

<b>Board Office Use: Legislative File Info.</b>	
File ID Number	18-0979
Introduction Date	05/23/18
Enactment Number	18-1166
Enactment Date	6/27/18 er



**OAKLAND UNIFIED  
SCHOOL DISTRICT**

*Community Schools, Thriving Students*

# Memo

**To** Board of Education

**From** Kyla Johnson-Trammell, Superintendent

**Board Meeting Date** May 23, 2018  
*(To be completed by Procurement)*

**Subject** Memorandum of Understanding - Vision To Learn (contractor) - 922/Community Schools and Student Services Department (site/department)

**Action Requested** Approval of a Memorandum of Understanding between Oakland Unified School District and Vision To Learn. Services to be primarily provided to 968/Health Services Department for the period of September 1, 2017 through June 30, 2018.

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

Vision To Learn operates a school-based mobile vision clinic program referred to as the "Mobile Clinic". They will work in conjunction with Health Services Department to provide vision services to OUSD K-12 students who have been identified as having potential uncorrected vision difficulties. They will perform basic vision examinations. They will also provide prescription eyeglasses, fitting of glasses, and referrals to the school nurse for additional care when indicated.

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

Approval by the Board of Education of a Memorandum of Understanding between the District and Vision To Learn, Los Angeles, CA, for the latter to provide a school-based mobile vision clinic program for OUSD K-12 students with potential uncorrected vision difficulties for the Health Services Unit via the Community Schools and Student Services Department for the period of September 1, 2017 through June 30, 2018, at no cost to the District.

**Recommendation** Approval of Memorandum of Understanding between Oakland Unified School District and Vision To Learn. Services to be primarily provided to Health Services Department for the period of September 1, 2017 through June 30, 2018.

**Fiscal Impact** Funding: No Fiscal Impact

**Attachments**

- Memorandum of Understanding
- Certificate of Insurance



**OAKLAND UNIFIED SCHOOL DISTRICT**

*Community Schools, Thriving Students*

**CONTRACT JUSTIFICATION FORM**  
**This Form Shall Be Submitted to the Board Office**  
**With *Every* Consent Agenda Contract.**

**Legislative File ID No.** 18-0979

**Department:** 968/Health Services

**Vendor Name:** Vision To Learn

**Contract Term:** Start Date: 9/1/2017 End Date: 6/30/2018

**Annual Cost:** \$ 0.00

**Approved by:** Barbara Parker

**Is Vendor a local Oakland business?** Yes  No

**Why was this Vendor selected?**

The Vision To Learn operates a school-based mobile vision clinic program referred to as the "Mobile Clinic". They will provide vision services to OUSD K-12 students who have been identified as having potential uncorrected vision difficulties. They will perform basic vision examinations as well as provide prescription eyeglasses, fitting of glasses, and referrals to the school nurse for additional care when indicated.

**Summarize the services this Vendor will be providing.**

Vision to Learn will provide a school-based mobile vision clinic program for OUSD K-12 students with potential uncorrected vision difficulties.

**Was this contract competitively bid?** Yes  No

If No, answer the following:

1) How did you determine the price is competitive?

Professional Services Contract (no cost to the district)

2) Please check the competitive bid exception relied upon:

- Educational Materials**
- Special Services** contracts for financial, economic, accounting, legal or administrative services
- CUPCCAA exception** (Uniform Public Construction Cost Accounting Act)
- Professional Service Agreements** of less than \$87,800 (increases a small amount on January 1 of each year)
- Construction related Professional Services** such as Architects, DSA Inspectors, Environmental Consultants and Construction Managers (require a "fair, competitive selection process)
- Energy** conservation and alternative energy supply (e.g., solar, energy conservation, co-generation and alternate energy supply sources)
- Emergency** contracts [requires Board resolution declaring an emergency]
- Technology** contracts
  - electronic data-processing systems, supporting software and/or services (including copiers/printers) over the \$87,800 bid limit, must be competitively advertised, but any one of the three lowest responsible bidders may be selected
  - contracts for computers, software, telecommunications equipment, microwave equipment, and other related electronic equipment and apparatus, including E-Rate solicitations, may be procured through an RFP process instead of a competitive, lowest price bid process
  - Western States Contracting Alliance Contracts (WSCA)
  - California Multiple Award Schedule Contracts (CMAS) [contracts are often used for the purchase of information technology and software]
- "Piggyback"** Contracts with other governmental entities
- Perishable Food**
- Sole Source**
- Change Order for Material and Supplies** if the cost agreed upon in writing does not exceed ten percent of the original contract price
- Other, please provide specific exception**

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
VISION TO LEARN AND OAKLAND UNIFIED SCHOOL DISTRICT**

This agreement ("Agreement") is entered into by and among Vision To Learn, hereinafter referred to as "Agency", and Oakland Unified School District, hereinafter referred to as "District".

**WITNESSETH**

WHEREAS, Agency operates a school-based mobile vision clinic program, hereinafter referred to as "Mobile Clinic";

WHEREAS, the District desires that Agency operate the Mobile Clinic on District property as set forth herein below;

NOW, THEREFORE, the parties hereto enter into this Agreement as a full statement of their respective responsibilities during the term of this Agreement, and in consideration of the representations made above and the covenants and conditions set forth herein, the parties agree as follows:

**I. General Information:**

1. The delivery of services by Agency will be on the premises of selected OUSD K-12 school sites, on days and at times as mutually agreed upon by both parties.

**II. Obligations of Agency:**

1. Be solely responsible for staffing and providing services under this Agreement. Agency certifies that staff and/or trainees providing the services are adequately trained and prepared according to prevailing professional standards for providing such services.
2. Provide adequate supervision of the professional staff and/or trainees.
3. Certify that Agency staff will follow legal guidelines on reporting child abuse.
4. Certify that all personnel in contact with children shall provide evidence of freedom from tuberculosis upon request of the District and that personnel meet District criminal conviction standards.
5. Be responsible for the cost, care and maintenance of the Mobile Clinic.
6. Be responsible for the services described herein with parent/guardian written approval. Services shall include:
  - a. Basic vision examination for Referred Students'
  - b. Prescription and fitting of glasses
  - c. Provision of glasses from Provider's available selection. Glasses will be delivered on a separate date approximately two weeks after exam.
  - d. As feasible and appropriate, referrals to the school nurse additional care where indicated.
7. Should services by Agency include any form of medical services, including diagnostic services, treatment or counseling, Agency shall obtain written parent consent prior to providing service(s) to a minor.

**III. Obligations of the District:**

1. Provide the Mobile Clinic medical team with any necessary utilities, including electrical hookups, as required for the Mobile Clinic.
2. Health Services Unit shall:

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- a. Facilitate the education of OUSD faculty, staff and parents about the vision mobile clinic and how to make referrals to the vision mobile clinic
- b. Collaborate with the vision mobile clinic.
- c. Assist in developing a plan to identify students with vision difficulties who would benefit from the vision mobile clinic services
- d. Refer students that have been previously screened and failed the vision screening to the vision mobile clinic.
- e. Obtain written parent/guardian consent for referred students on a consent form provided by Agency.
- f. Assist in the scheduling of clinic dates with school site principals and assist in scheduling students and parents for clinic visits.
- g. Communicate with the vision mobile clinic team regarding the vision status of students seen in the vision mobile clinic as allowed by HIPAA and FERPA.

**IV. Billing:**

Services will be provided at no cost to the District or to the students served.

**V. Insurance:**

Agency and District are self-insured entities for purposes of Professional Liability, General Liability, Automobile Liability and Workers' Compensation and warrant that through their respective programs of self-insurance, they have adequate coverage or resources to protect against liabilities arising out of the performance of the terms, conditions or obligations of this agreement.

**VI. Indemnification:**

Agency agrees to indemnify, defend (with counsel approved by DISTRICT) and hold harmless the DISTRICT its School Board, State Trustee, officers, employees, agents and volunteers from any and all claims, actions, losses, damages, death, and/or liability resulting from the Agency's negligent acts or omissions which arise from the Agency's performance of its obligations under this Agreement. Agency 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 Agency in connection with the performance of this Agreement. This provision survives termination of this Agreement.

DISTRICT agrees to indemnify, defend (with counsel approved by Agency) and hold harmless Agency and its officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability which arise from DISTRICT's negligent acts or omissions arising out of its obligations under this Agreement.

In the event Agency and/or the DISTRICT is found to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under the Agreement, the Agency and/or DISTRICT shall indemnify the other to the extent of its comparative fault.

**VII. Status of Parties:**

- 1. The parties hereby expressly understand and agree that this Agreement is not intended and shall not be construed to create a relationship of agent, servant, employee, partnership, joint venture, or association between District and Agency but is rather an Agreement by and between independent contractors.

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2. The parties hereby expressly understand and agree that their employees, agents, and independent contractors are not the employees or agents of the other party for any purpose, including, but not limited to, compensation for services, employee welfare and pension benefits, other fringe benefits of employment, or workers' compensation insurance.

VIII. Assignment:

Neither party hereto shall assign its rights or obligations pursuant to this Agreement without the express written consent of the other party.

IX. Modification:

No modification, amendment, supplement to or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties.

X. Rules of Construction:

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either the Agency or the District. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identifications of the person or persons, firm or firms, corporation or corporations may require.

XI. Governing Law:

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced and governed by and under the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any litigation initiated to enforce or interpret this Agreement.

XII. Counterparts:

This Agreement may be executed in counterparts, and all such counterparts together shall constitute the entire Agreement of the parties hereto.

XIII. Severability:

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

XIV. Alternative Dispute Resolution:

In the event the District determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Agreement or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

Notwithstanding the above, nothing herein shall preclude either party from pursuing its legal remedies at law in the event a mutually satisfactory solution is not reached.

XV. Term and Termination:

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	<b>Keyed By</b>

1. This agreement shall be effective commencing on the execution of this agreement by both parties and terminating June 30, 2019 at which time the agreement shall renew for successive two year terms thereafter. However, this agreement may be terminated, with or without cause, by either party after giving the other party thirty (30) days advance written notice of its intention to terminate.
2. Any written notice given under this Section XV shall be sent, postage prepaid, by certified mail, return receipt requested, to the following person(s), as the case may be:

**Vision To Learn**  
 11611 San Vicente Blvd., Suite 500  
 Los Angeles, CA 90049  
 Attention: Gaye Williams, Executive Director

**Oakland Unified School District**  
 Health Services  
 1000 Broadway Suite 150  
 Oakland, CA 94607  
 Attention: Barbara Parker, Coordinator, Health Services/ Section 504

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	Contract Database	FAS
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**XVI. Health Insurance Portability and Accountability Act (HIPAA):**

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations have been promulgated governing the privacy and security of individually identifiable health information (IIHI) otherwise defined as Protected Health Information (PHI) or electronic Protected Health Information (ePHI). The HIPAA Privacy and Security Regulations specify requirements with respect to contracts between an entity covered under the HIPAA Privacy and Security Regulations and its Business Associates. A Business Associate is defined as a party that performs certain services on behalf of, or provides certain services for, a Covered Entity and, in conjunction therewith, gains access to IIHI, or PHI or ePHI. Therefore, in accordance with the HIPAA Privacy and Security Regulations, District shall comply with the terms and conditions as set forth in the attached Business Associate Agreement, hereby incorporated by this reference as Appendix I.

Agency and all of Agency's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. Agency understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Agency 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.

**XVI. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion:**

Agency 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.sam.gov/>).

**XVII. Entire Agreement:**

This Agreement contains the final, complete and exclusive Agreement between the parties hereto. Any prior Agreement promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. This Agreement is executed without reliance upon any promise, warranty or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free will.

**XVIII. Authorization:**

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties. OUSD shall not be bound by the terms of this Agreement until it has been formally approved by OUSD's Governing Board, and no payment shall be owed or made to CONTRACTOR absent that formal approval. This Agreement shall be deemed approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.

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<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
<b>Input Date</b>	<b>Keyed By</b>



IN WITNESS whereof, this Agreement has been executed by the parties hereto as of the day and year first written above.

Vision To Learn

Executive Director CFO

Dated: 05/14/18

The Oakland Unified School District

By: [Signature] 6/28/18  
(Authorized signature - sign in blue ink)

Name: Kyla Johnson  
Title: Superintendent and Secretary of the Board

Dated: \_\_\_\_\_

Address: 1000 Broadway, 6<sup>th</sup> floor  
Oakland, CA 94607

By: [Signature] 6/28/18  
Name: Aimee Eng  
Title: President of the Board

APPROVED AS TO FORM

By: \_\_\_\_\_  
Name: Andrea Epps  
Title: Staff Attorney, Office of the General Counsel

Approved as to Legal Form	Reviewed by Contract Compliance	Presented to BOS for Signature
County Counsel		Department Head
Date	Date	Date

OAKLAND UNIFIED SCHOOL DISTRICT  
Office of the General Counsel  
APPROVED FOR FORM & SUBSTANCE  
By: [Signature]  
Andrea Epps, Attorney at Law

OUSD or the District verifies that the Contractor does not appear on the Excluded Parties List at <https://www.sam.gov/>

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# CERTIFICATE OF LIABILITY INSURANCE

VISION07

OP ID: WP

DATE (MM/DD/YYYY)

08/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kaercher Campbell & Associates 600 Corporate Pointe, Ste 1010 Culver City, CA 90230 Wendi Carpenter	CONTACT NAME: <b>Maurson Bernstein</b>	
	PHONE (A/C No. Ext): <b>310-556-1900</b>	FAX (A/C No): <b>310-556-4702</b>
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Great American Insurance Co.</b>	NAIC #
	INSURER B: <b>Scottsdale Insurance Co.</b>	
	INSURER C: <b>Lloyd's Underwriters</b>	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Vision to Learn**  
**Jaya Shetty**  
**11611 San Vicente Blvd. #500**  
**Los Angeles, CA 90049-6505**

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation \$2MIL Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PAC5356323	03/15/2017	03/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAP5356324	03/15/2017	03/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UMB5356325	03/15/2017	03/15/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	D&O/EPLI		EK13215193	03/15/2017	03/15/2018	Limit 5,000,000
C	Prof Liability		494477	04/16/2017	04/16/2018	Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is an Additional Insured with respects to the operations of the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

Oakland Unified School Distric  
Health Services  
1000 Broadway Suite 150  
Oakland, CA 94607

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**Vision To Learn**  
Focus on the Future

**Board of Directors**

Austin Beutner, Founder and Chair  
Mickey Kantor, Co-Chair  
Glenville March, Jr., MD  
Steve Shafran  
Cynthia Watts, Vice Chair  
Denita Willoughby  
Jake Winebaum  
Ann Hollister, Executive Director

**August 30, 2017**

**Ms. Barbara Parker**  
**Oakland Unified School District**

**Advisory Board**

Virginia Beutner, Chair  
Steven Abraham  
Don Attore  
Gienna Avila  
Arnie Berghoff  
Fr. Greg Boyle, S.J.  
Patrick Butler  
Wendy Carrillo  
Jack Chen  
Ned Colletti, Jr.  
Lemuel Daniels  
David Fleming  
Stephanie Graves  
Eric C. Heins  
Antonla Hernández  
Heidi Herbel  
Reginald Love  
Kerman Maddox  
Veronica Melvin  
Molly Munger  
Timothy Noonan  
Octavio Pescador  
Richard Riordan  
Ellen Schwarzman  
Matt Slegler  
Michael S. Siltrick  
Jan Sobel  
Tom Soto  
Leandro Tyberg  
Greg Wells

**Dear Ms. Parker,**

**All Vision To Learn employees, including Optometrists and Opticians, are required to complete a TB test and have fingerprinting completed before they are hired and allowed to work in the mobile clinic. TB test results must be sent to and verified by the Vision To Learn Administrative staff.**

**All Opticians and Optometrists have fingerprints scanned and verified at a Live Scan facility, with results verified by Vision To Learn's Treasurer. All Optometrists are required to send a current copy of their license to Vision To Learn, which is then verified. As such, the California Board of Optometry requires Optometrists to submit Live Scan fingerprints when applying for a license and when renewing their license. LAUSD and all other school districts have deemed this process acceptable as proof of fingerprinting.**

**As outlined in our MOU, Vision To Learn accepts full liability for the actions of its employees.**

**Sincerely,**

**Ann Hollister**  
**Executive Director**

**Free Glasses for Kids**

11611 San Vicente Blvd. Suite 500, Los Angeles, CA 90049 (800) 485-9196 [VisionToLearn.org](http://VisionToLearn.org)  
Vision To Learn is a nonprofit, tax-exempt public charity under Section 501(c)(3) of the Internal Revenue Code.  
Your donation is fully tax deductible as provided under applicable law.  
No goods or services were provided in exchange for this donation.

# PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2017-2018



### Basic Directions

*Additional directions and related documents are in the OUSD website, on the Intranet and Contracting Online (COTI)*

- Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.**
- Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
  - Ensure contractor meets the consultant requirements (including the Excluded Party List, Insurance and Talent Consultant Verification)
  - Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
  - Within 2 weeks of creating the requisition, the OUSD contract originator submits complete contract packet for approval to Procurement.

**Attachment Checklist**

- For All Consultants: Authorization to Work, which indicates vendor has cleared the registration and background check
- For All Consultants: Results page of the Excluded Party List (<https://www.sam.gov/>)
- For All Consultants: Statement of qualifications (organization); or resume (individual consultant).

OUSD Staff Contact: *Health Services, Applied Skills, and SEL required* [barbara.parker@ousd.org](mailto:barbara.parker@ousd.org)

### Contractor Information

Contractor Name	Vision To Learn	Agency's Contact	Ann Hollister
OUSD Vendor ID #	1006301	Title	Executive Director
Street Address	11611 San Vicente Blvd Suite 500	City	Los Angeles
Telephone	(310) 893-2306	State	CA
Contractor History	Previously been an OUSD contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zip	90049
		Email (required)	ann@visiontolearn.org
		Worked as an OUSD employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Anticipated start date	9/1/2017	Date work will end	6/30/2018	Other Expenses	
Pay Rate Per Hour (required)		Number of Hours (required)			

### Budget Information

*If you are planning to purchase a contract using LEP funds, please contact the Staff and Teacher Office before final approval.*

Resource #	Resource Name	Org Key	Object Code	Amount
	No Fiscal Impact		5825	\$ 0.00
			5825	\$ 0.00
			5825	\$ 0.00
Requisition No. (required)		Total Contract Amount		\$ 0.00

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

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

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

1.	Administrator / Manager (Originator)	Name	Barbara Parker	Phone	510-879-2742
	Site/Department (Name #)		966/Health Services	Fax	510-879-4805
	Signature		<i>[Signature]</i>	Date Approved	9/18/17
2.	Resource Manager, if using funds managed by:	<input type="checkbox"/> State and Federal <input type="checkbox"/> Quality, Community, School Development <input type="checkbox"/> Community Schools & Student Services <input type="checkbox"/> Risk Mgmt			
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (CSSSP)				
	Signature			Date Approved	
	Signature (if using multiple restricted resources)			Date Approved	
3.	Network Superintendent/Deputy Network Superintendent			Date Approved	
	Signature		<i>[Signature]</i>	Date Approved	
4.	Chiefs / Deputy Chiefs	Consultant Aggregate	<input type="checkbox"/> Under <input type="checkbox"/> Over \$	Date Approved	
	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site				
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work				
	Signature		<i>[Signature]</i>	Date Approved	4/25/18
5.	Superintendent, Board of Education	Signature on the legal contract		Date Approved	4/25/18
Legal Required if not using standard contract		Approved		Denied - Reason	
Procurement	Date Received		PO Number		Date

**SAM Search Results**  
**List of records matching your search for :**

**Search Term : vision\* to learn\***  
**Record Status: Active**

**No Search Results**