

## CONTACT INFORMATION

District: Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Ext: \_\_\_\_\_

Contractor: Legal Name(see W-9): \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## AB5 CHECKLIST

Step	Description	Yes	No	Action
1.	Is the Contractor a current employee of Antelope Valley Community College District?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> : Contact HR to process as employee If <b>NO</b> : Go to step 2
2.	Is the Contractor a government agency, an agency registered as a sole proprietor, Single-Member LLC, LLC, LLP, Corporation (C-Corp, S-Corp) – <b>Individuals are NOT exempt from AB5; please confirm status with your Contractor as the same checkbox is used on the W9 form.</b>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> : Submit checklist with RFC If <b>NO</b> : Go to step 3
3.	Is the Contractor providing a service under an exempt occupation including, among others: <ul style="list-style-type: none"> <li>• Lawyer</li> <li>• Architect</li> <li>• Engineer</li> <li>• Private investigator</li> <li>• Fine artists (performing artist/musicians*/vocalist and single event performers)</li> <li>• Certain licensed health-care professionals</li> <li>• Marketing (original and creative content)</li> <li>• Travel agent services</li> <li>• Graphic design</li> <li>• Photographer/photojournalist</li> <li>• Freelance writer</li> <li>• Grant writer</li> </ul> <p><b>*excludes symphony orchestra</b></p> <ul style="list-style-type: none"> <li>• HR Administrator</li> <li>• Tutoring</li> <li>• Event vendor</li> <li>• Interpreting services</li> <li>• Workers providing licensed barber</li> <li>• Esthetician or cosmetology services</li> <li>• Others performing work under a contract for professional services with another business entity or pursuant to a subcontract in the construction industry</li> <li>• "Sports official" including umpires, referees, judges, scorekeepers, timekeepers, or other person who is a neutral participant in a sports event (LAB 3352(a))</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> : Submit checklist with RFC If <b>NO</b> : Go to step 4
4.	ABC test in which a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless <b>all of the following conditions</b> are satisfied: (A) The person is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact. (B) The person performs work that is outside the usual course of the hiring entity's business. (C) The person is customarily engaged in an independently established trade, occupation, or business of the same nature as that involved in the work performed.	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> : Submit checklist with RFC If <b>NO</b> : Contact HR to process as employee

## APPROVALS

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean (if applicable) Signature

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Director Signature (if applicable) Fund Manager Signature (if applicable)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director/Vice President Signature

ITS, FS, AUX, PIO Related?  Yes  No If "Yes", please obtain approval below and specify department:  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Exec. Director/Approver (ITS, FS, AUX, and/or PIO) Signature of Exec. Director/Approver

## CONTRACT INFORMATION

Contract Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Is Contractor providing Software Licensing, Website Application, Online Subscription or other IT related product/Service?  
 Yes  No *If yes, please also complete the attached Vendor Data Security Questionnaire*  
 Is Contractor a retired CalSTRS/CalPERS member?  Yes  No – If Yes, Date of Retirement: \_\_\_\_\_  
 Is Contractor a current District or CCC employee?  Yes  No – If Yes, Contact HR before proceeding with RFC.  
 Rate of Payment: \$ \_\_\_\_\_ Per:  Hour  Days  Meetings  Projects  Other: \_\_\_\_\_  
 Additional Expenses: \_\_\_\_\_ (Provide description w/amount for each\*)  
 Total Payment Inclusive of Expenses (NTE): \_\_\_\_\_ F.O.A.P. #: \_\_\_\_\_  
 Payment to be Sent:  Monthly  End of Project  Other: \_\_\_\_\_

## LIVESCAN

Contractor interacting with Students?  Yes  No – If Yes:  Unsupervised  Supervised (Allow 30 days from DOJ submittal)  
 If interaction w/Students, Exec Dir/VP/President completes the following: Initials \_\_\_\_\_ Livescan:  Yes  No

## TYPE OF CONTRACT/MOU REQUEST

**AVC Standard Boilerplate** *If using AVC Standard Boilerplate, select type below AND complete the attached Scope of Work:*  
 Consultant Agmnt  Services Agmnt  Independent Contractor  Professional Services Agmnt  MOU  
 Performer or Lecturer Agreement: Type:  Performer  Lecturer  
 Event Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ Start/End Time: \_\_\_\_\_  
 **Vendor's Contract/MOU - Contact PACS before proceeding** (allow 5-10 business days for processing)  
 Justification for not using Standard Boilerplate: \_\_\_\_\_

## INCLUDE THE FOLLOWING ATTACHMENTS:

Current W-9 form from Contractor  AB5 Checklist  Additional Two Quotes (see REQ Checklist for requirements)  
 Proposal (if applicable)  Scope of Work (if applicable)  Vendor Data Security Questionnaire (if applicable)

Date Board Approved OR to be presented at Board Meeting dated: \_\_\_\_\_

## SCOPE OF WORK

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The following is only required when using an AVC Standard Boilerplate:

Responsibilities of the Contractor/Consultant, Scope of Work and Contract/MOU Objective:\*

Responsibilities of the District:\*

Contract/MOU Schedule of Deliverables, Performance Milestones and Proof of Completion:\*

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**\*If additional space is needed, please attach additional page**

## VENDOR DATA SECURITY QUESTIONNAIRE

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The following is only required when the contractor is providing IT related products/services.  
Attach additional pages as needed.

Contractor Name (“Vendor”):

Software/Product/Service Name (“Product”):

Date Survey Completed:

Date of Previous Survey (if applicable):

Vendor Contact Name for Technical Questions:

Email:

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### Product Information:

Have the Product’s functions/systems/services have changed since the last survey? Yes or No

Describe Use of the Product and its functions:

How is the product made available?  On-premise  Cloud-based,  Hybrid,  Other:

For Cloud-based and Hybrid offerings, provide the login URL:

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Will the Vendor collect, transmit, or store any AVC Sensitive Information\* in conjunction with the use of the Product?

Yes or No

Can the Product collect, transmit, or store AVC Sensitive Information? Yes or No

If “No” to both questions above, STOP – return completed form to [purchasing@avc.edu](mailto:purchasing@avc.edu)

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### Data at Rest:

How is electronic data secured while stored? (check all that apply)

Stored on an encrypted file server

Stored on an encrypted employee workstation

Stored on an encrypted third party data hosting service

Other (please describe below)

Data in Transit:

How is electronic data secured while in transit? (check all that apply)

- Sent via encrypted email
- Sent via unencrypted email as a digitally locked (encrypted) file(s) attachment
- Sent during an encrypted data transmission session between the vendor’s computer systems and the data transmission recipient’s computer systems (SFTP, FTPS, HTTPS, etc.)  
Please describe the encryption technology used during the session. (SSLv3, TLS 1.2, etc.)

Other (please describe):

Types of sensitive data encountered in conjunction with using the Product:

Data	Access	Store
Names (First, Last, Middle, username, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Email Addresses	<input type="checkbox"/>	<input type="checkbox"/>
Street Addresses	<input type="checkbox"/>	<input type="checkbox"/>
SSN	<input type="checkbox"/>	<input type="checkbox"/>
PINs or Passwords	<input type="checkbox"/>	<input type="checkbox"/>
Personal Security Questions	<input type="checkbox"/>	<input type="checkbox"/>
ID Numbers (student or employee)	<input type="checkbox"/>	<input type="checkbox"/>
Birth Dates	<input type="checkbox"/>	<input type="checkbox"/>
Phone Numbers (home, mobile, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
IP Addresses	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health Information (medical records, age, sex, health plan, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Government Issued Identification (Driver’s License, Passport, Birth Certificate, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Is other AVC Sensitive Information (not listed above) encountered in conjunction with using the Product?

Yes or  No

If yes, please list each data element and indicate whether the data is accessed only or stored as well:

If applicable, please provide hyperlink references to Vendor’s security policy, privacy policy, or other documentation, that explains the circumstances under which Vendor’s personnel or designees would access AVC Sensitive Information and lists the security controls the Vendor has put in place to ensure that these are the only circumstances under which AVC Sensitive Information would be accessed.

\*AVC Sensitive Information includes, but is not limited to, all information referenced in California Civil Code 1798.29, as well as: name, address, phone number, fax number, email address, Social Security number, passport number, other government-issued personal identifiers (including Driver’s license number, ID card number, and Student ID number), vehicle license plate number, financial account number, credit or debit card information, medical information, health insurance information, or a user name or email address, in combination with a password or security question and answer that would permit access to an online account. Additionally, to the extent any other information (such as, but not limited to, a personal profile, unique identifier and/or biometric information) is associated or combined with District Sensitive Information, then such information also will be considered District Sensitive Information.