

File ID Number	19-0354
Introduction Date	4/10/2019
Enactment Number	
Enactment Date	
By	



**OAKLAND UNIFIED SCHOOL DISTRICT**  
Community Schools, Thriving Students

**OAKLAND UNIFIED SCHOOL DISTRICT  
Office of the Board of Education**

April 10, 2019

To: Board of Education

From: Kyla Johnson-Trammell, Superintendent  
Andrea Bustamante, Executive Director, Community Schools and Student Services Department  
Michelle Oppen, Wellness Coordinator

Subject: Grant Award - American Heart Association - Healthy for Life - Community Schools & Student Services Department

**ACTION REQUESTED:**

Approval by the Board of Education of the Grant Award between the District and the American Heart Association, in the amount of \$2,500.00, to educate and inspire staff to discover, choose, and prepare healthy food, for the period February 1, 2019 through June 15, 2019, pursuant to the terms and conditions thereof, if any

**BACKGROUND:**

Grant award for OUSD employees for the 2018-2019 fiscal years was submitted for funding as indicated in the chart below. The Grant Face Sheet and grant application packets are attached.

File ID #	Backup Document Included	Type	Recipient	Grant's Purpose	Time Period	Funding Source	Grant Amount
19-0354	Yes	Grant	Oakland Unified School District Staff Wellness Department	To educate and inspire staff to discover, choose, and prepare healthy food	February 1, 2019 through June 15, 2019	American Heart Association	\$2,500.00

**DISCUSSION:**

The district created a Grant Face sheet process to:

- Review proposed grant projects at OUSD sites and assess their contribution to sustained student achievement
- Identify OUSD resources required for program success

OUSD received a Grant Face Sheet and a completed grant application for the program listed in the chart by the office.

**FISCAL IMPACT:**

The total amount of grants will be provided to OUSD schools from the funders.

- Grants valued at: \$2,500.00

**RECOMMENDATION:**

Approval by the Board of Education of a Grant Agreement for OUSD schools via the Staff Wellness Office for the year 2019, pursuant to the terms and conditions thereof and to submit amendments thereto, for the grant year, if any.

**OUSD Grants Management Face Sheet**

<b>Title of Grant:</b> Healthy For Life	<b>Funding Cycle Dates:</b> February 1, 2019-June 15, 2019
<b>Grant's Fiscal Agent:</b> (contact's name, address, phone number, email address) Attention: Shane Valentine American Heart Association 426 17 <sup>th</sup> St., #300 Oakland CA 94612	<b>Grant Amount for Full Funding Cycle:</b>  \$2,500
<b>Funding Agency:</b> American Heart Association	<b>Grant Focus:</b> Nutrition and healthy food preparation for staff
<b>List all School(s) or Department(s) to be Served:</b> District-wide staff	

Information Needed	School or Department Response
How will this grant contribute to sustained student achievement or academic standards?	When staff are better able to care for themselves, they will better serve our students. This grant provides funding for 4 cooking, nutrition and health demos at OUSD.
How will this grant be evaluated for impact upon student achievement?  (Customized data design and technical support are provided at 1% of the grant award or at a negotiated fee for a community-based fiscal agent who is not including OUSD's indirect rate of 5.48% in the budget. The 1% or negotiated data fee will be charged according to an Agreement for Grant Administration Related Services payment schedule. This fee should be included in the grant's budget for evaluation.)	We will survey staff involved.
Does the grant require any resources from the school(s) or district? If so, describe.	No
Are services being supported by an OUSD funded grant or by a contractor paid through an OUSD contract or MOU?  (If yes, include the district's indirect rate of 5.48% for all OUSD site services in the grant's budget for administrative support, evaluation data, or indirect services.)	No
Will the proposed program take students out of the classroom for any portion of the school day? (OUSD reserves the right to limit service access to students during the school day to ensure academic attendance continuity.)	No
Who is the contact managing and assuring grant compliance? (Include contact's name, address, phone number, email address.)	Michelle Oppen, OUSD Wellness Coordinator CSSS Department, Health & Wellness Unit 1000 Broadway, Suite 150 510-879-2612 Michelle.oppen@ousd.org

**Applicant Obtained Approval Signatures:**

Entity	Name/s	Signature/s	Date
Principal	Andrea Bustamante	<i>Andrea Bustamante</i>	2/26/19
Department Head (e.g. for school day programs or for extended day and student	Sondra Aguilera	<i>Sondra Aguilera</i>	2/27/19

**ATTACHMENTS:**

Grant Award Letter

Copy of Check No. 00822001

Grant Application



Dear Michelle,

Congratulations! Oakland Unified School District (OUSD) – Staff Wellness has been awarded \$2,500 for the execution of Healthy for Life® educational experiences in your community.

Healthy for Life 20 By 20®, is the flagship initiative between Aramark and the American Heart Association. It is a unique commitment to improve the health of all Americans 20 percent by 2020.

Together, we designed an educational curriculum aimed at inspiring individuals and families to discover, choose, and prepare healthy foods. The resources through Healthy for Life® equip individuals with the knowledge, skills, and confidence to discover, choose, and prepare healthy food through hands-on experiences and interactive evidence-based education. The educational experiences bridge the gap between knowing one needs to be healthier and having the knowledge, skills, and confidence to be able to live healthier.

#### Individuals' Goals & Educational Outcomes:

- Inspire individuals to make healthy eating part of everyday life to help them reach their potential
- Attain and build food literacy (i.e. knowledge, attitudes and beliefs about healthy food)
- Increase skills around preparing and cooking healthy food
- Increase confidence in preparing healthy home-cooked meals

#### Community-level Goals:

- Enable community organizations to enhance the impact of their health and wellness programs
- Create a supportive community of individuals & families on their health journeys

#### Based on the funding received, OUSD – Staff Wellness has agreed to:

- Identify primary point of contact and participant in initial orientation
- Conduct at least 4 educational experiences by June 15, 2019 using our educational experiences materials
- Engage 25 participants per session
- Provide a brief program report at the conclusion, including photos

**Please note:** Up to 15 organizations can participate in the evaluation process (distribute paper surveys to participants in 1<sup>st</sup> and 4<sup>th</sup> sessions and then enter survey responses online) and will be provided an additional \$100 (allocated as \$50 upfront and the remaining \$50 following receipt of post-surveys). This is based on a first come, first serve basis. If you are interested, please notify [healthyforlife@heart.org](mailto:healthyforlife@heart.org) by January 11<sup>th</sup>.

The grant will be issued in January and the implementation needs to be complete by June 15, 2019. If you are no longer able to fulfill this commitment, please contact me.

Congratulations again! And I look forward to working with you and your Wellness Champion on this initiative.

In good health,  
Shane Valentine

**American Heart Association, Inc.**  
 7272 Greenville Avenue  
 Dallas, TX 75231-4696

Page 1  
 Check Date: 03/19/19 NO. 00822001

INVOICE NO.	DATE	DESCRIPTION	GRAND	DEDUCTIONS	AMOUNT PAID
1/25/19 GRANT	01/25/19	Oakland Unified Sch Di	2,500.00		2,500.00
*Totals ..			2,500.00		2,500.00

DETACH AT PERFORATION BEFORE DEPOSITING CHECK

THIS CHECK IS VOID WITHOUT A RED & GRAY BORDER AND BACKGROUND PLUS A KNIGHT & FIREPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

**American Heart Association, Inc.**  
 7272 Greenville Avenue  
 Dallas, TX 75231-4696

Bank of America N.A.  
 Member FDIC  
 Wichita Falls, TX

BB-130/1118  
 NO. 00822001

1067008      DATE: 03/19/19      AMOUNT: \$\*\*\*\*\*2,500.00  
 VOID AFTER 180 DAYS

PAY TWO THOUSAND FIVE HUNDRED AND 00/100\*\*\*\*\* DOLLARS

TO: Oakland Unified School District  
 Attn: Michelle Copen - Health & Wellness  
 1090 Broadway Ste 150  
 Oakland CA 94607

*Lyndi Roberts*

⑈00822001⑈ ⑆111901302⑆ ⑆002330938905⑈



**Report Template**

**Organization Details**

Individuals name completing report

Community Organization

City

State

Email address

**Approved funding amount: \$2,500**

**Funding Period: January 1-June 15, 2019**

**Measurement/outcomes:**

	<b>AHA deliverable</b>	<b>[Organization Name] deliverable</b>
<b>January 2019</b>	<ul style="list-style-type: none"> <li>• Distribute funds</li> <li>• Provides orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Share project plan with AHA with timeline for implementation</li> </ul>
<b>Monthly (Jan-June)</b>	•	•
<b>January Activities in progress</b>	•	•
<b>Monthly - February</b>	•	•
<b>Activities in progress</b>	•	•
<b>Monthly - March</b>	•	•
<b>Activities in progress</b>	•	•
<b>Monthly - April</b>	•	•
<b>Activities in progress</b>	•	•
<b>Monthly - May</b>	•	•
<b>Activities in progress</b>	•	•
<b>Monthly - June</b>	•	•
<b>Activities in progress</b>	•	•
<b>June/July 2019</b>	<ul style="list-style-type: none"> <li>• Provides reporting template/tool</li> </ul>	<ul style="list-style-type: none"> <li>• Final report with photos</li> <li>• Post survey results, if applicable (AHA will provide survey questions)</li> </ul>



## Summary Report Template

### Organization

---

Individuals name  
completing report  
Community Organization  
City  
State  
Email address


### Recruiting and Enrollment

- What methods did you use to recruit participants?
- Was enrollment consistent over the series of activities?
- Did you offer any incentives for participation?

### Participant Engagement

- How engaged were participants?
- What do you think contributed to this?
- Did you offer any incentives during the activities?
- Do you have any quotes or direct participant feedback about the program?
- What was the biggest takeaway for the participants?

### Facilitator Experience

- What has been the most inspiring aspect of the educational experiences?
- What is different about this program compared to other health programs you may have implemented previously? What was unique about the educational experiences?
- What surprised you the most?
- Have you learned something new?

### Volunteer Activation

- What role did the volunteer(s) play?

### Materials and Content

- How would you rate the materials and content? Support?



- Do you have feedback on the evaluation process? Materials? Support or instructions?

### Looking Forward

- Are you planning to continue with the activities?
- Would you want to offer them again? Engage with new content?
- Is there anything you'd change?

### Challenges

- Did you have any challenges? (Describe briefly)

### Budget Breakdown

Please outline your budget expenditures here:

Recruiting efforts

Incentives

Food/Beverages

Materials (non-food supplies)

Other


### General Feedback

- Any other feedback?



e.1 Address Request

e.1 address request is for (check appropriate box) OR if updating CURRENT SUPPLIER enter e.1 Supplier Number here:

- Job Applicant reimbursement for travel expenses. W-9 is not required.
- Vendor/Supplier invoice or purchase order. W-9 is required.
- Volunteer honorarium. W-9 is required.
- Volunteer expenses. W-9 is not required.
- Refund. W-9 is not required.

Mailing Name:

Address Line 1:

Address Line 2:

Address Line 3:

City:  State:  Postal Code:

A/R Phone:  A/R Email:

Tax ID or Social Security Number **REQUIRED** for all Suppliers and Volunteer Honorariums:

AHA Employee Name:

Affiliate Name or National Center:

Is this supplier one of the following?

- Governmental Entity, including USPS (Code: G)
- Other AHA Entity (Code: AHA)
- Non-Profit Entity (Code: NP)

Is this supplier a minority or woman owned business? If yes, please check one box accordingly:  Yes  No  Don't Know

- Native American Owned (AI)
- Native American Woman Owned (AIW)
- Hispanic America Woman Owned (HAW)
- Hispanic American Owned (HA)
- African-American Owned (AA)
- African-American Woman Owned (BAW)
- Caucasian Woman Owned (CW)
- Asian-Pacific American Woman Owned (APW)
- Asian-Pacific American Owned (APA)
- Asian-Indian Amer. Woman Owned (ANW)
- Asian-Indian American Owned (ANI)

**SUPPLIER TERMS:** All Suppliers will be paid net 30 unless otherwise checked.

- Due Upon Receipt
- Net 15
- Net 30

Please find definition of AHA Supplier Payment Terms and Supplier Payment Options by clicking here.

**Request for Taxpayer  
 Identification Number and Certification**

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**OAKLAND UNIFIED SCHOOL DISTRICT**

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

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

- Individual sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) in \_\_\_\_\_  
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Apply a maximum of only one code)

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

**1000 BROADWAY, SUITE 600**

6 City, state, and ZIP code

**OAKLAND, CA 94607**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer identification number (TIN)**

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

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

Social security number

			-					
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Employer identification number

9	4	-	0	0	0	3	8	5
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**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here  Signature of U.S. person 

Date: **11/30/18**

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099-L (mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.

VENDOR NAME: OORTAP United School District

**AHA SUPPLIER PAYMENT OPTIONS**

Please approve one form of payment by way of authorization below.

**MERCHANT CREDIT CARD**  
Consent Payment to Merchants

American Heart Association encourages the use of Merchant Credit Cards for payment to Suppliers. The MCC allows instant processing of payment, with funds posted directly to your account at the time of invoicing.

I hereby authorize American Heart Association to deposit any amounts owed the organization I represent by way of Merchant Credit Card.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Communication regarding Merchant Credit Card transactions should be communicated to:

Printed A/R Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**DIRECT DEPOSIT**  
Electronic Funds Transfer

American Heart Association also offers Full Service Direct Deposit by way of Electronic Funds Transfer for payment to Suppliers. The EFT allows for payment of funds posted directly to your account within 48 hours.

I hereby authorize AHA to deposit any amounts owed the organization I represent by initiating credit entries to my account at the financial institution indicated on this form. I authorize the financial institution to accept and to credit any credit entries initiated by AHA to accounts. In the event that AHA deposits funds erroneously from the stated account, I authorize AHA to debit my account not to exceed the original amount of the erroneous credit.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit/Routing Number: \_\_\_\_\_

Communication regarding ACH transactions should be communicated to:

Printed A/R Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**CHECK PAYMENT**

American Heart Association processes check payments twice a week on Tuesday & Thursday. Please allow 4-6 working days for United State Postal Service (USPS)

I hereby authorize American Heart Association to process payments owed the organization I represent by way of bank check.

Printed Name: Michelle Oopen

Title: OU&D Wellness Coordinator

Signature: *Michelle Oopen*

This authorization is to remain in full force and effect until American Heart Association and the Financial Institution have received written notice from me of its termination in such manner as to afford AHA and the Financial Institution reasonable opportunity to act on it.