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Introduction Date	6/25/14
Enactment Number	14-134
Enactment Date	6/25/14



OAKLAND UNIFIED  
SCHOOL DISTRICT

Community Schools, Thriving Students

# Memo

**To** The Board of Education

**From** Gary Yee, Ph.D., Superintendent  
By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action  
Vernon Hal, Deputy Superintendent, Business & Operations

**Board Meeting Date**  
(To be completed by Procurement)

**Subject** Professional Services Contract -  
Friendly Transportation, Inc., Oakland, CA (contractor, City State)  
Programs for Exceptional Children (site/department)

**Action Requested** Approval of a professional services contract between Oakland Unified School District and Friendly Transportation, Inc.. Services to be primarily provided to Programs for Exceptional Children for the period of 07/01/2013 through 06/30/2015.

**Background**  
*A one paragraph explanation of why the consultant's services are needed.*

Some students' Free and Appropriate Public Education requires accessing special education services/programs in another district. In these cases, the district of residence is responsible for transporting students to the recommended school site. The District's contract with the school bus company only covers transport to schools within the Oakland Unified School District. A contract with a company that provides an alternative transportation method ensures that all students are provided.

**Discussion**  
*One paragraph summary of the scope of work.*

A contract for services between OUSD and Friendly Transportation, Inc., Oakland, CA, for the latter to provide transportation services as requested by the District each school day to follow school calendar. Friendly Transportation, Inc. uses reasonable efforts to coordinate transportation of students including the pick up and drop off times and locations during each school day to ensure that the student will arrive to school and home.

**Recommendation** Approval of professional services contract between Oakland Unified School District and Friendly Transportation, Inc.. Services to be primarily provided to Programs for Exceptional Children for the period of 07/01/2013 through 06/30/2015.

**Fiscal Impact** Funding resource name (please spell out) Special Education  
Special Education not to exceed \$ 200000

**Attachments**

- Professional Services Contract including scope of work
- Fingerprint/Background Check Certification
- Commercial General Liability Insurance Certification
- TB screening documentation
- Statement of qualifications

**Independent Contractor Agreement for the Provision of Transportation Services**

THIS INDEPENDENT CONTRACTOR AGREEMENT ("Agreement") is entered into as of July 1, 2013 between Friendly Transportation, Inc. ("Contractor") and Oakland Unified School District (the "District"), with the following facts.

- A. Certain student(s) of the District require transportation to and from school and/or other transportation services as requested by the District.
- B. The District will reimburse the Contractor for the provision of such services, in accordance with the terms and provisions of this Agreement.

NOW THEREFORE, for a valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

**1. Contractor Services**

District may request, from time to time, that Contractor perform transportation services, which Contractor may agree to perform. To the extent accepted by Contractor, Contractor agrees to provide such transportation services and District agrees to pay Contractor in accordance with the provisions of this Agreement. The Contractor's services provided pursuant to this Agreement are sometimes referred to herein as the "Services."

**2. Term**

There term of this agreement shall commence on July 1, 2013, and shall terminate June 30, 2015. With the possibility of extending yearly agreed upon by both parties.

**3. Fees for Services**

The Contractor shall be paid the agreed sum based on fees outline on Attachment 1. The Contractor shall invoice the District for the provision of the Services on a monthly basis and shall be paid therefore within thirty (30) days after the District's receipt of the Contractor's invoice for the provision of the Services for the relevant month.

**4. Vehicles**

The Contractor agrees to supply, at its sole cost and expense, such vehicles, (the "Vehicles") as may be necessary to lawfully perform the Services. All such Vehicles shall fully comply with all applicable laws and regulations. The Contractor shall be solely responsible for all Vehicles used in transporting students.

**5. Accidents or Emergencies**

Contractor shall require that its employees and/or independent contractors or agents to notify CONTRACTOR'S dispatcher by phone or radio in the event of any traffic accident or medical emergency that involves a vehicle used in the performance of this Agreement. CONTRACTOR'S

dispatcher shall promptly advise the appropriate authorities, parent/guardian (or emergency contact if parent/guardian is not available), and Oakland Unified designee of the accident or emergency.  
OUSD Designee:

Mary Conner, Special Education Coordinator  
Phone: 510-874-3732  
Email: [mary.conner@ousd.k12.ca.us](mailto:mary.conner@ousd.k12.ca.us)

Robin Sasada, Special Education SELPA Program Manager  
Phone: 510-874-3702  
Email: [robin.sasada@ousd.k12.ca.us](mailto:robin.sasada@ousd.k12.ca.us)

## **6. Contractors Personnel**

The Contractor shall, at its sole cost and expense, provide qualified and properly licensed personnel as required by laws and regulations and as deemed appropriate by the Contractor to perform the Services. While Contractor may use independent contractor drivers to provide Services under this Agreement, Contractor shall at all times remain responsible for the provision of Services under this Agreement. The Contractor expressly represents and warrants to the District that its personnel, including independent contractor drivers, are trained, tested and properly licensed to perform the Services.

## **7. Contractors Insurance**

The Contractor shall at its sole cost and expense obtain and maintain in full force and effect during the term of this agreement general liability and automobile (common carrier) insurance issued by carrier(s) admitted in California, with minimum primary limits of One Million Dollars (\$1,000,000).

Additionally, the Contractor shall, at its sole cost and expense, obtain and maintain in full force and effect during the term of this agreement, umbrella or excess insurance coverage in an amount not less than Five Million Dollars (\$5,000,000), following the form of the underlying coverage.

The District shall be named as an additional insured party of the policy or policies, and shall be furnished with a certificate of insurance (COI) requiring notice to District of at least thirty (30) days prior to cancellation of any such policy or policies (except 10 days for non-payment).

## **8. Fingerprinting of Employees and Agents.**

The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to Contractor's services under this Agreement and Contractor certifies its compliance with these provisions as follows: "Contractor certifies that Contractor has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all Contractor's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of Contractor, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and

reviews subsequent arrest records for all Employees who may come into contact with OUSD pupils in providing services to the District under this Agreement. Contractor shall not permit its employees or agents to come into contact with students until CDOJ and FBI clearance is ascertained.

### **9. Health and Safety (Tuberculosis Testing)**

The Contractor shall require that all independent contractor drivers and other individuals who may come in contact with student(s) provide verification of having been tested for tuberculosis (TB) and cleared to work with students, as evidenced by a state licensed medical doctor's signature. The Contractor shall keep a copy of said information in the independent contractor driver or employee file.

### **10. Drug-Free / Smoke Free Policy**

Contractor understands that OUSD does not permit drugs, alcohol, and/or smoking at any time in any buildings and/or grounds on OUSD property. Contractor shall not permit its employees, independent contractors or agents to smoke in vehicles used to transport OUSD students and will adhere to OUSD's drug free/smoke free policy. Contractor shall take reasonable steps to prevent its employees from exposing any pupil to impropriety of word or conduct. Contractor shall require that drivers comply with all safety laws and regulations, including but not limited to the prohibition against driving while under the influence of drugs or alcohol. Such prohibition shall extend to the use of prescription and non-prescription drugs that impair the safe operation of the vehicle.

### **11. Drug and Alcohol Testing**

The Contractor shall require that all employees and independent contractor drivers and other individuals who may come in contact with student(s) shall be subjected to pre-employment or pre-contract, just cause and on-going random drug and alcohol testing in accordance with the requirements of federal law. Contractor agrees to immediately dismiss any employee or independent contractor driver who tested positive for drugs or alcohol in violation of applicable law, rule or regulation.

### **12. Non-Discrimination**

Consistent with the policy of OUSD in connection with all work performed under Contracts, Contractor shall not engage in unlawful discrimination in employment on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation. Contractor agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, Contractor agrees to require like compliance by all its subcontractor(s). Contractor agrees to comply with applicable Federal and California laws prohibiting discrimination against students.

### **13. Assignment of Contractor's Rights**

Except as it relates to the hiring of independent contractor drivers, the Contractor shall have no right to assign its rights or obligations under this Agreement, it being understood that this is a personal services agreement.

**14. Indemnity of the District**

The Contractor hereby agrees to indemnify defend and hold the District, its Board Members, employees, agents, officers and assigns, free and harmless from and against all claims, causes of action, liabilities, damages, expenses and costs (including, but not limited to, attorney fees and court costs) arising out of (a) any injury to any person or property sustained by the District and/or Contractor and/or any student(s), in connection with the provision of the Services, however caused, and (b) any injury to any person or property sustained by any person or entity which is caused or alleged to be caused by any act, neglect, fault or omission on the part of the Contractor in connection with the provisions of the Services, whether or not said injury or damage occurs on or off District property.

**15. Independent Contractor**

In providing the Services, the Contractor shall be and act as an independent contractor in all respects and shall not, for any purpose hereunder, be or act as an employee or agent of the District. Nothing contained in this Agreement shall be deemed to create a partnership or joint venture between either of the parties to this Agreement with each other. The Contractor understands and agrees that as an independent contractor, it will not be eligible to participate in any benefits or privileges given or extended by the District to its employees. The Contractor shall be solely responsible for the payment when due to appropriate taxing authorities of all federal and state income taxes and related obligations of any nature whatsoever on any consideration paid pursuant to this Agreement, as well as any interest, penalties or other sums due thereon and shall indemnify, defend and hold the District, its Board Members, Officers, employees and agents free and harmless therefrom.

**16. Non-Solicitation**

District agrees during the term of this Agreement and for a period of twelve (12) months following the termination of this Agreement, District will not, directly or indirectly, or by acting in concert with others, employ, attempt to employ, or solicit for employment, any employee, independent contractor or other person who has performed services for Contractor during the one (1) year period preceding the date of this agreement and thereafter.

**17. Notices**

All notices or other communication required or permitted hereunder shall be in writing, and shall be personally delivered (including by means of professional messenger service) or sent by registered or certified mail, postage prepaid, return receipt requested, or by facsimile or email transmission followed by delivery of a "hard" copy, and shall be deemed received upon the date of receipt thereof.

To District:                           Transportation Coordinator  
Oakland Unified School District  
2850 West Street, Oakland, CA 94608

To Contractor:                      Friendly Transportation, Inc.  
4849 E. 12<sup>th</sup> Street  
Oakland, CA 94601

Notice of change of address shall be given by written notice in the manner detailed in this paragraph

**18. Entire Agreement**

This Agreement and the attached proposal constitute its entire Agreement between the parties with respect to the provision of the Service and may not be amended except by a writing signed by each of the parties.

**19. Waivers**

The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of this Agreement.

**20. Severability**

In the event any of the provisions, or portions, or portions thereof, of this Agreement is held to be unenforceable or invalid, by any court of competent jurisdiction, the validity and enforceability of the remaining provision or portion of it shall not be affected.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The District certifies to the best of its knowledge and belief, that it and its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or Contractor according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, verifies that this vendor does not appear on the Excluded Parties List. <https://www.sam.gov/portal/public/SAM>**

**21. Further Acts**

Each party shall perform any further acts and sign and deliver any further documents that are reasonably necessary to carry out the provisions of this Agreement.

**22. Counterparts**

This Agreement may be signed in one (1) or more counterparts, each of which shall constitute an original but all of which together shall be one (1) and the same document.

IN WITNESS WHEREOF, the parties hereto agreed to be bound and have executed this Agreement.

*[Handwritten Signature]*  
CONTRACTOR FRIENDLY TRANSPORTATION, INC.

3/10/14  
Date

BAKI IT CINOHO, Pcc.  
Print Name, Title

*[Handwritten Signature]* 6/24/14  
President, Board of Education  
Oakland Unified School District

*[Handwritten Signature]* 6/24/14  
Superintendent and Secretary Board of Education  
Oakland Unified School District

Approved as to Form

*[Handwritten Signature]*  
Jacqueline Minor, General Counsel

ATM ROBIN

ATM ROBIN



CITY OF OAKLAND

City Administrator's Office

Kevin FCAB

SPECIAL BUSINESS PERMITS • 1 Frank H. Ogawa Plaza, 11<sup>th</sup> Floor • Oakland, CA 94612

Arturo M. Sanchez  
Deputy City Administrator

Arturo M. Sanchez  
Deputy City Administrator  
Phone: 510-777-8527  
Fax: 510-238-7084

May 22, 2013.

May 22, 2013.

RE: New Meter Rate Effective May 22, 2013.

Dear Fleet Managers and Drivers:

Dear Fleet Managers and Drivers:

The City Council has passed the following fare structure on May 21, 2013. Below is the new fare structure:

5.64.100 - Fare Structure

Flag drop (excluding mileage)	\$3.20
Mileage	29¢ each 1/10 mile
Waiting Time	\$29.00 per hour
Minimum fare	Greater of \$5.00 or taximeter-calculated fare
Oakland Airport fee	Fee set by Oakland Airport
Night surcharge	\$1.00 - Trips commencing after 10 p.m. until 6 a.m.
Small animal (except service animal)	\$1.00
Additional stops requested	\$1.00
Obtaining change	50¢
Luggage that forces trunk open	\$1.00

Please 1) schedule an appointment with Alameda County Weights & Measures to obtain a new meter certificate and 2) update the Fare Structure sign inside the cab. A new meter certificate is required before you start charging the new meter rate. We are anticipating a 60-90 day turnaround.

No taxicabs shall charge the new rate until the meter is adjusted and a new meter certificate has been issued. Failure to obtain a new meter certificate or a new fare structure sign posted inside the cab is a violation of the Oakland Municipal Code.

Thank you for your attention to this matter.

Thank you for your attention to this matter.

Arturo M. Sanchez  
Deputy City Administrator

Wheelchairs \$40.00 Local  
\$4 miles outside





# CERTIFICATE OF LIABILITY INSURANCE

FRIET-2 OP ID: TV

DATE (MM/DD/YYYY)  
02/06/2014

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).

<b>PRODUCER</b> Placer Insurance Agency License #0C66701 P. O. Box 619052 Roseville, CA 95661-9052 Kendra L. Whitehead	Phone: 916-784-1008 Fax: 916-784-8116	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No.):
	INSURER(S) AFFORDING COVERAGE INSURER A: National Continental Insurance INSURER B: Golden Bear Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 10243
<b>INSURED</b> Friendly Transportation Inc. 4849 E. 12th Street Oakland, CA 94601			

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS. TYPE	TYPE OF INSURANCE	ADDITIONAL INS. W/O.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CP70719824	02/04/2014	02/04/2015	COMBINED SINGLE LIMIT (Per person) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$		GBX29259	02/04/2014	02/04/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under: DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**VEHICLE SCHEDULE ATTACHED**

<b>CERTIFICATE HOLDER</b>  Oakland Unified School Dist. 1000 Broadway, Suite 398 Oakland, CA 94607	<b>CANCELLATION</b> OAKLU-1  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>K. H. Hall</i>
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OP ID: TV

ACORD <sup>TV</sup> VEHICLE SCHEDULE												DATE 2/6/2014									
<b>PRODUCER</b> PHONE (INC. NO. EQL) 916-784-1008 Placer Insurance Agency License #DC66701 P. O. Box 619052 Roseville, CA 95681-9052 Kendra L. Whitehead						<b>APPLICANT</b> (First Name(s)) Friendly Transportation Inc.						<b>EFFECTIVE DATE</b> 02/04/14		<b>EXPIRATION DATE</b> 02/04/15		<input checked="" type="checkbox"/> <b>DIRECT BILL</b> <input type="checkbox"/> <b>AGENCY BILL</b>		<b>PAYMENT PLAN</b>		<b>AUDIT</b>	
<b>CODE:</b>						<b>SUB CODE:</b>						<b>FOR COMPANY USE ONLY</b>									
<b>AGENCY CUSTOMER ID</b> FRIET-2																					
VEHICLE DESCRIPTION																					
VEH #		YEAR		MAKE: Ford				BODY TYPE:		SYN/AGE		COST NEW									
2000		MODEL: Van		V.I.N.: 1FBNE31L7YHA72090																	
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< 15 MILES		PLEASURE		RETAIL		LIAB NO-FAULT		MED PAY UNINS MOTOR		FT		COMP		AA ST AMT							
15 MILES +		FARM		SERVICE		NO-FAULT		X		FTW		COLL		ST AMT							

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
30945

COMPANY NAME AND ADDRESS  
Plaza Insurance Company

POLICY NUMBER  
PACA1000493-00

EFFECTIVE DATE  
3/5/2014

EXPIRATION DATE  
5/30/2014

**THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION
2007	Toyota	Cab #69 - VIN #JTDKB20U477592974

AGENCY/COMPANY ISSUING CARD  
Public Livery Insurance Services, Inc.  
PO Box 80578  
San Diego, CA 92138-0578

INSURED  
Metro Taxi Cab Company, Inc.  
Metro Yellow Cab  
4849 E 12th St  
Oakland, CA 94601-5107

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

© ACORD CORPORATION 2004

**ACCIDENT INFORMATION CARD**

Complete this form with the other parties' information and report the accident to Plaza Insurance Company 800-510-4474 or fax to 619-593-0857

POLICYHOLDER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INS CO PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

**If an accident happens:**

- Stop.
- Help or get help for injured people.
- Warn motorists (use flares, hazard lights).
- Call 911 to contact the police or California Highway Patrol if an injury or death occurs.
- Exchange information with the other driver and complete the Accident Information Card —write down information about the other driver and car, witnesses, passengers, accident location and more.
- Only speak to law enforcement personnel about the accident and do not accept responsibility for the accident regardless of what happened.

**After an accident:**

- Report the accident to your insurance company. **Plaza Insurance Company 800-510-4474** Report the accident to the Department of Motor Vehicles within 10 days if someone is injured or killed or if damage to either car is more than \$750.
- Make a claim with your insurance company and/or the other driver's insurance company to pay for your injuries and losses.
- Call or see your physician if you have any health concerns.
- Contact your insurance company if you are sued.

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER 30945  
COMPANY NAME AND ADDRESS Plaza Insurance Company

POLICY NUMBER PACA1000491-00

EFFECTIVE DATE 02/07/2014  
EXPIRATION DATE 5/30/2014

**THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR 2006 MAKE/MODEL Ford VEHICLE IDENTIFICATION CAB #207 - VIN# 2FMZA516S6BA41005

AGENCY/COMPANY ISSUING CARD  
Public Livery Insurance Services, Inc.  
PO Box 80578  
San Diego, CA 92138-0578

INSURED  
Friendly Cab Company, Inc.  
4849 E 12th St  
Oakland, CA 94601-5107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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ADDRESS \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INS CO PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

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- Contact your insurance company if you are sued.

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

**COMPANY NUMBER**  
30945  
**COMPANY NAME AND ADDRESS**  
Plaza Insurance Company

**POLICY NUMBER**  
PACA1000493-00

**EFFECTIVE DATE**                      **EXPIRATION DATE**  
3/5/2014                                      5/30/2014

**THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE**

**YEAR**                      **MAKE/MODEL**                      **VEHICLE IDENTIFICATION**  
2007                      Toyota                      Cab #77 – VIN #JTDK820U377570108

**AGENCY/COMPANY ISSUING CARD**  
Public Livery Insurance Services, Inc.  
PO Box 80578  
San Diego, CA 92138-0578

**INSURED**  
Metro Taxi Cab Company, Inc.  
Metro Yellow Cab  
4849 E 12th St  
Oakland, CA 94601-5107

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT:** Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 90 CA (2004/07)

© ACORD CORPORATION 2004

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Plaza Insurance Company 800-510-4474 or fax to 619-593-0857

**POLICYHOLDER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DAYTIME PHONE #** \_\_\_\_\_

**INSURANCE AGENT** \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_

**INS CO PHONE #** \_\_\_\_\_

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- Call or see your physician if you have any health concerns.
- Contact your insurance company if you are sued.

# PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2013-2014

## Basic Directions

Additional directions and related documents are in the School Operations Library (<http://intranet.ousd.k12.ca.us>)

**Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.**

- Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
- Ensure contractor meets the consultant requirements (including The Excluded Party List, Insurance and HRSS Consultant Verification)
- Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
- Within 2 weeks of creating the requisition the OUSD contract originator submits **complete** contract packet for approval to Procurement.

Attachment Checklist

- For individual consultants: HRSS Pre-Consultant Screening Letter for the current fiscal year.
- For individual consultants: Proof of negative tuberculosis status within past 4 years.
- For All Consultants: Results page of the Excluded Party List (<https://www.sam.gov/portal/public/SAM/>)
- For All Consultants: Statement of qualifications (organization); or resume (individual consultant).
- For All Consultants: Proof of Commercial General Liability insurance naming OUSD as an Additional Insured.
- For All Consultants with employees: Proof of Workers' Compensation Insurance. (Ref. to Section 10 of the Contract)

OUSD Staff Contact *Emails about this contract should be sent to:* (required)

## Contractor Information

Contractor Name	Friendly Transportation	Agency's Contact	Baljit Singh
OUSD Vendor ID #	V025246	Title	Secretary
Street Address	4849 E. 12th Street	City	Oakland
Telephone	510-536-3000	State	CA
Contractor History	Previously been an OUSD contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zip	94601
		Worked as an OUSD employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## Compensation and Terms – Must be within the OUSD Billing Guidelines

Anticipated start date	07/01/2013	Date work will end	06/30/2015	Other Expenses	\$
Pay Rate Per Hour (required)	\$	Number of Hours (required)			

## Budget Information

If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office before completing requisition.

Resource #	Resource Name	Org Key	Object Code	Amount
7230	Special Ed	9999000304	5825	\$ 200000
			5825	\$ 0
			5825	\$ 0
Requisition No. (required)			Total Contract Amount	\$ 200000

## Approval and Routing (in order of approval steps)

Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued.

OUSD Administrator verifies that this vendor does not appear on the Excluded Parties List (<https://www.epls.gov/epls/search.do>)

1.	<b>Administrator / Manager</b> (Originator)	Name	Olivia Mandilk	Phone	510-874-3700
	Site / Department	Programs for Exceptional Children	Fax	510-874-3707	
	Signature		Date Approved	4.25.14	
2.	<b>Resource Manager</b> , if using funds managed by: <input type="checkbox"/> State and Federal <input type="checkbox"/> Quality, Community, School Development <input type="checkbox"/> Family, Schools, and Community Partnerships				
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA)				
	Signature		Date Approved		
3.	<b>Regional Executive Officer</b> <i>Assoc Superintendent</i>				
	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site				
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work				
4.	<b>Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations</b> Consultant Aggregate Under <input type="checkbox"/> Over <input type="checkbox"/> \$50,000				
	Signature	<i>Maria Santos</i>	Date Approved	5/28/14	
	<b>Superintendent, Board of Education</b> Signature of the legal contract				
<b>Legal</b> Required if not using standard contract		Approved		Denied - Reason	Date
<b>Procurement</b>		Date Received		PO Number	