| Board Office Use: Le | gislative File Info. |
|----------------------|----------------------|
| File ID Number       | 13-0453              |
| Introduction Date    | 3-27-13              |
| Enactment Number     | 13-0511              |
| Enactment Date       | 3/21/13 8            |



Community Schools, Thriving Students

| Nemo                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| То                                                                                  | The Board of Education                                                                                                                                                                                                                                                                                                                                                                                                                    |
| From                                                                                | Tony Smith, Ph.D., Superintendent<br>By: Maria Santos, Deputy Superintendent, Instruction, Leadership &<br>Equity-in-Action<br>Vernon Hal, Deputy Superintendent, Business & Operations                                                                                                                                                                                                                                                   |
| Board Meeting Date<br>(To be completed by<br>Procurement)                           | 3/11/13                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Subject                                                                             | Professional Services Contract -  Aspiranet, dba Experience Corps San Francisco CA (contractor, City State)  Think College Now (site/department)                                                                                                                                                                                                                                                                                          |
| Action Requested                                                                    | Approval of a professional services contract between Oakland Unified School  District and Aspiranet, dba Experience Corps . Services to be primarily provided to Think College Now for the period of                                                                                                                                                                                                                                      |
|                                                                                     | <u>12/15/2012</u> through <u>06/13/2013</u> .                                                                                                                                                                                                                                                                                                                                                                                             |
| Background A one paragraph explanation of why the consultant's services are needed. | Many of ICS's students are struggling to reach grade-level benchmark, most notably our English Language Learner students. Targeted, individualized intervention would not only provide students with much needed support, but would also help the primary instructor to further differentiate instruction for other/more students.                                                                                                        |
| Discussion One paragraph summary of the scope of work.                              | A contract for services between OUSD and Aspiranet, dba Experience Corps, the latter to provide one-on-one and small group literacy intervention tutoring and mentoring to students who are not performing at grade-level benchmark, which will take place on a consistent, ongoing basis throughout the school year. These services are to take place through the period of Dec. 15 until June 13th, in an amount not to exceed \$7,500. |
| Recommendation                                                                      | Approval of professional services contract between Oakland Unified School  District and Aspiranet, dba Experience Corps  be primarily provided to Think College Now for the period of 12/15/2012 through 06/13/2013                                                                                                                                                                                                                       |
| Fiscal Impact                                                                       | Funding resource name (please spell out) Unrestricted-Instructional                                                                                                                                                                                                                                                                                                                                                                       |
| Attachments                                                                         | <ul> <li>Professional Services Contract including scope of work</li> <li>Fingerprint/Background Check Certification</li> <li>Commercial General Liability Insurance Certification</li> <li>TB screening documentation</li> </ul>                                                                                                                                                                                                          |

Statement of qualifications

| File ID Number    | 13-0453  |
|-------------------|----------|
| Introduction Date | 3-27-13  |
| Enactment Number  | 13-0517  |
| Enactment Date    | 212713 8 |



# PROFESSIONAL SERVICES CONTRACT 2012-2013

This Agreement is entered into between the Oakland Unified School District (OUSD) and Aspiranet, dba Experience Corps (CONTRACTOR). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in

| to p | ncial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The pies agree as follows:                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | <b>Services:</b> The CONTRACTOR shall provide the ("Services" or "Work") as described in <b>Exhibit "A,"</b> attached hereto and incorporated herein by reference.                                                                                                                                                                                                                                                                                         |
| 2.   | Terms: CONTRACTOR shall commence work on 12/15/2012 , 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 06/13/2013 .                                                        |
| 3.   | Compensation: OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to exceed SEVEN THOUSAND FIVE HUNDRED Dollars (\$7,500.00 ). 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: N/A                                                                                                                                                                                                                                                                                                    |
|      | 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.   | <b>Submittal of Documents</b> : CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following:                                                                                                                                                                                                                                                                                 |
|      | <ol> <li>Individual consultants:</li> <li>Tuberculosis Clearance – Documentation from health care provider showing negative TB status within the last four years.</li> </ol>                                                                                                                                                                                                                                                                               |
|      | 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.                                                                                                                                                                                                                                                                                                                                             |
| 5.   | Equipment and Materials: CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement except: N/Awhich shall not exceed a total cost of \$ 0.00                                                                                                                                                                                                                                                         |
| 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:

R0310853 Page 1 of 6 Rev. 4/11/12 v1

| OUSD Representa     |                                                                                                                                                                                                                                                                          | CONTRACTOR:                               | CONTRACTOR:                          |                                             |  |  |  |  |  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------|--|--|--|--|--|
| Name: Jose R. O     | livares                                                                                                                                                                                                                                                                  | Name: Vernon Brown                        |                                      |                                             |  |  |  |  |  |
| Site /Dept.:        | Think College Now                                                                                                                                                                                                                                                        | Title: CEO, Aspiranet                     |                                      |                                             |  |  |  |  |  |
| Address: 2825 Inte  | ernational Blvd                                                                                                                                                                                                                                                          | Address: 3925 Noriega Street              | <u> </u>                             |                                             |  |  |  |  |  |
|                     |                                                                                                                                                                                                                                                                          | San Francisco                             | CA                                   | 94122                                       |  |  |  |  |  |
| Phone: (510) 532-   |                                                                                                                                                                                                                                                                          | Phone: (510) 495-4966                     |                                      |                                             |  |  |  |  |  |
| of a change of add  | e: Jose R. Olivares  Dept.: Think College Now  2825 International Blvd  Oakland, CA 94601  e: (510) 532-5500  e shall be effective when received if personally serve thange of address. CONTRACTOR shall submit invoce performed, the date service was rendered, and the | oices in a form that includes the name of | Either party must the person providi | give written notice<br>ing the service, the |  |  |  |  |  |
| B. <b>Invoicing</b> |                                                                                                                                                                                                                                                                          |                                           | •                                    |                                             |  |  |  |  |  |
|                     |                                                                                                                                                                                                                                                                          | ent must be in a form acceptable to OUS   | SD. All amounts p                    | aid by OUSD shal                            |  |  |  |  |  |
| 1 Invoices shall    | include but not be limited to: Con-                                                                                                                                                                                                                                      | sultant name, consultant address, invoice | ce date, invoice s                   | 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:
  - 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.
  - Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.
- 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.
- 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

- 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.

Professional Services Contract

- 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 performande 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 qualifications, consistent with invoicing requirements outlined in Section 8, which include:
  - Tuberculosis Screening
  - 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 OU\$D, 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,
  - Requesting that \$\phi\$USD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and
  - Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

### **Professional Services Contract**

- 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 federal 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)

Anticipated start date: 12/15/2012 Work shall be completed by: 06/13/2013 Total Fee: \$7,500.00

OAKLAND UNIFIED SCHOOL DISTRICT

CONTRACTOR

Contractor Signature

Date

OAKLAND UNIFIED SCHOOL DISTRICT

OAKLAND UNIFIED SCHOOL DISTRI

Rev. 4/11/12 v1

Enactment Number: Enactment Date: \(\)

# **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.

A contract for services between OUSD and Aspiranet, dba Experience Corps, the latter to provide one-on-one and small group literacy intervention tutoring and mentoring to students who are not performing at grade-level benchmark, which will take place on a consistent, ongoing basis throughout the school year. These services are to take place through the period of Dec. 15 until June 13th, in an amount not to exceed \$7,500.

|                                                                                                                                                                                                                                               | SCOPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| As                                                                                                                                                                                                                                            | piranet, dba Experience Corps will provide a maximum of 900.00 hours of services at a rate of \$8.33 per hour for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                               | al not to exceed \$7,500.00 . Services are anticipated to begin on 12/15/2012 and end on 06/13/2013 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |
| 1.                                                                                                                                                                                                                                            | <b>Description of Services to be Provided:</b> Provide a description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and what <i>this</i> Contractor will do.                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                               | Aspiranet, dba Experience Corps, will provide a minimum of 900 hours of literacy tutoring and mentoring to targeted students in all K, 1st and 2nd grades for a total minimum of 120 students.                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |
| 2.                                                                                                                                                                                                                                            | <b>Specific Outcomes:</b> 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. |  |  |  |  |  |  |  |  |  |  |
| As a result of the ongoing tutoring and mentoring received by Experience Corps, a minimum of 85% of students' reading and literacy performance, participation in classroom activities and concentration in class will be positively impacted. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |
| 3. Alignment with District Strategic Plan: Indicate the goals and visions supported by the services of this cont (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |

Rev. 6/22/11 v3 Page 5 of 6

**Professional Services Contract** 

# 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.

## PROUD AFFILIATE



To Whom It May Concern:

Experience Corps Bay Area submits this Statement of Qualifications to the Oakland Unified School District (OUSD) to support our work in Oakland in a unique intervention program which addresses two of the community's major challenges: improving academic achievement among at-risk elementary school students and increasing healthy aging behaviors among older adults. Experience Corps Bay Area<sup>1</sup> (ECBA), operating successfully since 1998, is a unique civic engagement program – based on a national model (currently in 19 cities) – which recruits, trains and engages teams of local older adults (50+) to work as tutors and mentors before, during and after school in low-performing schools with students who have poor grades and/or test scores, learning disabilities or are limited English-proficient. Launched in three elementary schools in Oakland in 2005, EC Oakland is now in six of OUSD's most vulnerable elementary schools, where significant proportions of children are students of color, economically disadvantaged and/or English language learners. Our mission is to increase the academic performance and self-confidence of these students by providing focused, individualized attention, as well as create an intergenerational bridge between children and older adults, thereby enhancing the school and the overall community. It is a unique multi-level approach to health improvement that has tremendous benefits, and coupled with its youth education focus, serves a dual-benefit to society.

All members of the ECBA staff have either extensive professional experience and/or educational backgrounds, including education, youth development, gerontology, training, and/or program evaluation. For example, all of our Site Coordinators have BA or BS degrees, some Masters degrees, and one a PhD in Education. The Recruitment & Intake Coordinator has her Masters Degree in English, college-level teaching experience and six years of on-the-ground recruitment experience. Our Member Relations Coordinator, who oversees all recruitment, training, recognition and retention of members graduated from UC Berkeley. While our Special Projects Coordinator managed the implementation of complex evaluations, including federal grant reporting requirements, and has her degree from UC Davis. Full staff resumes are available upon request.

All ECBA tutors/mentors have completed written applications, been interviewed in person, received fingerprint/background/reference checks (DOJ and FBI), been cleared for TB, and completed pre-service and in-service training in youth development, tutoring techniques, mentoring skills, conflict resolution, behavioral management topics. They also continue to receive on-site support and on-the-job training through our Site Coordinators and monthly team meetings.

In terms of intended outcomes and evaluating our success, the program tracks educational outcomes for students (based on teacher assessments) – for example: ECBA Members impact on students' concentration in class, students' attainment of grade level benchmarks, and students' motivation to learn (as well as the mental and physical health outcomes for older adults). In addition, ECBA members receive regular performance reviews to ensure they are providing high quality services. All of this results in increased academic benchmarks for a greater number of Oakland students as well as improved health benchmarks for local older adults and this intensive focus on results can make OUSD confident that its support in Experience Corps will be well invested.

If you have any questions or wish to discuss this further, please do not hesitate to reach me at 510-495-4966 or dmoren@aspiranet.org.

Best regards,

David Moren

Director of School Relations, Experience Corps Bay Area

Experience Corps Bay Area is a program of Aspiranet, a California 501(c)3 non-profit serving children, families and communities since 1975.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/29/2012

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).

| ce        | runcate holder in neu of such endorsement(s).                                                                                                 |                                            |                                                                                                                                                                |                            |                                              |              |  |  |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|--------------|--|--|--|--|
| PROD      | UCER                                                                                                                                          | NAM                                        | CONTACT NAME: Tamara Palmer                                                                                                                                    |                            |                                              |              |  |  |  |  |
|           | care Insurance Solutions                                                                                                                      | (A/C,                                      | PHONE (A/C, No. Ext):858-373-6965 FAX (A/C, No):858-366-0544                                                                                                   |                            |                                              |              |  |  |  |  |
|           | i Mira Sorrento Place #400<br>Diego CA 92121                                                                                                  | i ≓.MΔ                                     | E-MAIL<br>ADDRESS:tpalmer@intercaresolutions.com                                                                                                               |                            |                                              |              |  |  |  |  |
| Jan       | Diego CA 92121                                                                                                                                |                                            | INSURER(S) AFFORDING COVERAGE NAIC #                                                                                                                           |                            |                                              |              |  |  |  |  |
|           |                                                                                                                                               | INSU                                       | INSURER A :Liberty Mutual Insurance                                                                                                                            |                            |                                              |              |  |  |  |  |
| INSUF     | RED ASPIR-1                                                                                                                                   |                                            | INSURER B:                                                                                                                                                     |                            |                                              |              |  |  |  |  |
| ASP       | IRAnet                                                                                                                                        | INSU                                       | INSURER C:                                                                                                                                                     |                            |                                              |              |  |  |  |  |
| 400       | Oyster Point Blvd., Suite 501                                                                                                                 |                                            | IRER D :                                                                                                                                                       |                            |                                              |              |  |  |  |  |
| Sout      | h San Francisco CA 94080                                                                                                                      |                                            | INSURER E :                                                                                                                                                    |                            |                                              |              |  |  |  |  |
|           |                                                                                                                                               |                                            | INSURER F:                                                                                                                                                     |                            |                                              |              |  |  |  |  |
| COV       | ZERAGES CERTIFICATE NU                                                                                                                        | MBER: 726823040                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                        |                            | REVISION NUMBER:                             | 1            |  |  |  |  |
| TH        | IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE                                                                                               | E LISTED BELOW HAVE BE                     | EEN ISSUED TO                                                                                                                                                  | THE INSURE                 | D NAMED ABOVE FOR THE PO                     | OLICY PERIOD |  |  |  |  |
| INI<br>CE | DICATED. NOTWITHSTANDING ANY REQUIREMENT, T<br>RTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE<br>CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT | ERM OR CONDITION OF A INSURANCE AFFORDED B | ANY CONTRACT  Y THE POLICIE                                                                                                                                    | OR OTHER (                 | DOCUMENT WITH RESPECT TO                     | WHICH THIS   |  |  |  |  |
| INSR      | TYPE OF INSURANCE ADDL SUBR                                                                                                                   | POLICY NUMBER                              | POLICY EFF<br>(MM/DD/YYYY)                                                                                                                                     | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       |              |  |  |  |  |
| LTR       | GENERAL LIABILITY                                                                                                                             | POLICY NUMBER                              | (MINI/DD/TTTT)                                                                                                                                                 | (WIW/SS/TTT)               | EACH OCCURRENCE \$                           |              |  |  |  |  |
|           | COMMERCIAL GENERAL LIABILITY                                                                                                                  |                                            |                                                                                                                                                                |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | -            |  |  |  |  |
|           | CLAIMS-MADE OCCUR                                                                                                                             |                                            |                                                                                                                                                                |                            | MED EXP (Any one person) \$                  |              |  |  |  |  |
|           |                                                                                                                                               |                                            |                                                                                                                                                                |                            | PERSONAL & ADV INJURY \$                     |              |  |  |  |  |
|           |                                                                                                                                               |                                            |                                                                                                                                                                |                            | GENERAL AGGREGATE \$                         |              |  |  |  |  |
|           | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                            |                                            |                                                                                                                                                                |                            | PRODUCTS - COMP/OP AGG \$                    |              |  |  |  |  |
|           | POLICY PRO- LOC                                                                                                                               |                                            |                                                                                                                                                                |                            | \$                                           |              |  |  |  |  |
|           | AUTOMOBILE LIABILITY                                                                                                                          |                                            |                                                                                                                                                                |                            | COMBINED SINGLE LIMIT (Ea accident) \$       |              |  |  |  |  |
|           | ANY AUTO                                                                                                                                      |                                            |                                                                                                                                                                |                            | BODILY INJURY (Per person) \$                |              |  |  |  |  |
|           | ALL OWNED SCHEDULED AUTOS                                                                                                                     |                                            |                                                                                                                                                                |                            | BODILY INJURY (Per accident) \$              |              |  |  |  |  |
|           | HIRED AUTOS AUTOS                                                                                                                             |                                            |                                                                                                                                                                |                            | PROPERTY DAMAGE (Per accident)               |              |  |  |  |  |
|           | AUTOS AUTOS                                                                                                                                   |                                            |                                                                                                                                                                |                            | \$                                           |              |  |  |  |  |
|           | UMBRELLA LIAB OCCUR                                                                                                                           |                                            |                                                                                                                                                                |                            | EACH OCCURRENCE \$                           | ,            |  |  |  |  |
|           | EXCESS LIAB CLAIMS-MADE                                                                                                                       |                                            |                                                                                                                                                                |                            | AGGREGATE \$                                 |              |  |  |  |  |
|           | DED RETENTION \$                                                                                                                              |                                            |                                                                                                                                                                |                            | \$                                           |              |  |  |  |  |
| Α         | WORKERS COMPENSATION WCJ-                                                                                                                     | -Z91-446188-012                            | 7/1/2012                                                                                                                                                       | 7/1/2013                   | X WC STATU- OTH-<br>TORY LIMITS ER           |              |  |  |  |  |
|           | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE                                                                                     |                                            |                                                                                                                                                                |                            | i i                                          | 00,000       |  |  |  |  |
|           | OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)                                                                                                   |                                            |                                                                                                                                                                |                            | E.L. DISEASE - EA EMPLOYEE \$1,00            | 00,000       |  |  |  |  |
|           | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                        |                                            |                                                                                                                                                                |                            | E.L. DISEASE - POLICY LIMIT \$1,00           | 00,000       |  |  |  |  |
|           | SECONI FICK OF SECUNDARY SHOW                                                                                                                 |                                            |                                                                                                                                                                |                            |                                              |              |  |  |  |  |
|           |                                                                                                                                               |                                            |                                                                                                                                                                |                            |                                              |              |  |  |  |  |
|           |                                                                                                                                               |                                            |                                                                                                                                                                |                            |                                              |              |  |  |  |  |
| DESC      | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)                   |                                            |                                                                                                                                                                |                            |                                              |              |  |  |  |  |
|           |                                                                                                                                               |                                            |                                                                                                                                                                |                            |                                              |              |  |  |  |  |
| CEF       | RTIFICATE HOLDER                                                                                                                              | CAI                                        | NCELLATION                                                                                                                                                     | <del>-,</del>              |                                              |              |  |  |  |  |
|           | Oakland Unified School District<br>1025 2nd Street<br>Oakland CA 94606                                                                        | TI<br><b>A</b>                             | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                                              |              |  |  |  |  |
|           | Cultura on oroso                                                                                                                              | 1                                          | AUTHORIZED REPRESENTATIVE  Prich yeu                                                                                                                           |                            |                                              |              |  |  |  |  |

# ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR) 12/14/12

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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). **PRODUCER** CONTACT NAME: Heffernan Insurance Brokers PHONE FAX 925-934-8278 925-934-8500 1350 Carlback Avenue (A/C,No): (A/C,No,Ext): EMAIL Walnut Creek, CA 94596 **ADDRESS** CA License #0564249 **INSURERS AFFORDING COVERAGE** NAIC# INSURER A: 19437 INSURED Lexington Ins. Co. INSURER B: Granite State Ins. Co. 23809 Aspiranet INSURER C: 400 Oyster Point Blvd., Suite 501 INSURER D: South San Francisco, CA 94080 INSURER E: INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES** THIS IS TO CERTIFY THAT 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. ADD POLICY EXP SUBR WVD POLICY FEE TYPE OF INSURANCE POLICY NUMBER LIMITS INS (MM/DD/YYYY) (MM/DD/YYYY) LTR \$ 1,000,000 GENERAL L LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ 200,000 41LX0089961327 12/16/12 12/16/13 х COMMERCIAL GENERAL LIABILITY Х Α \$ 5,000 CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ 1.000.000 \$25,000 Per Occurrence Deductible х \$ 3,000,000 GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ 1,000,000 GEN'L, AGGREGATE LIMIT APPLIES PER \$ POLICY **PROJECT** LOC х COMBINED SINGLE LIMIT \$ 1.000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) 12/16/12 12/16/13 ANY AUTO 02CA0038937067 В SCHEDULED **BODILY INJURY (Per accident)** \$ ALL OWNED AUTOS AUTOS PROPERTY DAMAGE NON-OWNED AUTOS \$ HIRED AUTOS (Per accident) \$ Comp Ded \$1,000 Coll Ded \$1,000 EACH OCCURRENCE \$ 2,000,000 UMBRELLA LIAB х OCCUR AGGREGATE \$ 2,000,000 41UD0002735337 12/16/12 12/16/13 CLAIMS-MADE EXCESS LIAB RETENTION \$ 10,000 DED Х WC STATU-WORKERS COMPENSATION OTHER TORY LIMITS AND EMPLOYERS' LIABILITY Y/N \$ E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED? N/A FIL DISEASE - EA EMPLOYEE \$ (Mandatory in N.H.) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Ded: \$500 12/16/12 12/16/13 Limit: \$ 500,000 02LX0089961417 В Crime - Employee Theft Each Wrongful Act \$ 1,000,000 Professional Liability - Claims Made 12/16/13 41LX0089961327 12/16/12 Retro Date: 12/16/00 Deductible – Each Wrongful Ac DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: As Per Contract or Agreement on File with Insured. Oakland Unified School District, its Officers, Employees, Volunteers or Agents are named as additional Insured on General Liability as per attached CG2026. **CERTIFICATE HOLDER** CANCELLATION 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 Oakland Unified School District 1025 2nd Street Oakland, CA 94606

ACORD 25 (2010/05)

©1-8-2010 ACORD CORPORATION. All rights reserved.

# DESCRIPTION OF OPERATIONS CONTINUED:

INSURED S NAME Aspirared

CERT HOLDER NAME Contains United School District

Abuse and Molestation Coverage: Claims Made Retro Date 12-16-06

Insurer Letter A

41LX0089961327

12/16/12 - 12/16/13

\$2,000,000 For each abuse of molestation incident \$2,000,000 Aggregate Limit of insurance for all abuse or molestation incidents

\$0 SIR/Deductible

## Search Results

## Current Search Terms: aspiranet\*

| Your search for                  | "Aspiranet*" returned the following | results          |                  |  |  |
|----------------------------------|-------------------------------------|------------------|------------------|--|--|
| Entity                           | ASPIRANET                           |                  | Status: Active 🛨 |  |  |
| DUNS: 1784                       | <br>01931                           | CAGE Code: 4RCD3 | View Details     |  |  |
| Has Active Exclusion?: No        |                                     | DoDAAC:          | Vicw betting 1   |  |  |
| Entity ASPIRANET DUNS: 832605146 |                                     |                  | Status: Active 🛨 |  |  |
|                                  |                                     | CAGE Code: 5UAE0 | View Details     |  |  |
| Has Active Exclusion?: No        |                                     | DoDAAC:          | VICTO Details    |  |  |

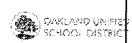
SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.564.20130111-1646







# PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2012-2013

|                                                                                                                   |                                                                                                                                                                                                                                |                |                |                                                                                                                   |              |                                       | Basic                       | Dire              | ctions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             |                | -          |             |              |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------|-----------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|----------------|------------|-------------|--------------|
| Additional directions and related documents are in the School Operations Library (http://intranet.ousd.k12.ca.us) |                                                                                                                                                                                                                                |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.                                                                                                                         |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | <ol> <li>Contractor and ΦUSD contract originator (principal or manager) reach agreement about scope of work and compensation.</li> </ol>                                                                                       |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | 2. Ensure contractor meets the consultant requirements (including The Excluded Party List, Insurance and HRSS Consultant Verification)                                                                                         |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | 3. Contr                                                                                                                                                                                                                       | actor an       | d OUS          | D contra                                                                                                          | ct origin    | ator complet                          | e the cont                  | ract p            | ocket togeth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ner and a             | ittach red  | quired attacl  | nments.    |             |              |
| A 44                                                                                                              | 4. Within 2 weeks of creating the requisition the OUSD contract originator submits complete contract packet for approval to Procurement.                                                                                       |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | Attachment                                                                                                                                                                                                                     |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | For AI Consultants: Results page of the Excluded Party List (https://www.epis.gov/epis/search.do)                                                                                                                              |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | For A∦ Consultants: Statement of qualifications (organization); or resume (individual consultant).                                                                                                                             |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | For All Consultants: Proof of Commercial General Liability insurance naming OUSD as an Additional Insured.  For All Consultants with employees: Proof of Workers' Compensation Insurance. (Ref. to Section 10 of the Contract) |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
| OU                                                                                                                | SD Staff Co.                                                                                                                                                                                                                   | ntact <i>E</i> | neile e        | hout this                                                                                                         | S Willi E    | mpioyees.<br>should be ser            | of to the time              | rorker            | s Compens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sation in             | surance.    | (Ref. to Se    | ction 10   | of the      | Contract)    |
|                                                                                                                   |                                                                                                                                                                                                                                | rtuot _        |                | pour ims (                                                                                                        | com/acr      | 37,0070 DE 367                        | n to. (require              | a an              | noren@asp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rranet.o              | rg          |                |            |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                |                |                |                                                                                                                   |              | (                                     | Contract                    | or iní            | formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |             |                |            |             |              |
|                                                                                                                   | ntractor Nar                                                                                                                                                                                                                   |                |                |                                                                                                                   | Experie      | ence Corps                            |                             | Age               | ncy's Conta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ıçt D                 | avid Mor    | en             |            |             |              |
|                                                                                                                   | SD Vendor                                                                                                                                                                                                                      |                | V <b>0</b> 562 |                                                                                                                   |              |                                       |                             | Title             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             | School Rel     | ations     |             |              |
| _                                                                                                                 | et Address                                                                                                                                                                                                                     |                | _              | Noriega                                                                                                           |              | · · · · · · · · · · · · · · · · · · · |                             | City              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             | State          | CA         | Zip         | 94122        |
| -                                                                                                                 | phone                                                                                                                                                                                                                          |                | `              | 495-496                                                                                                           |              | 01100                                 |                             | L                 | (required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | n@aspir     |                |            |             |              |
| Cor                                                                                                               | tractor Hist                                                                                                                                                                                                                   | ory            | +              | reviously                                                                                                         | been a       | in OUSD co                            | ntractor?                   | Ye:               | s [_] No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>              | orked as    | an OUSD e      | employee   | ? ∐ Y       | 'es 📕 No     |
|                                                                                                                   |                                                                                                                                                                                                                                |                | С              | ompen                                                                                                             | sation       | and Term                              | s – Must                    | be w              | ithin the (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DUSD                  | Billing (   | Guidelines     | 5          |             |              |
| Anti                                                                                                              | cipated sta                                                                                                                                                                                                                    | rt date        |                |                                                                                                                   | /15/201:     |                                       | work will e                 |                   | 06/01/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             | Expenses       | \$         |             | <u> </u>     |
|                                                                                                                   | Rate Per H                                                                                                                                                                                                                     |                | ir ei          | \$ 8.33                                                                                                           |              |                                       | per of Hou                  |                   | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1 00.10.    | LAPONISCS      |            |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                |                |                | Ψ0.00                                                                                                             | <u> </u>     | North                                 | Jei or nou                  | 15 (requ          | livea)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 900.00                |             |                |            |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                |                |                |                                                                                                                   |              |                                       | Budget                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | If you                                                                                                                                                                                                                         | are plani      | ning to        | multi-fund                                                                                                        | d a contra   | act using LEF                         | funds, ple                  | ase coi           | ntact the Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | te and Fe             | ederal Off  | ce before co   | mpleting r | equisitio   | on.          |
| Resource # Resou                                                                                                  |                                                                                                                                                                                                                                |                |                | urce Name Org Key                                                                                                 |              |                                       |                             | Object Co         | t Code Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |             |                |            |             |              |
| 0000 Unre                                                                                                         |                                                                                                                                                                                                                                |                | strict         | ed-Instru                                                                                                         | strı 1901110 |                                       |                             | 11010             | 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             | 5825           | \$ 7       | \$ 7,500.00 |              |
|                                                                                                                   |                                                                                                                                                                                                                                | <del> </del>   | 1              |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5825                  | \$          |                |            |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                | -              | +              |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             | 5825           | S          |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                | n Na           | +              |                                                                                                                   | 040050       |                                       | Total Contract Amount       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             | JULU           |            |             |              |
|                                                                                                                   | Requisitio                                                                                                                                                                                                                     | II NO. (i      | equired)       | ) Ru                                                                                                              | 310853       |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                | \$ 7       | ,500.0      | 0            |
|                                                                                                                   |                                                                                                                                                                                                                                |                |                |                                                                                                                   |              | proval and                            |                             | <u> </u>          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |                |            |             |              |
| Se                                                                                                                | rvices canno                                                                                                                                                                                                                   | il be prov     | ided b         | afore the                                                                                                         | contract i   | is fully approv<br>services we        | red and a P<br>re pot provi | 'urchas<br>ded be | ie Order is is<br>fore a PO wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | sued. Si<br>as issued | igning this | document at    | firms that | to your     | knowledge    |
| Γ.                                                                                                                | 7 ouspu                                                                                                                                                                                                                        | Administ       | ratory         | verifies t                                                                                                        | hat this     | vendor does                           | •                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             | ttng://www.    | anle anvi  | enie/es     | earch do)    |
|                                                                                                                   | Administr                                                                                                                                                                                                                      |                |                |                                                                                                                   |              |                                       | R. Olivar                   |                   | ENO EXOLUCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Phone       | ·              |            | CD13/3C     | ,arch.do)    |
| 1.                                                                                                                |                                                                                                                                                                                                                                | epartmen       | <del></del> -  | Conginator                                                                                                        | , 142        | ·                                     |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Fax         | (510) 532      |            |             | ····         |
| 1.                                                                                                                | Signature                                                                                                                                                                                                                      | ,              |                | OF                                                                                                                | n            |                                       | College No                  | W                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | pproved     | (510) 532      |            |             |              |
| <del></del>                                                                                                       |                                                                                                                                                                                                                                |                | 256            | eQ. C                                                                                                             | CWAL.        | by: □State an                         | d Foderal   F               | 10                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |             |                | 2/12       |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                |                |                |                                                                                                                   |              | estricted reso                        |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                | , and Comm | unity Par   | tnersnips    |
| 2.                                                                                                                |                                                                                                                                                                                                                                | - WORK III     | il dates       | Compilari                                                                                                         | 1 030 011    | estricted rest                        | Juice and R                 | a ii rang         | THE STATE OF THE S |                       |             | 3A)            |            |             |              |
|                                                                                                                   | Signature                                                                                                                                                                                                                      |                |                |                                                                                                                   |              |                                       | <del></del>                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | pproved     |                |            |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                |                |                | le restricted resources)  Date Approved                                                                           |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | Regional E                                                                                                                                                                                                                     |                |                |                                                                                                                   | fawle ml     | ·                                     | <u> </u>                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
| 3.                                                                                                                |                                                                                                                                                                                                                                |                |                | he scope of work align with needs of department or school site to provide services described in the scope of work |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |                |            |             |              |
|                                                                                                                   | Signature                                                                                                                                                                                                                      |                |                |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Approved 3/6/13  |             |                |            |             |              |
|                                                                                                                   | Deputy Su                                                                                                                                                                                                                      | perinten       | dent la        | nstructio                                                                                                         | nai Lead     | ership / Dep                          | uty Superi                  | ntende            | nt Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del> '         | ·           | onsultant Aggr | egate Unde | r □, Ov     | er □\$50,000 |
| 4.                                                                                                                | Signature                                                                                                                                                                                                                      | V.             |                | asia                                                                                                              | —;           | antos                                 |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Ap               |             | 3 -            | 14-        | 17          |              |
| 5.                                                                                                                | Superinten                                                                                                                                                                                                                     | dent, Bo       | ard of         | Education                                                                                                         |              | ature on the le                       | agai contrac                | et .              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 410 (1)             | .p. 0400    |                |            |             |              |
|                                                                                                                   | Required if                                                                                                                                                                                                                    |                |                |                                                                                                                   |              | Approved                              | Ī                           |                   | Denied - R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eason                 | <del></del> |                | Date       | 1           |              |
|                                                                                                                   | urement                                                                                                                                                                                                                        | Date Re        | _              |                                                                                                                   |              | 1.1                                   | <del></del>                 |                   | PO Numbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |                | Dute       |             |              |
|                                                                                                                   |                                                                                                                                                                                                                                |                | 1              |                                                                                                                   |              |                                       |                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                     | 1           |                |            |             |              |

Rev. 5/2012 v1

THIS FORM IS NOT A CONTRACT

2521