Board Office Use: Le	gislative File Info.
File ID Number	12-2274
Introduction Date	8/22/12
Enactment Number	12-2325
Enactment Date	8/22/12 O.L



Caramunity Schools, Thriving Stacleves

Memo		
То	The Board of Education	
From	Equity-in-Action	ntendent, Instruction, Leadership & endent, Business & Operations
Board Meeting Date (To be completed by Procurement)	8-22-12	
Subject	Professional Services Contract -	
	Nancy Deming Oakland 991/Nutrition Services	CA (contractor, City State)
Action Requested		contract between Oakland Unified School Services for the period of
Background A one paragraph explanation of why the consultant's services are needed.	Approximately 75% of all garbage produced at so of Nutrition Services goals is to reduced the amo	schools is associated with the meal program. One ount of waste produced by the meal program that garbage related costs for schools and the District
Discussion One paragraph summary of the scope of work.	Ms. Deming will, based on her expertise of waste for their Green Gloves Initiative, provide services leftover meal donations, food scrap recycling in o Before Lunch initiative. Ms. Deming with also pro Services staff on these initiatives. See attached	s that include, organization and expansion of cafeterias and classrooms, and develop Recess rovide professional development for Nutrition
Recommendation	District and <u>Nancy Deming</u> be primarily provided to <u>991/Nutrition Se</u>	
Fiscal Impact	07/15/2012 through 06/30/2013 Funding resource name (please spell out) N	
r iscut impuce		not to exceed \$ 20,000.00
Attachments	 Professional Services Contract Fingerprint/Background Check Commercial General Liability In TB screening documentation Statement of qualifications 	Certification

Board Office Use: Legi	slative File Info.
File ID Number	12-2274
Introduction Date	8-22-12
Enactment Number	12-2325
Enactment Date	8/22/12



PROFESSIONAL SERVICES CONTRACT 2012-2013

This Agreement is entered into between the Oakland Unified School District (OUSD) and <u>Nancy Deming</u> (CONTRACTOR). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in financial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent to perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The parties agree as follows:

- 1. Services: The CONTRACTOR shall provide the ("Services" or "Work") as described in Exhibit "A," attached hereto and incorporated herein by reference.
- Terms: CONTRACTOR shall commence work on <u>07/15/2012</u>, or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$81,000 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$81,000, whichever is later. The work shall be completed no later than <u>06/30/2013</u>.
- Compensation: OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to exceed <u>Twenty thousand and 00/100</u> Dollars (\$20,000,00). This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.

If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.

OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows:

Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.

The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by the District and in that case must be replaced by CONTRACTOR without delay.

- 4. Submittal of Documents: CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following:
 - 1. Individual consultants:

Tuberculosis Clearance – Documentation from health care provider showing negative TB status within the last four years.

Completion of Pre-Consultant Screening Process – Attach letter from Human Resources Support Services showing completion of Pre-Consultant Screening for this current fiscal year.

Insurance Certificates and Endorsements – General Liability insurance in compliance with section 9 herein.

2. Agencies or organizations:

Insurance Certificates and Endorsements – Workers' Compensation insurance in compliance with section 9 herein.

- 6. CONTRACTOR Qualifications / Performance of Services.

CONTRACTOR Qualifications. CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and,/or regulations, as they may apply.

Standard of Care. CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts.

 Notices: All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

OUSD Representative:	CONTRACTOR:
Name Jennifer LeBarre	Name. Nancy Deming
Site /Dept.: 991/Nutrition Servi	Title. Owner
Address: 900 High St.	Address: 6117 Hillmont Dr.
Oakland, CA 94601	Oakland CA 94605
Phone: (510) 434-3334	Phone: (510, 290-4875

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

8. Invoicing

Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD.

- Invoices shall include, but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, total payment requested.
- 2. Invoices from Agencies or Organizations must include evidence of compliance with section 19 herein:
 - i. Fingerprinting of Employees and Agents: Agency or organization must provide a current list of all employees, agents and volunteers working at an OUSD site when invoicing, and must include the Department of Justice ATI number for each person, and at statement that subsequent arrest records have been requested for each person listed.
 - ii. Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.
- 9. Status of Contractor: This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.
- 10. Insurance:
 - 1. Commercial General Liability Insurance: Unless specifically waived by OUSD, the following insurance is required:
 - . If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

- CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.
- CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.
- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured. Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.
- 11. Licenses and Permits: CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

- 12. Assignment: The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
- 13. Anti-Discrimination. It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the 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, the CONTRACTOR agrees to require like compliance by all its subcontractor(s). 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.
- 14. Drug-Free / Smoke Free Policy. No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors. CONTRACTORS, or subcontractors are to use drugs on these sites.
- 15. Indemnification: CONTRACTOR agrees to hold harmless, indemnify. and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage. or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
- 16. Copyright/Trademark/Patent/Ownership. CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORs in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
- 17. Waiver: No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
- 18. Termination: OUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
- 19. Conduct of Consultant. CONSULTANT will adhere to the following staff requirements and provide OUSD with evidence of staff gualifications, consistent with invoicing requirements outlined in Section 8, which include:
 - 1. Tuberculosis Screening
 - 2. 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 contract with OUSD pupils in providing services to the District under this Agreement.

Contractor initial:

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONSULTANT related persons, employee, representative or agent from an OUSD school site and, or property, CONSULTANT shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons.

- 20. No Rights in Third Parties. This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
- 21. OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors. OUSD may evaluate the CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
 - 1. Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
 - 2. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

- 22. Limitation of OUSD Liability. Other than as provided in this Agreement. OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to. lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
- 23. Confidentiality. The CONTRACTOR and all CONTRACTOR's agents. personnel. employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federa laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
- 24. Conflict of Interest. CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement.

CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.

Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 *et seq.* and section 87100 *et seq.* of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement, which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.

- 25. Integration/Entire Agreement of Parties. This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.
- 26. Litigation: This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
- 27. Contract Contingent on Governing Board Approval: The District shall not be bound by the terms of this Agreement until it has been formally approved by the District's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.
- 28. Signature Authority: Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
- 29. Counterparts: This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 30. Incorporation of Recitals and Exhibits: The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
- 31. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The prospective primary participant 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 agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, certifies that this vendor does not appear on the Excluded Parties List. (https://www.epls.gov/epls/search.do)

Summary of terms and compensation:

Anticipated start date: 07/15/2012

Work shall be completed by: 06/30/2013

Total Fee: \$ 20,000.00

Owner

OAKLAND UNIFIED SCHOOL DISTRICT President, Board of Education Superintendent or Designee

Date

CONTRACTOR Contractor Signature

Nancy Deming Print Name, Title

ng Fitle

Certified: 8/23/12

Edgar Rakestraw, Jr., Secretary Board of Education Rev. 4/11/12 v1

Secretary, Board of Education

File ID Number: Introduction Date: 8 Enactment Number: Enactment Date:

Page 4 of 6

EXHIBIT "A" Scope of Work

DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR's entire Proposal is <u>not</u> made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED <u>WITHOUT</u> ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda - Must accurately align with scope of work below.

Ms. Deming will, based on her expertise of waste reduction and working with Custodial Services for their Green Gloves Initiative, provide services that include, organization and expansion of leftover meal donations, food scrap recycling in cafeterias and classrooms, and develop Recess Before Lunch initiative. Ms. Deming with also provide professional development for Nutrition Services staff on these initiatives. See attached for further detail.

SCOPE OF WORK

Nancy Deming will provide a maximum of 400.00 hours of services at a rate of \$50.00 per hour for a total not to exceed \$20,000.00 . Services are anticipated to begin on 07/15/2012 and end on 06/30/2013 .

1. Description of Services to be Provided: Provide a description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and what *this* Contractor will do.

Ms. Deming will continue implementation of the Food Scrap Recycling program for kitchens and classrooms serving breakfast. She will also develop protocols for leftover food donations that will include food safety, storage, and documentation as well as plans for program expansion. Ms. Deming will also research other avenues for waste reduction in meal program, participate in Nutrition Advisory Council, and provide professional development for Nutrition Services employees.

- 2. Specific Outcomes: What are the expected outcomes from the services of this Contract? Be specific. For example, as a result of the service(s): 1) How many more Oakland children are graduating from high school? 2) How many more Oakland children are attending school 95% or more? 3) How many more students have meaningful internships and/or paying jobs? 4) How many more Oakland children have access to, and use, the health services they need? Provide details of program participation (Students will...) and measurable outcomes (Participants will be able to...). NOT THE GOALS OF THE SITE OR DEPARTMENT.
 - 1. Breakfast in the Classroom Food Scrap Recycling Program will be tested and finalized.
 - 2. Provide training to approximately 200 Nutrition Services employees on Food Scrap Recycling initiatives and procedures.
 - 3. Develop and pilot at 2 sites Leftover Food Donation program and then expand to ten.
 - 4. Continue implementation of Food Scrap Recycling Program to 15 schools by end of school year.

3.	Alignment with District Strategic Plan:	Indicate the goals and visions supported by the services of this contract:
	(Check all that apply.)	

Ensure a high quality instructional core	Prepare students for success in college and careers
Develop social, emotional and physical health	✓ Safe, healthy and supportive schools
Create equitable opportunities for learning	Accountable for quality
High quality and effective instruction	Full service community district

4. Alignment with Single Plan for Student Achievement (required if using State or Federal Funds) Please select:

Action Item included in Board Approved SPSA (no additional documentation required) – Action Item Number:_

Action Item added as modification to Board Approved SPSA – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off.

- 1. Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified", modification date, school site name, both principal and school site council chair initials and date.
- 2. Meeting announcement for meeting in which the SPSA modification was approved.
- 3. Minutes for meeting in which the SPSA modification was approved indicating approval of the modification.
- 4. Sign-in sheet for meeting in which the SPSA modification was approved.

Nutrition Services 2012/2013 Work Proposal July 1st, 2012 through June 30th, 2013

OUSD Nutrition Services Green Gloves and

C

Explorers Program

Continue implementing sorting system, procedures and education for cooking kitchens and staff~ Implement system for satellite kitchens~ routine site visits	70 hrs
 Continue developing standard written procedures for all sites Waste sorting system Waste monitoring and 	35 hrs
 Procedures write up/photos Nutrition Services Green Gloves Chose spot in kitchen/on green cardstock paper Display why and how Brief overview Waste chart Additional items can be added over time 	40 hrs
Food donation further development till District wide Fine tuning/maintenance/implementing	40 hrs
Maintain and update website Green Gloves web pages	20 hrs
Food for Thought-regular monthly entries	15 hrs
Breakfast in the Classroom waste sorting	35 hrs
Explore options for waste prevention-pilot options	30 hrs
Recess before Lunch program development	30 hrs
Menu System ~ School Cafeteria Education i.e. Sandwich boards-Velcro laminated photo system	35 hrs
Nutrition Advisory Council ~ Waste Management Team Coordinator	30 hrs
Additional Misc. Work Leads	<u>27.5 hrs</u> 407.5hrs

June 2012

Nutrition Services 2012/2013 Work Proposal

July 1st, 2012 through June 30th, 2013



OUSD Nutrition Services Green Gloves and

Explorers Program

Shared services with Custodial Services

Green Gloves Symposium	
Fall meeting – overview, goal setting	10 hrs
Winter Symposium	20 hrs
Spring meeting – report out/celebration	10 hrs
School kit development	30 hrs
School team development ~Green Explorers	30 hrs
Green Explorers Summit and Green Action Council Development	30 hrs
Grants	30 hrs
Program Improvement	
Such as overbin structures, posters, incentives	40 hrs
Research	20 hrs
Community Collaboration	20 hrs
Conference Presentations and Attendance	<u>40 hrs</u> 280 hrs

Total hours combined for Nutrition Services ~ 687.5 hours @ \$50 an hour = \$34,375.00

Total Program Position Funding

- Nutrition Services towards position~ \$20,000
- Altamont Education Advisory Grant position total \$43,750.00
 - Funding to be split between the two departments
 - \$29,375.00 allocated to Custodial Services
 - \$14,375.00 allocated to Nutrition Services
- Custodial Services towards position ~ \$5,000

Total Program Position Funding \$68,750

June 2012

5 40

May 2011

Objective

To serve the community by developing, implementing and fostering sustainable initiatives that will effect positive changes to our environment.

Experience

Program Manager for Sustainability Initiatives, Custodial and Nutrition Services Department Oakland Unified School District (OUSD), Oakland, CA September 2011-present

~Assist schools with individual site assessments to fine tune programs to meet site challenges.

~Developing a comprehensive school greening tool kit

~Incorporating waste elimination methods from being created from Nutrition Services purchasing and methods.

~Lead Green Gloves Symposiums that involves a team approach for Custodial and Nutrition Service Staff

~Organizing and creating food donation system for school cafeterias.

~Implementing food scrap recycling in cooking kitchens

~Oversee and produce regular deliverables, including newsletters, resource guides, presentations and reports to district staff.

Program Manager for Waste Reduction Initiatives, Custodial Services Department Oakland Unified School District (OUSD), Oakland, CA February 2011-June 2011

 \sim Waste reduction program research and development for a district wide program. . \sim Worked directly with assigned schools to create food scrap programs, was successful in reducing trash service.

~Co-lead a custodian celebration Green Gloves Symposium; developed and created awards for participating food scraps recycling custodians and schools, created a slide show and interview video, and customized tumblers as gifts.

~Collaborated with OUSD Nutrition Services department on implementing food scrap recycling and to increase mixed recycling at districts cooking kitchens. Co-lead recycling education update at Nutrition Services staff meetings.

~Outreach and coordination with outside community organizations.

~Created and manage OUSD Green Action Yahoo group. Co-facilitated an OUSD Green Action Community Gathering.

Sustainability Consultant, OUSD Feasibility Study ~Waste Management Center for Ecoliteracy, Berkeley, CA

~Observed elements in OUSD cafeterias around waste management issues.

~Provided relevant details in a variety of areas.

~Developed recommendations for how to avoid, reduce, and divert waste.

Founder: supporting & developing sustainability initiatives in OUSD community Sowing Seeds, Oakland, CA Winter 2010-Winter 2011

~Baseline survey for individual schools~created survey, collaborated on survey effectiveness

~Green Gloves Custodian Symposium ~created an OUSD custodian professional developmental day to encourage increased involvement with waste diversion emphasizing on food scrap recycling.

~Involvement with OUSD Wellness, Garden, & Nutrition Advisory Councils

Advised & made recommendations that were incorporated in the first OUSD Vegetation Policy.

Nancy Deming

Created the start of an OUSD "Greening in the Garden" resource guide, led discussions on this topic OUSD Garden Council Spring 2010 Open House. Arranged a collaborative table with organizations for composting/food scraps/waste reduction at OUSD Garden Fair Fall 2010. Awarded two Altamont Education Advisory mini-grants: Spring 2010 & Fall 2010 towards OUSD sustainability work.

Co-owner, Residential and commercial gardening & landscaping

Leaf it to Us, Oakland, CA

~Installation & maintenance with focus on creating sustainable gardens.

~Maintain accounts & client relationships, engage clients for maximum involvement, develop new accounts, manage employees, order supplies & materials, create estimates & proposals, design garden installations/plans, research new plants & gardening products, & troubleshooting garden problems.

Office Manager, landscaping materials & supplies retailing

American Soil Products, Berkeley, CA

~Managed hiring, training, scheduling, & firing of staff, built strong customer service standards, initiated & developed employee procedure manual, conducted monthly staff meetings, coordinated with all departments, and introduced safety meetings for yard & office employees.

Previous Work Experience

The Nature Company, Smith & Hawken~resident Master Composter, I Love a Clean San Diego

Education

B.A., Geography emphasis in resources & environment San Diego State University, San Diego, CA

Additional Information

Keep Oakland Beautiful Board Member ~Schools and Education Committee Chair

Parent Involvement~Sequoia Elementary

~Sequoians are Green Team/2010~initiating & coordinating Stopwaste.org Bay-Friendly Schoolyard Pilot Project, Garden Team

~Harvest Festival/2009-2011~fun school event~increased volunteer participation, including child involvement, & tripling raised funds each year

~Native garden installation/2009~2,000 sq.ft. Native garden design, coordination & implementation

~Pennies for Peace/2009~iniatated 3 month program about children of Pakistan & Afghanistan, raised & donated \$1,000 pennies

~Playground garden installation/2008~co-lead work day installation, consulting follow-up contractor work

Center for Ecoliteracy involvement~Oakland Food Web, Workshops & Leadership Academy

Urban farming~7 chickens, 3 bee hives, bathtub fish pond, 30+fruit trees, beneficial/pollinator plants, composting, & seasonal edibles. Hosted a successful backyard opening on 2011 Bay-Friendly Landscaping & Garden Tour.

Homeschooled daughter~age 4-8, developed & provided her with hands on learning customized to her needs.

May 1994

1997-Winter 2011

1994-1997

CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE AND CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORMED AND 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 INAVEL, and the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS INAVEL, and the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS INAVEL, and the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS INAVEL, and the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS INAVEL, and the certificate holder is an ADDITIONAL INSURED, the policy (ies) must be endorsed. If SUBROGATION IS INAVEL, and the certificate holder is an ADDITIONAL INSURED of a such endorsement(s). PRODUCER IMPORTANT: If the certificate holder is an ADDITIONAL INSURED AND AND AND AND AND AND AND AND AND AN	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE OERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORM REPRESENTATIVE OF INSURATCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUED REPRESENTATIVE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUED the terms and conditions of the policy, cartain policies may require an endorsement. A statement on this cartificate does not confer a deb to cartificate holder in law of such endorsement(s). PRODUCER Iman C. Horman Ins. Services 322 Fradicio Ave San Francisco, CA 54115 Matthew Gray Namere D. Namere D. San Francisco, CA 54115 Matthew Gray Namere D. Namere D. San Francisco, CA 54115 Matthew Gray Namere D. Namere D. San Francisco, CA 54115 Matthew Gray Namere D. Namere D. Namere D. San Francisco, CA 54115 Matthew Gray Namere D. Namere D. Name	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPC CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVER BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If S the terms and conditions of the policy, certain policies may require an endorsement. A statement on this concertificate holder in lieu of such endorsement(s). PRODUCER CONTACT Irene C. Herman Ins. Services CONTACT 422 Presidio Ave CONTACT San Francisco, CA 94115 Matter NSURER A: The Hartford Insurance INSURER A: The Hartford Insurance INSURED INSURER B: Namey Deming 6117 Hillmont Drive Oakland 94606 INSURER C: INSURER D: INSURER C INSURER D: INSURER C: INSURER D: INSURER F: COVERAGES CERTIFICATE NUMBER: REV THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED F EXCLUSIONS AND CONDITIONS	DN THE CERTIFICAT RAGE AFFORMED I ISSUING INCOMPANY UBROGATION IS IN OUBROGATION IS IN PACIFICATE DOES NOT CO FAX (A/C, No): 1 COVERAGE B COMPANY ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	(925) 397-3168
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING BEAMAINS AND CONTRACT NOT CANADAL INSURED THE OPERATION OF ALL SUBJECT AND DECEMBENDATION IS MADE AND CONTRACT MADE AND CONTRACT MADE AND CONTRACT	BELOW: THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING BEAMAINS AND CONTRACT NOT CONTRACT MALE AND THE CERTIFICATE HOLDER. IMPORTANT: If the cartificate holder is an ADDITIONAL INSURED, the policy (les) must be endorated. If SUBROGATION IS (see may require an endoratement. A statement on this certificate does not confirming the terms and conditions of the policy (cartificate holder. In lieu of such endoratement(a). PRODUCER Impact Human line. Services San Francisco, CA 54115 Contract Instruction (gaz) 202-6425 Nancy Deming 6117 Hillmont Drive Oakland 54005 Imsures 1: Imsures.com Nancy Deming 6117 Hillmont Drive Oakland 54005 Imsures 1: Imsures.com INSURER 1: Imsures.com Imsures 1: Imsures.com Nancy Deming 6117 Hillmont Drive Oakland 54005 Imsures 1: Imsures.com INSURER 1: Imsures.com Imsures 1: Imsures.com Insures 1: Imsures.com Imsures 1: Imsures.com Insures 1: Imsures.com Imsures 1: Imsures.com OCVERAGES CERTIFICATE NUMBER: This IS TO CERTIFY THAT THE POLICIES Consultance Listed Delow Mark BEEN ISSUED TO THE INSURE AND CONTRACT OR OFTHE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TENDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINES SHOWN MAY HAVE BEEN ISSUED TO THE INSURE AND SUBJECT TO ALL THE TENDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINES SHOWN MAY HAVE BEEN ISSUED TO THE INSURE AND SUBJECT TO ALL THE TENDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINES SHOWN MAY HAVE BEEN ISSUED	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If S the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate holder in lieu of such endorsement(s). PRODUCER Irene C. Herman Ins. Services 422 Presidio Ave San Francisco, CA 94115 CONTACT Matthew Gray INSURER A: The Hartford Insurance 6117 Hillmont Drive Oakland 94605 INSURER B: INSURER C: INSURER D: INSURER E: INSURER D: INSURER E: INSURER E: INSURER D: INSURER E: INSURER D: INSURER D:	ISSUING INCOMPANY UBROGATION IS IN ortificate does not ex- (A/C, No): 1 COVERAGE e Company ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	(925) 397-3168
the tarms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not conter signs test certificate holder in lieu of such endorsement(s). PRODUCER Insort C. Herman Ins. Services 422 Presidio Ave San Francisco, CA 94115 Nancy Deming 6117 Hillmont Drive Oakland 94005 Nauces A: The Hartford Insurance Company INSURER A: The Hartford Insurance Company INSURER B: INSURER B: INSURER B: INSURER C: INSURER B: INSURER C: INSURE C: INS	the tarms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not conter data tare cer	the terms and conditions of the policy, certain policies may require an endorsement. A statement on this construction of the policy, certain policies may require an endorsement. A statement on this construction of the policy, certain policies may require an endorsement. A statement on this construction of the policy, certain policies may require an endorsement. A statement on this construction of the policy of the poli	FAX (ArC, No): COVERAGE COVERAGE COVERAGE COMPANY ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	(925) 397-3168
PRODUCER Insort C. Horman Ins. Sarvices 422 Pradido Ave San Francisco, CA 94115 Matter V. M., Ed. (926) 202-5425 Adc, MeJ; (926) 397-3466 422 Pradido Ave San Francisco, CA 94115 Matter V. M., Ed. (926) 202-5425 Adc, MeJ; (926) 397-3466 Adc, MeJ; (926) Adc, MeJ; (926) 397-3466 Adc, MeJ; (926) Adc, MeJ; (926) Adc, MeJ; (926) Add, MeJ; (9	PRODUCER Insort C. Horman Ins. Sarvices 422 Predido Ave San Francisco, CA 94115 Marce Marce Matthew Gray A22 Predido Ave San Francisco, CA 94115 Nancy Deming 6117 Hillmont Drive Oakland 9406 INSURER B: INSURER B: INSURER B: INSURER B: INSURER B: INSURER C: INSURER B: INSURER C: INSURER B: INSURER C: INSURE C: INSUR C: INSUR C: INSURE C: INSUR C: INSURE C:	PRODUCER CONTACT Matthew Gray Irene C. Herman Ins. Services 422 Presidio Ave PHONE [925) 202-5425 San Francisco, CA 94115 EMAIL EMAIL EMAIL EMAIL INSURER INSURER(s) AFFORDING INSURER(s) AFFORDING INSURER(s) AFFORDING INSURED INSURER A : The Hartford Insurance INSURER B : INSURER B : Nancy Deming INSURER D : INSURER C : INSURER C : 0akland 94605 INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: REV THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INSURER A = FORDITION OF ANY CONTRACT OR OTHER DOC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED F EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY VEFF	n coverage e Company ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	
422 Presidio Ave San Francisco, CA 94115 I/AC, Mc, Edb; (92/3) 702-9423 I/AC, Mc, Edb; (92/3) 702-9423 INSURED Insurenciaco, CA 94115 Insurenciaco, CA 94115 Insurenciaco, CA 94115 INSURED Insurenciaco, CA 94115 Insurenciaco, CA 94115 Insurenciaco, CA 94115 INSURED Insurenciaco, CA 94115 Insurenciaco, CA 94115 Insurenciaco, CA 94115 INSURED Insurenciaco, CA 94115 Insurenciaco, CA 94115 Insurenciaco, CA 94115 INSURER C: Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 INSURER C: Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco, Ca 94115 Insurenciaco,	422 Presidio Ave San Francisco, CA 94115 I/AC, Mo. Eath. 2420 / 242-0420 I/AC, Mo. 1920 / 247-3106 INSURER/SIGE CONTRACTOR OF A 94115 INSURER C: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER FOR THE POLICY PERIOD INDICATED. NOTWINSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TENSURE A CONTINUE OF AND ANAL AND NUMP PERIAD. THE INSURANCE A CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WERE A 10000 COVERAGES COVERNOL CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS COUST INSURANCE COUST INSURANCE <td< td=""><td>422 Presidio Ave San Francisco, CA 94115 (A.C. No. Ext): (920) 202-0423 San Francisco, CA 94115 EMAIL ADDRESS: matt@ireneinsures.com INSURER INSURER A : The Hartford Insurance INSURER B : Nancy Deming 6117 Hillmont Drive Oakland 94605 INSURER B : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED F EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR LTR TYPE OF INSURANCE INSR LTR TYPE OF INSURANCE INSR LTR TYPE OF INSURANCE INSR LTR TYPE OF INSURANCE INSR LTR TYPE OF INSURANCE</td><td>n coverage e Company ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE</td><td></td></td<>	422 Presidio Ave San Francisco, CA 94115 (A.C. No. Ext): (920) 202-0423 San Francisco, CA 94115 EMAIL ADDRESS: matt@ireneinsures.com INSURER INSURER A : The Hartford Insurance INSURER B : Nancy Deming 6117 Hillmont Drive Oakland 94605 INSURER B : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED F EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR LTR TYPE OF INSURANCE	n coverage e Company ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	
INSURED INSURED INSURER A: The Hardford Insurance Company INSURER B: INSURER B: INSURER C: INSURER B: INSURER C: INSURER C: INSURER C: INSURER C: INSURE C: INSUR C: INSUR C: INSUR C: INSUR C: INSUR C: INSUR C	INSURED INSURER 3: TTM HATFORDING COVERAGE INSURER 5: COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE CENTIFICATE CERTIFICATE CENTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE	INSURER A : The Hartford Insurance INSURER A : The Hartford Insurance INSURER B : INSURER B : INSURER C :	COVERAGE e Company ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	HE POLICY PERIOD
INSURED Nancy Doming 6117 Hillmont Drive Oakland 94606 CERTIFICATE NUMBER: INSURER B: INSURER C: INSURER C: INSURER E: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE MOR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE LISTED BELOW HAVE BEEN ISSUED THE NUTH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICISE DESCRIBED HEREIN ISSUED TO THE INSURED CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICISE DESCRIBED HEREIN ISSUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY PERIC MAMBED AND MAY HAVE BEEN REDUCED BY PAID CLAIMS. MARCH TYPE OF INSURANCE ACCOURTENCE ACCOURTENCE ACTIONOGULAL LABILITY A COLAMMERCIAL GENERAL LIABILITY A AUTOMOBILE LABILITY	INSURED Nancy Deming 6117 Hillmont Drive Ockland 34606 CERTIFICATE NUMBER: INSURER 5: INSURER 5: INSURE 5: INSURER 5: IN	INSURED Nancy Deming 6117 Hillmont Drive Oakland 94605 INSURER D: INSURER D: INSURER D: INSURER D: INSURER D: INSURER E: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: REV THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED F EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDLISUBR CENTRAL LIABILITY CENTRAL LIABILITY INSR IN	ISION NUMBER: NAMED ABOVE FOR TI CUMENT WITH RESPE	
Nancy Deming 6117 Hillmont Drive Oakland 94606 INSURER C: INSURE C: INSUR C: INST	Nancy Deming 6117 Hillimont Drive Oakland 94606 INSURER C: INSUR C: INSUR	Nancy Deming 6117 Hillmont Drive Oakland 94605 INSURER C : INSURER D : INSURER D : Oakland 94605 INSURER E : INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDI_SUBR INSR WYD POLICY NUMBER POLICY EFF (MM/DD/YYY) POLICY EXP (MM/DD/YYY)	AMED ABOVE FOR T	
Name Name Insure Insure Insure Insure COVERAGES CERTIFICATE NUMBER: Insure Insure Insure Insure COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: Insure Insure Insure COVERAGES CERTIFICATE NUMBER: REVISION NUMBER Insure Ins	Walky Domining Oakland 94605 INSURER D:::::::::::::::::::::::::::::::::::	Name y beining 6117 Hillmont Drive Oakland 94605 INSURER D :: INSURER E : INSURER E : INSURER E : INSURER F : COVERAGES COVERAGES CERTIFICATE NUMBER: REV THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDI SUBR TYPE OF INSURANCE INSR WYD OLICY EFF POLICY EXP OLICY TYPE OF INSURANCE	AMED ABOVE FOR T	
Oakland 94605 INSURER E :: INSURER F :: 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 PERICINICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS CERTIFICATE MUMBER: THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS COVER VIEW ON MAY PERTIAN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS CERTIFICATE MUMBER: TYPE OF INSURANCE ADD INTO ALL THE TERMS COMMERCIAL GENERAL LIABILITY A COMMERCIAL GENERAL LIABILITY STSBMZF3181 2/14/2012 2/14/2012 2/14/2013 ADDICY MURP (PERICIAL GENERAL LIABILITY STSBMZF3181 2/14/2012 2/14/2012 2/14/2013 CEACH OCCURRENCE \$ ADICY MURP (PERI	Oakland 94606 INSURER E :: INSURER F :: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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. UNIT TYPE OF INSURANCE ADDIL TY 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. UNIT TYPE OF INSURANCE ADDIL TY FOR OF INSURANCE ZIMITS A AT COMERCIAL GENERAL LIABILITY STBMZF3181 2/14/2012 2/14/2013 DAMAGE TO RENTED OCCUR FOR OF INSURANCE COMERCIAL GENERAL LIABILITY A AT COMERCIAL GENERAL LIABILITY STBMZF3181 2/14/2012 2/14/2012	Oakland 94605 INSURER E : INSURER E : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOUC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDI SUBR INSR WYD POLICY NUMBER POLICY EXP GENERAL LIABILITY EACL CENTRED DO DAM	AMED ABOVE FOR T	
INSURER F : REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERICINICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH 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 SUGARNCE MODICY PERICINICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY PAID CLAIMS. NER TYPE OF INSURANCE MODISUBRER MODISUMMER APPLIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUDDED THE POLICY PREMISED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUDDED THE POLICY PERICE IMMER MER TYPE OF INSURANCE MODISUBRER MODISUMMER POLICY NUMBER POLICY NUMBER POLICY PERICE 1,000 MER COMMERCIAL GENERAL LIABILITY 57SBMZF3181 2/14/2012 2/14/2012 PAIA ADD MED EXPRIPTION 1,000 GENERAL LOGRICATE LIMIT APPLIES PER: COCUR 5 1,000 PRODUCY: COMPORING \$ 1,000 GENERAL LORGILLARILITY Loc SCHEDULED AUTONOBILE LIABILITY 5 1,000 PRODUCY: COMPORING \$ 1,000 AVIT	INSURER F: COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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 SUDJECT POLICY PERIO BY PAID CLAIMS. MER TYPE OF INSURANCE ADDUBUTIONS OF SUDJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUDJECT POLICY NUMBER POLICY NUMBER POLICY PERION MER TYPE OF INSURANCE ADDUBUTIONS OF SUDJECT TO ENTED \$1,000, GENERAL LUBILITY STSBMZF3181 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000, MED EXPLOSION ACOMMERCIAL GENERAL LUBILITY STSBMZF3181 2/14/2012 2/14/2013 DAMAGE TO RENTED MATOMOBILE LABILITY GENERAL CLASSINGLY TOC IMMER EVENCE \$ 1,000, GENERAL CLASSINGLY COMBINED SINGLE LIMIT S 2,000, MAY AUTO AVTON SCHEDULED AUTONS \$ 0,000, AUTOMOBILE LLABILITY AUTON ALTAR AUTON ALTAR </td <td>COVERAGES CERTIFICATE NUMBER: REV THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR LTR GENERAL LIABILITY ADDITIONS OF SUCH POLICY NUMBER POLICY VEFF (MM/DD/YYYY) GENERAL LIABILITY EACC DAM</td> <td>AMED ABOVE FOR T</td> <td></td>	COVERAGES CERTIFICATE NUMBER: REV THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR LTR GENERAL LIABILITY ADDITIONS OF SUCH POLICY NUMBER POLICY VEFF (MM/DD/YYYY) GENERAL LIABILITY EACC DAM	AMED ABOVE FOR T	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERICINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED ON MAY PRATA. CERTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. UTR TYPE OF INSURANCE MAR POLICY NUMBER COMMERCIAL GENERAL LIABILITY 57SBINZF3181 Z/14/2012 Z/14/2012 GENERAL LIABILITY 57SBINZF3181 A COMMERCIAL GENERAL LIABILITY 57SBINZF3181 Z/14/2012 Z/14/2013 GENERAL AGGREGATE LIMIT APPLIES PER: Jonc AUTOMOBILE LIABILITY LOC AUTOR SCHEDULED ALLOWNED SCHEDULED ALLOWNED SCHEDULED AUTOS NOR-WORD AUTOS NOR-WORD MUBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPRENSATION N /A MORKERS COMPRENSATION N /A MORKERS C	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO UNICH THIN 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. BR TYPE OF INSURANCE MR TYPE OF INSURANCE MR TYPE OF INSURANCE MR WWD CLAIMS-MADE X COMMERCIAL GENERAL LIABILITY GENERAL LIABILITY 57SBMZF3181 Z/14/2012 Z/14/2012 Z/14/2013 EACH OCCURRENCE GENERAL LABILITY 57SBMZF3181 Z/14/2012 Z/14/2012 Z/14/2013 EACH OCCURRENCE GENERAL LABILITY 57SBMZF3181 Z/14/2012 Z/14/2012 GENERAL LAGGREGATE LIMIT APPLIES PER: CCUR AUTONG SCHEDULED ADDIL ALL OWNED SCHEDULED ADDIL ALL OWNED SCHEDULED ADDIL AUTONS MORDANY MUTOS SCHEDULED ADDIL	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED N INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDL SUBP GENERAL LIABILITY EDED TO THE INSURANCE AFFORDED AND CONDITION OF ANY CONTRACT OR OTHER DOC DAMAGED TO THE INSURANCE ADDL SUBPLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDL SUBPLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. DECEMBER AND CONDITIONS OF SUCH POLICY EXP OF INSURANCE ADDL SUBPLICIES. DESCRIPTION OF ANY CONTRACT OR OTHER DOC DAMAGED TO THE INSURANCE ADDL SUBPLICIES. DESCRIPTION OF ANY CONTRACT OR OTHER DOC OF INSURANCE ADDL SUBPLICIES. DESCRIPTION OF ANY CONTRACT OR OTHER DOC DAMAGED TO THE INSURANCE ADDL SUBPLICIES. DESCRIPTION OF ANY CONTRACT OR OTHER DOC DAMAGED TO THE INSURANCE ADDL SUBPLICIES. DESCRIPTION OF ANY CONTRACT OR OTHER DOC DAMAGED TO THE INSURANCE ADDL SUBPLICIES. DESCRIPTION OF ANY CONTRACT OF ADDL SUBPLICIES. DESCRIPTION O	AMED ABOVE FOR T	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NER TYPE OF INSURANCE ADDL SUBJECT TO ALL THE TERM: GENERAL LIABILITY GENERAL LIABILITY CLAIMS-MADE X OCCUR GENERAL LIABILITY GENERAL LIABILITY MINON GENERAL LIABILITY MINON GENERAL LIABILITY MINON GENERAL LIABILITY MINON GENERAL LIABILITY MINON GENERAL LIABILITY MINON MUDRIEL AL LIAB MINON MUDRIEL LIABILITY MINON MUDRIEL AL LIAB MUDRIEL MINON MUDRIEL LIABILITY MINON MUDRIEL AL LIAB MUDRIEL AL LIAB MUDRIEL AL LIABILITY MINON MUDRIEL AL	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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. NER TYPE OF INSURANCE ADDILIUNE GENERAL LIABILITY GENERAL LIABILITY CLAIMS-MADE X OCCUR GENERAL LIABILITY GENERAL LIABILITY MINON GENERAL LIABILITY MINON HIRD AUTOS MUDDES HIRD AUTOS MUDDES HIRD AUTOS MODE SCHEDULED AUTOS MODE SCHEDULED MINON MODE SCHEDULED MIN	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED F EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	CUMENT WITH RESPE	
INSER TYPE OF INSURANCE ADDL/SUBP (MM.DD/YYYY) POLICY EXP (MM.DD/YYYY) POLICY EXP (MM.DD/YYYY) GENERAL LIABILITY MSR. WVD POLICY NUMBER 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000 MERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR \$ 57SBMZF3181 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000 GENERAL AGGREGATE LIMIT APPLIES PER: X POLICY PRO \$ 100 GENIL AGGREGATE LIMIT APPLIES PER: Loc \$ 2,000 A UTOMOBILE LIABILITY Loc \$ 000 \$ 000 AUTONOBILE LIABILITY MONOMINED SCHEDULED \$ 0000 \$ 0000 AUTONS AUTOS AUTOS AUTOS SCHEDULED HIRED AUTOS CLAIMS-MADE OCCUR \$ 0000 \$ 0000 EXCESS LIAB CLAIMS-MADE S 0000 \$ 0000 \$ 0000 OED RETENTION \$ \$ 00000 \$ 0000 \$ 00000 ANY POPRIETOR/PARTHER/EXCUTIVE Y/N N/A \$ 000000 \$ 000000 ANY AUTO ALL OWNED AUTOS S 0000000 \$ 000000000 AUTOS MONOMADE S 000000000000000000000000000000000000	INSER TYPE OF INSURANCE ADDL8UBR INSR. WVD POLICY NUMBER POLICY EXP (MM/DD/YYYY) LIMITS GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY 57SBMZF3181 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000, MED EXP (Any one person) \$ 1,000, GENERAL AGGREGATE LIMIT APPLIES PER: X DCCUR 57SBMZF3181 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000, GENERAL AGGREGATE S 2,000, GENERAL AGGREGATE S \$ 0,000, GENERAL AGGREGATE S \$ 0,000, GENERAGE S \$ 0,000, GENERAGE S	INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF POLICY EXP GENERAL LIABILITY EACH DATE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) EACH DATE OF INSURANCE DAT		
GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY 57SBMZF3181 2/14/2012 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000 M CLAIMS-MADE X OCCUR \$ 1,000 MED EXP (Any one person) \$ 1,000 GENTL AGGREGATE LIMIT APPLIES PER:	GENERAL LIABILITY 575BMZF3181 2/14/2012 2/14/2012 2/14/2013 EACH OCCURRENCE \$ 1,000, IMAGE TO RENTED PARAGE TO RENTED TO RENTED INDUS CLAIMS-MADE X OCCUR \$ 1,000, IMED EXP (Any one person) \$ 1,000, GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO- JECT Loc \$ 2,000, TO \$ \$ AUTOMOBILE LIABILITY JECT Loc \$ \$ \$ \$ ANY AUTO ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS AUTOS \$ \$ \$ HIRED AUTOS ANY CONCOMPED AUTOS AUTOS SCHEDULED AUTOS \$ \$ \$ DED RETENTION \$ CLAIMS-MADE OCCUR \$ \$ \$ \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE N / A N / A N / A \$ \$ \$ MARKER SCULUPED? N/M N / A N / A \$ \$ \$ \$ \$ MORKERS COMPENSATION MARKE <	GENERAL LIABILITY	LIMITS	s
A X COMMERCIAL GENERAL LIABILITY S 1,000 CLAIMS-MADE X OCCUR 10 CLAIMS-MADE X OCCUR 10 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000 PRO 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: Loc 2,000 PRODUCTS - COMPIOP AGG 2,000 AUTOMOBILE LIABILITY ANY AUTO ALL OWNED ALLOWNED S BODILY INJURY (Per person) 5 AUTOS AUTOS AUTOS AUTOS AUTOS S BODILY INJURY (Per person) 5 UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ S S UMBRELLA LIAB OCCUR \$ \$ S S UMBRELLA LIAB OCCUR \$ \$ \$ S DED RETENTION S \$ \$ \$ \$ WORKERS COMPENSATION N / A \$ \$ \$ \$ MAY PROPRIETOR/PARTHER/EXECUTIVE N / A N / A \$ \$ \$ LIABLITY N / A Y / N \$ \$ \$	A X COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ 1,000, CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 10, GENTLAGGREGATE LIMIT APPLIES PER: GENTLAGGREGATE LIMIT APPLIES PER: Image: Component of the second of the sec		HOCCURRENCE	4 000 04
GENIL AGGREGATE LIMIT APPLIES PER: Image: constraint of the second s	GENIL AGGREGATE LIMIT APPLIES PER: Image: constraint of the second s			s 1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000 X POLICY PRO- JECT Loc \$ AUTOMOBILE LIMIT APPLIES PER: S COMBINED SINGLE LIMIT \$ AUTOMOBILE LIMITY ANY AUTO S S BODILY INJURY (Per person) \$ ANY AUTO AUTOS SCHEDULED AUTOS SCHEDULED AUTOS S BODILY INJURY (Per person) \$ HIRED AUTOS MONO-WINED AUTOS AUTOS S EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ S \$ DED RETENTION \$ N/A S \$ \$ WORKERS COMPRENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE N/A \$ \$ \$ MORKERS COMPRENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE N/A \$ \$ \$ MORKERS COMPRENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE N/A \$ \$ \$ If yes, describe under N/A E.L. DISEASE - EA EMPLOYEE \$ \$	GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000, X POLICY PRO- JECT Loc \$ AUTOMOBILE LIABILITY Loc \$ \$ ANY AUTO SCHEDULED SCHEDULED \$ AUTOS SCHEDULED SCHEDULED \$ AUTOS NON-OWNED SCHEDULED \$ AUTOS NON-OWNED SCHEDULED \$ AUTOS NON-OWNED AUTOS \$ HIRED AUTOS CLAIMS-MADE \$ \$ DED RETENTIONS \$ \$ WORKERS COMPRENSATION N/A \$ \$ MORERS COMPRASTINER/EXECUTIVE N /A \$ \$ MORKERS COMPRASTINER/EXECUTIVE N /A \$ \$ MORKERS COMPRASTINER/EXECUTIVE N /A \$ \$ MORKERS COMPRASTINER/EXECUTIVE N /A \$ \$ UMBRELLA LIABILITY N /A \$ \$ LED RETENTIONS \$ \$ \$ MORKERS COMPRASTATION \$ \$ \$ \$ <td>CLAIMS-MADE X OCCUR</td> <td>EXP (Any one person)</td> <td></td>	CLAIMS-MADE X OCCUR	EXP (Any one person)	
GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG \$ 2,000 X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY LOC \$ ANY AUTO SCHEDULED SCHEDULED AUTOS AUTOS BODILY INJURY (Per person) \$ HIRED AUTOS AUTOS SCHEDULED SCHEDULED AUTOS AUTOS SCHEDULED SCHEDULED HIRED AUTOS AUTOS SCHEDULED \$ UMBRELLA LIAB OCCUR CALIMS-MADE \$ DED RETENTION \$ \$ \$ WORKERS COMPENSATION N/A \$ \$ AND EMPLOYERS' LIABILITY N/A \$ \$ VORKERS COMPENSATION N/A \$ \$ AND EMPLOYERS' LIABILITY N/A \$ \$ VORKER SCUPENSATION N/A \$ \$ MAD EMPLOYERS' LIABILITY N/A \$ \$ VORKERS COMPENSATION N/A \$ \$ AND SEMPLOYERS' LIABILITY N/A \$ \$ CIFICER/MEMBER EXCLUDED? N/A \$	GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG \$ 2,000, X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY LOC \$ ANY AUTO SCHEDULED SCHEDULED AUTOS AUTOS AUTOS HIRED AUTOS AUTOS SCHEDULED HIRED AUTOS GCCUR EACH OCCURRENCE S VORKERS COMPENSATION SCHEDULED SCHEDULED S MORKERS COMPENSATION N/A SCHEDULED S AND EMPLOYERS' LIABILITY N/A SCHEDULED S OFFICER/MEMBER EXCLUDED? N/A <td></td> <td></td> <td>0.000.00</td>			0.000.00
OLICE ACCINECT PRO- X PROLICY PRO- JECT LOC AUTOMOBILE LIABILITY LOC COMBINED SINGLE LIMIT (Ea accident) \$ ANY AUTO AUTOS AUTOS BODILY INJURY (Per person) \$ AUTOS AUTOS AUTOS BODILY INJURY (Per person) \$ HIRED AUTOS AUTOS AUTOS \$ BODILY INJURY (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE \$ \$ DED RETENTION \$ WC STATU- TORY LIMITS OTH- TORY LIMITS EL EACH ACCIDENT \$ OFFICERMEMBER EXCLUDED? IN /A EL DISEASE - EA EMPLOYEE \$ EL DISEASE - EA EMPLOYEE \$	OLIT AGORIZON CONTROL AT LIGHT AND LOC Integration of the control			0.000.00
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO SCHEDULED BODILY INJURY (Per person) \$ ALL OWNED AUTOS AUTOS BODILY INJURY (Per person) \$ HIRED AUTOS AUTOS AUTOS BODILY INJURY (Per accident) \$ HIRED AUTOS AUTOS AUTOS \$ BODILY INJURY (Per accident) \$ UMBRELLA LIAB OCCUR \$ \$ \$ \$ \$ DED RETENTION \$ \$ \$ \$ \$ \$ WORKERS COMPENSATION N/A \$ \$ \$ \$ AND EMPLOYERS' LIABILITY N/A \$ \$ \$ \$ OFFICERMEMBER EXCLUDED? N/A N/A \$ \$ \$ If yes, describe under N/A \$ \$ \$ \$ \$	AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO SCHEDULED BODILY INJURY (Per person) \$ ALL OWNED AUTOS AUTOS BODILY INJURY (Per person) \$ HIRED AUTOS AUTOS AUTOS BODILY INJURY (Per accident) \$ HIRED AUTOS AUTOS AUTOS S BODILY INJURY (Per accident) \$ UMBRELLA LIAB OCCUR FROPERTY DAMAGE \$ \$ \$ EXCESS LIAB CLAIMS-MADE \$ \$ \$ \$ DED RETENTION \$ \$ \$ \$ \$ AND EMPLOYERS' LIABILITY Y /N N /A \$ \$ \$ OFFICERMEMBER EXCLUDED? N /A N /A \$ \$ \$ If yes, describe under N /A \$ \$ \$ \$		DUCTS - COMP/OP AGG	•
ANY AUTO SCHEDULED ALL OWNED SCHEDULED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS AUTOS BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ Image: Comparison of the structure \$ Image: Compensation of the structure \$ AND EMPLOYER' LABILITY Y/N AND EMPLOYER'S LOBBILITY N /A OFFICERMEMBER EXCLUDED? N /A If yes, describe under \$ If yes, describe under \$	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS A	COM		
ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS AUTOS HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LABILITY OFFICER/MEMBER EXCLUDED? N / A MORMED AUTOS N / A	ALLOWNED AUTOS SCHEDULED AUTOS HIRED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LABILITY OFFICER/MEMBER EXCLUDED? Y / N N / A MORMAGE \$ LEL. EACH ACCIDENT \$ EL. EACH ACCIDENT \$ EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$	200		
HIRED AUTOS AUTOS	HIRED AUTOS AUTOS (Per accident) * UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE AUTOS DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N N/A N/A OFFICER/MEMBER EXCLUDED? N/A N/A	ALL OWNED SCHEDULED BOD		\$
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND FMPCOPRETOR/PARTNER/EXECUTIVE Y/N N/A ANY PROPRETOR/PARTNER/EXECUTIVE N/A UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ ADD EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N N/A If yes, describe under N/A	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABILITY Y / N AND EMPLOYERS' LIABILITY Y / N OFFICER/MEMBER EXCLUDED? N / A If yes, describe under \$ If yes, describe under \$	HIRED AUTOS NON-OWNED AUTOS PRO		
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABILITY Y/N AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under \$	EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABILITY Y / N AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under If yes, describe under			
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? V/N N/A E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE If yes, describe under \$	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N N/A OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under N/A			
WORKIERS COMPENSATION OTH- AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A COFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) EL. DISEASE - EA EMPLOYEE If yes, describe under S	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A COFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under	CommonDL	REGATE	
AND CAPECOTERS DEALTY Y/N ANY ROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ EL. DISEASE - EA EMPLOYEE \$	AND EMPLOYERS CHARTHEREXECUTIVE Y/N ANY ROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - EA EMPLOYEE \$	WORKERS COMPENSATION		
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under	(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under	AND COPPRETOR/PARTNER/EXECUTIVE E.L.		\$
E.L. DISEASE - POLICY LIMIT \$	E.L. DISEASE - POLICY LIMIT \$	(Mandatory in NH)	DISEASE - EA EMPLOYEE	\$
		DESCRIPTION OF OPERATIONS below E.L.	DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. if more space is required)	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. If more space is required)		

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD



Excluded Parties List System

Search Results Excluded By Individual : Deming Nancy as of 05-Jul-2012 3:16 PM EDT

Your search returned no results.



PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2012-2013

			1	-	B	aeic	Directi	one		3		a that	- 2	-
	Addi	tional direction	ons and rel	ated docu					ons Libr	ary (http://	intranet.	ousd.k	(12.ca.us)	
		vices canno												
	1. Contracto	r and OUSD	contract ori	ginator (pr	incipal or r	manage	er) react	agreeme	nt about	scope of w	work and a	compe	nsation.	
		ntractor mee												erification)
		r and OUSD												
		weeks of crea					-						oproval to i	rocurement.
		For individu For individu										1.		
one		For All Cons										rch.do)	
		For All Cons												
		For All Cons For All Cons	sultants: Pr	oot of Cor	nmercial (Senera	al Liabili orkers' (ty insural	nce nan	surance (J as an A Ref. to S	Additio	10 of the	d. Contract)
ous	D Staff Contac													Contracty
						-								
	treates Nore	Newsyl	a section of	_	Cont	tracto		mation	ot			10,23	- 3	
	Tractor Name	Nancy E # 1005362				-	Title	's Conta		wner				
	et Address		Imont Dr.				City	Oaklan	_	WIICI	State	CA	Zip	94605
	phone	(510) 29					Email		.1	Ideming@			1	101000
	tractor History		viously bee	en an OUS	SD contrac	ctor?							oyee?	Yes 📕 No
						_		manual						
			mpensati											
_	cipated start d		07/15/2	2012	Date work	will e	nd	06/30/	2013	Other 8	Expenses	5	\$	
Pay	Rate Per Hou	If (required)	\$ 50.00		Number o	f Hour	rs (require	d)	400.00					
			1		Bu	daet	Inform	ation			3			
	If you are	planning to m	nulti-fund a c	ontract usi					te and F	ederal Offic	e <u>before</u> c	comple	ting requisi	tion.
R	Resource #	Resource	Name	-		Or	g Key				Object C	ode	A	mount
	1313	Nutrition Se	ervices			9919	800303				5825	5	\$ 20,000	0.00
											5825	5	\$	
											5825	5	\$	
F	Requisition	No (required)	12/12/	1170				Total Co	ontract	Amount			\$ 20,000	0.00
	toquioition	(required)	140.00	and the second se	al and Ro	utina	(in orde	er of ann	rovals	tens)	Ale -	51 2	+ 20,000	
So	rvices cannot b	e provided het	fore the cont								document	affirm	s that to you	ır knowledge
UE	I VICES CALIFICE D	e provided bei		servi	ces were no	ot provi	ded befo	re a PO w	as issue	d.			, and to jo	
v	OUSD Ad	ministrator v	erifies that	this vendo	or does not	t appe	ear on th	e Exclud	ed Part	ies List (ht	tps://www	w.epls	.gov/epls/	search.do)
	Administrato	r / Manager (Originator)	Name	Jennifer	LeBar	rre			Phone	(510) 4	34-33	34	
1.	Site / Depa	artment	100	29	Nutrition	Servi	ices			Fax	(510) 4	34-22	59	
	Signature 2	AMUL	WYI	DA	TANS	L	-		Date	Approved	-	111	112	
	Resource Ma	inager, if usin	g funds man	aged by	State and Fee	deral [Quality, C	ommunity, S	School Dev	elopment	Family, Scho	ods, and	Community F	artnerships
_	Scope of w	ork indicates	compliant us	e of restrict	ted resource	e and is	s in align	ment with	school s	ite plan (SI	PSA)			
2.	Signature								Date	Approved				
	Signature (if u	sing multiple rest	ricted resources	5)					Date	Approved				
		ecutive Office												.10
3.		escribed in the						school site	9					
		is qualified to	provide sen	uces descri	bed in the s	scope o	of work		Det	A				
-	Signature	rinton dont in	otruction	1 Andrew		Supar	intonde	t Rusines		Approved	onsultant A	aaraan	e Linder 🗖	Over []\$50,00
4.		erintendent In	structional	auershi	p / Deputy	Super	1	L Dusmes	T		onsultant A	ฐษายษาย		
5	Signature	ant Deard of	Education	HAL	on the long	Lu	1		Date	Approved	1			
5.		ent, Board of		N.		Contra		Donied	Deecer	1			Data	
	al Required if n			App	roved			Denied -		Ĩ	112+	DE	Date	
Proc	curement [Date Received						PO Numb	ber	4	190	102	>12	

Rev. 5/2012 v1



THIS FORM IS NOT A CONTRACT