

Information:

Drawer: Finance

Number: **** Other Redaction ****

Name: **** Other Redaction ****

Invoice Number: C910230

Invoice Date:

PO Number:

Check Number: 0282964

Check Amount: \$ 300.00

Check Date: 07/13/2021

Voucher Number: V0688206

AP Type: IM Invoices < \$15,000

Redaction Type: Other

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

College of DuPage

Independent Contractor Agreement

(Not to be used for contracts in excess of \$5,000.00)

* After final approver signs the completed form, send to invoicing@cod.edu.

VENDOR NUMBER
1629996

APPROVED

By Tiana Baymon at 3:17 pm, Jun 16, 2021

ACCOUNT NUMBER/AMOUNT

| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
|---------------------------------|----------|------------|--------|--------|
| 06 | 10 | 02532 | 530900 | 300.00 |
| APPROVED-Supervisor, Purchasing | | | | DATE |

AGREEMENT APPROVED

JOYCE SEKERKA 6.24.21

PART I. Complete PRIOR to performance of contractual services.

Name Mindy L Minaeri

Tax I.D. #/S.S. # [REDACTED]

(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM.)

(PLEASE COMPLETE THIS SECTION IF A W-9 IS ATTACHED)

Phone Number (815) 252-5498

(No college employee may be paid as an independent contractor.)

Street 1307 Brentwood Place

City, State, Zip Code Joliet, IL 60435

Agrees to perform on

3/121 - 5/25/21

DATE (S)

the following services for the College of DuPage:

Will serve as a Mentor for 1 student in our Interpreting capstone class for a total of 20 hours over this semester. The mentor will meet virtually with the student to provide feedback on interpreting practice, networking, professional development ideas, job presentation discussions and best practices. The mentor will be paid a \$300 stipend for 20 hours of mentoring. Amount may be adjusted down at the end, if the full 20 hours is not completed.

If additional space is needed, please continue description of services on separate pages and attach to this form.

The sum of \$ 300.00 will be paid to the independent contractor upon completion of the services. The contractor will be responsible for all taxes related to income from the above services. The contractor understands that he/she is self employed and must carry at his/her own cost any insurance coverage such as workers compensation, medical, property & liability including auto related to the above mentioned services.

This is a "work for hire" agreement. All rights to materials produced or products from services rendered are property of College of DuPage in perpetuity.

The contractor 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 attorneys' fees, which may arise during performance of this agreement.

☒ I have read Board Procedure #15-465 and have determined that the individual on this agreement meets the definition of an independent contractor.

Sandra Martins

Digitally signed by Sandra Martins
Date: 2021.02.24 09:30:25 -0900

DEPARTMENT AUTHORIZED SIGNATOR

DATE

All independent contractors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988.

(Most Check One)

☒ I certify that I am not in default on 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 agree with the terms stated above and certify that I have received a copy of the contractual agreement.

SIGNATURE OF INDEPENDENT CONTRACTOR

Mindy L Minaeri

DATE

4-6-21

PART II. Complete AFTER performance of contractual services.

Authorized Signator certifies that the contractual services described in Part I above were completed satisfactorily and authorizes payment in full. (Payment is to be made only after completion of the contractual service.)

Sandra Martins

Digitally signed by Sandra Martins
Date: 2021.05.28 15:57:40 -05'00'

COLLEGE AUTHORIZED SIGNATURE

DATE

5.28.21

Jonita Ellis

Digitally signed by Jonita Ellis
Date: 2021.06.16 10:35:01 -05'00'

COUNTER SIGNATOR (OPTIONAL)

DATE

*See board policy, procedures and instructions on next page.
(This agreement is VOID if amount exceeds \$5,000.00)

From: Baymon, Tiana <baymont@cod.edu>
Sent: Wed Jun 16 15:38:32 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: ASLI Mentor Paperwork

Hello,

Please see attached ICA's for processing. Please let me know if additional information is needed.

Best,

Tiana Baymon

Grant Accountant

College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599

Phone: 630.942.2673 | Fax: 630.942.2297 | baymont@cod.edu

From: Ellis, Jonita <ellisjo@cod.edu>
Sent: Wednesday, June 16, 2021 9:55 AM
To: Baymon, Tiana <baymont@cod.edu>
Subject: FW: ASLI Mentor Paperwork

Hi Tiana,

I wasn't sure if I forward these to you yet. Thanks.

jonita

From: Butler, Jennifer <butlerj61@cod.edu>
Sent: Wednesday, June 2, 2021 11:37 AM
To: Ellis, Jonita <ellisjo@cod.edu>
Subject: ASLI Mentor Paperwork

Hi, Jonita,

Attached is the paperwork for 7 of the Mentors for the ASLI Program this spring. These are all set to be processed. I have one more mentor, whose paperwork needs to be done separately because she is also a current part-time employee of the College. I will send her paperwork as soon as I get it from Cathie. Please pay the attached. Thanks!

Best,
Jen

Jennifer Butler

Division Support Specialist, Liberal Arts

College of DuPage

425 Fawell Blvd

Glen Ellyn, IL 60137

butlerj61@cod.edu

www.writingontheedge.org

[attachment: Anderson_IC Agreement (002).pdf]
[attachment: Anderson_W9.pdf]
[attachment: Lewis_IC Contract 1.pdf]
[attachment: Lewis_W-9.pdf]
[attachment: Minaeri_IC Agreement.pdf]
[attachment: Minaeri_W9.pdf]
[attachment: SatoJ_Independent Contractor Agreement.pdf]
[attachment: SatoJ_W9.pdf]
[attachment: Van-Cleve_IC Agreement.pdf]
[attachment: VanCleve_W9.pdf]
[attachment: Waldeck_IC Agreement 1.pdf]
[attachment: Waldeck_W9.pdf]
[attachment: Washington_2021 W-9.pdf]
[attachment: Washington_IC Contract.pdf]

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Mindy L Minaeri

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1307 Brentwood Place

6 City, state, and ZIP code

Joliet, IL 60435

Requester's name and address (optional)

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or
Employer identification number

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 for Part II, later.

Sign
Here

Signature of
U.S. person ▶

Mindy L Minaeri

Date ▶

4-6-21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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*, later.