

File ID Number	14-2346
Introduction Date	1-14-15
Enactment Number	15-2083
Enactment Date	1/14/15
By	D-12



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

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

December 10, 2014

To: Board of Education
From: Antwan Wilson, Superintendent
Subject: **District Accepting Grant Award**

ACTION REQUESTED:

Acceptance by the Board of Education of the Grant Award from Kaiser Permanente in support of the OUSD Wellness Festival, in the amount of \$500.00, for the budget period of October 9, 2014 through June 30, 2015, pursuant to the terms and conditions thereof, if any.

BACKGROUND:

Grant award from Kaiser Permanente East Bay Area Contributions Committee for the grant period of October 9, 2014 through June 30, 2015. The Grant Face Sheet and grant award are attached.

File I.D #	Backup Document Included	Type	Recipient	Grant's Purpose	Time Period	Funding Source	Grant Amount
14-2346	Yes	Grant	Oakland Unified School District Health and Wellness Unit, Community Schools and Student Services Department	To support the OUSD Wellness Festival	October 9, 2014 - June 30, 2015	Kaiser Permanente, East Bay Area Contributions Committee	\$500.00

DISCUSSION:

The district created a Grant Face sheet process to:

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

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

- Grants valued at: \$ 500.00

RECOMMENDATION:

Approval and support by the Board of Education of District for acceptance of the grant agreement for the Kaiser Permanente Grant, supporting the OUSD Wellness Festival for fiscal year 2014-2015, pursuant to the terms and conditions thereof, if any.

ATTACHMENTS:

Grant Face Sheet

Grant Letter

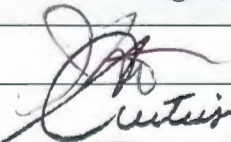
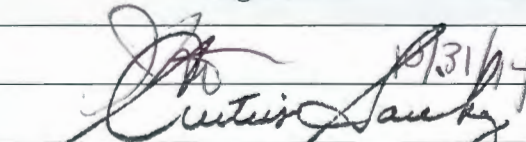
Grant Award Check #0006520877

OUSD Grants Management Face Sheet

Title of Grant:	Funding Cycle Dates: October 9, 2014-June 30, 2015
Grant's Fiscal Agent: (contact's name, address, phone number, email address) Kaiser Permanente Community Benefits East Bay Service Area 4501 Broadway, 2 nd Floor Oakland, CA 94611 510-752-6122 Erica.L.Browne@kp.org	Grant Amount for Full Funding Cycle: \$500
Funding Agency: Kaiser Permanente Community Benefits	Grant Focus: Parent Engagement around Wellness
List all School(s) or Department(s) to be Served: Parents, students, staff and partners throughout OUSD schools	


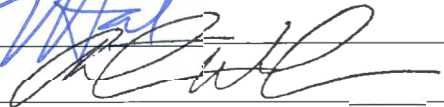
Information Needed	School or Department Response
How will this grant contribute to sustained student achievement or academic standards?	There is an established link between student academic performance and wellness (nutrition, gardening, physical education and physical activity participation). Students who have more access to healthful, nourishing food and regular, vigorous physical activity do better in school. Engaging parents and students around the recently revised District Wellness Policy is an important process in establishing awareness and advocacy,
How will this grant be evaluated for impact upon student achievement? (Customized data design and technical support are provided at 1% of the grant award or at a negotiated fee for a community-based fiscal agent who is not including OUSD's indirect rate of 5.17% in the budget. The 1% or negotiated data fee will be charged according to an Agreement for Grant Administration Related Services payment schedule. This fee should be included in the grant's budget for evaluation.)	We will collect the number of stakeholders who attend events and follow up with them for further input. We will measure the number of materials we have distributed.
Does the grant require any resources from the school(s) or district? If so, describe.	Staff time from the OUSD Wellness Council (CSSS, T&L, Nutrition Services)
Are services being supported by an OUSD funded grant or by a contractor paid through an OUSD contract or MOU? (If yes, include the district's indirect rate of 5.94% for all OUSD site services in the grant's budget for administrative support, evaluation data, or indirect services.)	NO
Will the proposed program take students out of the classroom for any portion of the school day? (OUSD reserves the right to limit service access to students during the school day to ensure academic attendance continuity.)	No
Who is the contact managing and assuring grant compliance? (Include contact's name, address, phone number, email address.)	Michelle Oppen, Program Manager, Wellness CSSS--Health & Wellness 746 Grand Avenue Oakland, CA 94610 510-273-1676, Michelle.oppen@ousd.k12.ca.us

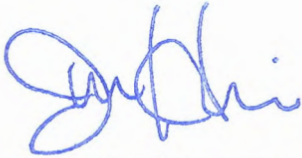
Applicant Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Principal	Joanna Locke		10/31/14
Department Head (e.g. for school day programs or for extended day and student	Curtiss Sarikey		1

support activities)

Grant Office Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Fiscal Officer	Vernon Hal		
Superintendent	Antwan Wilson		



James Harris
President, Board of Education



Antwan Wilson
Secretary, Board of Education

File ID Number: 14-2346
Introduction Date: 11/4/15
Enactment Number: 15-0083
Enactment Date: 1/14/15
By: O.A



October 9, 2014

Ms. Michelle Oppen
Program Manager, Wellness
Oakland Unified School District
Complementary Learning Dept.
746 Grand Avenue, Third Floor
Health and Wellness Unit
Oakland, CA 94610

Dear Ms. Oppen:

The Kaiser Permanente East Bay Area is pleased to advise you that our East Bay Area Contributions Committee has approved a sponsorship in the amount of **\$500.00** for the Oakland Unified School District - Complementary Learning Dept., in support of the **OUSD Wellness Festival**.

All sponsorship awards by the Kaiser Permanente East Bay Area are subject to the policies and priorities established by the East Bay Area Community Benefit Program. In accepting these funds, your organization agrees to the following:

Grant Purpose

- Funding shall be used solely for the purpose stated in the sponsorship application, and shall be so designated on your organization's records.
- Funding must support projects and events provided within communities served by Kaiser Permanente's East Bay Area.

Budget and Finance

- Funding shall not be used for any purpose that is not charitable or educational.
- Funding shall not be used to support or promote political activities.
- Changing any budgetary allocations of the sponsorship award, or sponsorship period, may only be made with written approval from the East Bay Area Community Benefit Manager or Public Affairs Director.

Non-Profit Status

- Your organization's charitable tax-exempt status under the Internal Revenue Service shall not be revoked or modified. If it is revoked or modified, you agree to notify the East Bay Area Public Affairs Department immediately.

Non Discrimination Policy

- Your organization is prohibited from using the funds in any way that discriminates on the basis of race, color, national origin, sex/gender, sexual orientation, age, physical or mental disability or veteran status.

Religious/Faith-Based Organizations

- Religious/Faith-based organizations agree to provide the funded services/programs to the broader community. Religious/Faith-based organizations that solely provide services and programs to its congregation/membership, or for the purposes of advancing religious doctrine, or philosophy, regardless of its tax-exempt status, are not eligible for donations.

Healthy Menu Options

- In an effort to promote healthy eating, Kaiser Permanente East Bay requests that organizations providing food during sponsored events and projects make healthy options available. Suggestions for healthier options are included with this sponsorship award letter, and can be shared electronically upon request. As part of the written evaluation, we ask that you provide information on the healthy food options made available during the sponsored event.

Evaluation Requirements

- Submit written evaluation to the East Bay Area Public Affairs Department by December 31st and a template for this report will be emailed to you by November 1st, 2014. A hard copy of this template can be sent to you upon request. Evaluations should include a summary of the event, photographs, and information on healthy menu options, as this information will be used to update the East Bay Area Contributions Committee and help inform future sponsorships.

Acknowledging Kaiser Permanente

- Provide recognition of Kaiser Permanente's partnership with your agency by listing Kaiser Permanente as a major sponsor of your organization's work when promoting the event i.e. website acknowledgement, annual event acknowledgement

We are happy to assist your organization with this contribution. If at any time you have questions or concerns, please do not hesitate to contact me at 510-752-1509.

Sincerely,

A handwritten signature in black ink, appearing to be 'Erica Browne', written over a horizontal line.

Erica Browne
Community Benefit Manager
Kaiser Permanente East Bay Area
Public Affairs Department

Check Date: Oct/23/2014

Vendor Number: 100063478

0006520877

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Paid Amount
20641840 OUSD Wellness Festival	Oct/09/2014	22533845	500.00	0.00	500.00

Check Number	Date	Total Gross Amount	Total Discounts	Total Paid Amount
0006520877	Oct/23/2014	\$500.00	\$0.00	\$500.00

KP FINANCIAL SVCS OPS
 75 N Fair Oaks Avenue
 Pasadena, CA 91103

CITIBANK, N.A.
 One Penn's Way
 New Castle, DE 19720
 62-20/311

0006520877

Date 2014-10-23

Pay Amount \$***500.00

Pay ****FIVE HUNDRED AND XX / 100 DOLLAR

To The Order Of
 OAKLAND UNIFIED SCHOOL DISTRICT
 COMPLEMENTARY LEARNING DEPT
 746 GRAND AVE 3RD FLR
 HEALTH AND WELLNESS UNIT
 OAKLAND, CA 94610



Authorized Signature

Authorized Signature

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