any Information, in any form; except, in each case, as may be required within the scope of Vendor's duties during the term of this Agreement.

Vendor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Vendor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Vendor's services, or denied employment opportunities by Vendor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Vendor will deliver to College of DuPage all copies in possession of any Information, in any form. Except on behalf of College of DuPage, the Vendor will not at any time assert any rights in or with respect to any Information. For purposes of this Agreement, "Information" means any, research, operational, product or service Information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or Information. Information does not include information, knowledge, or data, which the Vendor can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

CERTIFICATION: All independent Vendors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

 X I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

 I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

 I certify that I am not employed elsewhere in the College as a regular or temporary employee.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. The College shall not be responsible for any services or expenses incurred after the date of termination.

In consideration thereof, both parties agree to the conditions set forth above.

Vendor

Lean Leadership Center – Cheryl Jekiel

Name

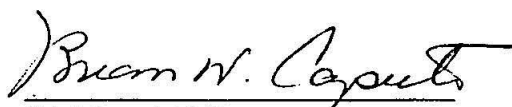
Vendor

47-5625083

SS# OR FEIN

8/13/18

Date



Chief Financial Officer

Brian W. Caputo, Ph.D., C.P.A.

Vice President/CFO

Administrative Affairs

8/27/18

Date

I agree with the terms stated above and certify that I have received a copy of the contract agreement.



Vendor

8/13/18

Date

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Lean Leadership Resource Center, Inc		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) 1490 Iroquois Avenue	Requester's name and address (optional)	
6 City, state, and ZIP code St Charles, IL 60174		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

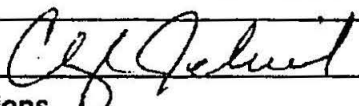
Social security number								
			-					
or								
Employer identification number								
4	7	-	5	8	2	5	0	8 3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 8/31/17
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.