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Memo	
То	Board of Education
From	Antwan Wilson, Superintendent
<b>Board Meeting Date</b> (To be completed by Procurement)	10/14/15
Subject	Memorandum of Understanding - Alternatives In Action (contractor) - 302/Fremont High School (site)
Action Requested	Approval of the Memorandum of Understanding (MOU) between District and Alternatives In Action, for services to be provided primarily to 302/Fremont High School (site).
<b>Background</b> A one paragraph explanation of why the consultant's services are needed.	The general purpose of the 21 <sub>st</sub> Century Community Learning Center (21 <sup>st</sup> CCLC) program is to establish or expand community learning centers that provide students with academic enrichment opportunities along with activities designed to complement the students' regular academic program. California Education Code (EC) Section 8421 further defines the purpose of the 21 <sub>st</sub> CCLC High School ASSETs program as (1) creating incentives for establishing locally driven after school enrichment programs that partner schools and communities to provide academic support and safe, constructive alternatives for high school pupils in the hours after the regular school day, and (2) assisting pupils in passing the high school exit examination for public school programs.
Discussion One paragraph summary of the scope of work.	Approval by the Board of Education of a Memorandum of Understanding 2015-2016 between the District and Alternatives In Action, Oakland, CA, for the latter to provide services as lead agency to provide program coordination, math intervention, homework support, student supervision and a variety of enrichment services for Fremont High School's comprehensive After School Program for the period of July 1, 2015 through August 19, 2016, in the amount of \$237,060.00.
Recommendation	Approval by the Board of Education of the Memorandum of Understanding (MOU) between the District and Alternatives In Action for the latter to provide Arts, Recreation, Leadership and Family Literary activities for the After School Program at Fremont High School for the period July 1, 2015 through August 19, 2016.
Fiscal Impact	Funding Resource: <u>4124/21<sup>st</sup> Century High School After School Safety and Enrichment</u> <u>for Teens (ASSETs) Grant</u> : \$198,308.00 for Core funding, \$21,529.00 for Equitable Access, and \$17,223.00 for Family Literacy funding, for a total amount not to exceed <u>\$237,060.00</u> .
Attachments	<ul> <li>Memorandum of Understanding</li> <li>Certificate of Insurance</li> <li>Program Plan and Budget</li> <li>Statement of qualifications</li> </ul>

## Memorandum of Understanding 2015-2016 Between Oakland Unified School District and

Alternatives in Action

1. Intent. This Memorandum of Understanding ("MOU") establishes the Oakland Unified School District's ("OUSD") intent to contract with Alternatives in Action

("AGENCY") to serve as the lead agency to provide after-school and/or summer educational programs and to serve a sufficient number of students and run services for a sufficient number of days to earn the core grant allocation of funding at <u>302/Fremont Federation</u> under the following grants:

- California Department of Education ("CDE") 21st Century High School ASSETS Program ("ASSETS Core Grant")
- California Department of Education ("CDE") 21st Century Direct Access Grant ("Direct Access")
- California Department of Education ("CDE") 21st Century Family Literacy Grant ("Family Literacy")
- 2. **Term of MOU.** The term of this MOU shall be July 1, 2015 to August 19, 2016 and may be extended by written agreement of both parties.
- 3. Termination. OUSD may at any time terminate this MOU for any or no reason upon not less than five (5) days written notice to AGENCY. OUSD shall compensate AGENCY for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this MOU for cause should AGENCY fail to perform any part of this MOU. In the event of termination for cause, OUSD may secure the required services from another contractor. If OUSD's cost of procuring services from another contractor exceeds the cost of providing the services pursuant to this MOU, AGENCY shall pay the additional cost.
- 4. **Compensation.** The 21st Century ASSETS Core Grant, Family Literacy, and Direct Access grant award amount for <u>Alternatives in Action</u> is \$237,060.00. AGENCY shall be entitled to compensation from these funds in accordance with the following terms and conditions:
  - 4.1. Total Compensation. Subject to the provisions of 4.2 Positive Attendance and the provisions of 4.3 Administrative Fee, AGENCY shall receive the amount of the grant award less OUSD's administrative fees and other site costs agreed to by the Site Administrator and AGENCY.
  - 4.2. **Positive Attendance.** Payment for services rendered related to the ASSETS Core Grant shall be based on actual student attendance rates (\$10.00 a day per student), not estimates, as those programs are "positive attendance based." OUSD reserves the right to modify the annual core allocation based on reported attendance. In the event that payments made to AGENCY exceed the reported attendance for the Core grant, the AGENCY will return payments to OUSD at the rate of \$10.00 a day per student. Documentation of attendance must be submitted through the OUSD/OFCY attendance systems in order for invoices for payment of services for the ASSETS Core Grant to be processed. (**Exhibit A** Attendance Reporting Schedule 2015-2016").
    - 4.2.1. Reconciliation Process for Positive Attendance Based Grant Funds. OUSD will adjust the payment of the "positive attendance based" grants based on quarterly review of monthly invoices and attendance for services rendered related to the ASSETS Core Grant for any adjustments resulting from the reconciliation of the attendance reports for that quarter's months. The attendance reconciliation process will assess the program's performance with respect to the required compliance with the grant mandated attendance rates. Based on the review, financial adjustments of additional payment or additional withholding will be made. Any remaining

balance(s) will be forwarded to AGENCY or OUSD. Any adjustment required in excess of the withholding will necessitate additional adjustments to future invoices and payments.

- 4.2.2. Administrative Charges and Reconciliation. Reconciliation process for positive attendance based grants must factor in the subtraction of administrative and other OUSD central charges, as outlined in section 4.3, from any grant amounts earned through attendance (OUSD indirect, custodial, evaluation, and After School Programs Office administrative and training/technical assistance fees).
- 4.3. **OUSD Administrative Fees.** OUSD shall charge and withhold up to 14% from the overall 21st Century ASSETS Core Grant, Family Literacy grant, and Direct Access grant for central indirect, administrative, custodial, evaluation, and direct service training and technical assistance costs.
- 4.4. **AGENCY Administrative Fees.** AGENCY understands and agrees that it may not charge more than 4% of the total contract amount as administrative fees and that its administrative fees must be set at an appropriate dollar amount to keep the 21st Century ASSETS Core Grant, Family Literacy grant, and Direct Access grant within the grant-mandated allowable 15% for total indirect/administrative costs. The agency administrative fees charged to the 21st Century ASSETS Core Grant, Family Literacy grant, and Direct Access grant, and Direct Access grant must be used for direct administrative costs and cannot be used for agency indirect costs. Direct administrative costs consist of expenditures for administrative activities that provide a direct benefit to the 21st Century ASSETS program. Indirect costs consist of expenditures for administrative activities for administrative activities that are necessary for the general operation of the agency, but that cannot be tied to the 21st Century ASSETS program.
- 4.5. Program Budget. The grant will remain as part of the site budget. Funds will be encumbered from the site budget on behalf of AGENCY for the school year 2015-2016 and will not exceed \$237,060.00 in accordance with Exhibit B ("21<sup>st</sup> CCLC After School Program Plan" and "After School Budget Planning Spreadsheet").
- 4.6. Modifications to Budget. Any modifications to the approved grant budget must be approved by OUSD, AGENCY, and CDE before expenditures of funds for modified line items are authorized. Except as expressly set forth herein, OUSD shall not be liable to AGENCY for any costs or expenses paid or incurred by AGENCY in performing services for OUSD. The granting of any payment by OUSD, or the receipt thereof by AGENCY, shall in no way lessen the liability of AGENCY 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 OUSD and in that case must be replaced by AGENCY without delay.
- Program Fees. The intent of the 21st Century ASSETS program is to establish local programs 4.7. that offer academic assistance and enrichment for students in need of such services regardless of their ability to pay. Though it is not against the rules to charge fees for participation in programs, the CA Department of Education discourages it because it could exclude students in need from attending and taking advantage of the after school program. Fees should not create a barrier to participation in the after school program. After school services must be equally accessible to all students targeted for services regardless of their ability to pay. Programs that propose to charge fees may not prohibit any family from participating based on their inability to pay and must offer a sliding scale of fees and scholarships for those who could not otherwise afford to participate. Any income collected from fees must be used to fund program activities specified in the grant application. AGENCY shall do full accounting of fees collected, and documentation shall be kept for 5 years for auditing purposes. If AGENCY decides to charge fees, this decision shall be made collaboratively with the Site Administrator, and AGENCY shall work collaboratively with the Site Administrator and parent leaders to develop an appropriate program fee structure for the school community. AGENCY shall provide the OUSD After School Programs Office with written documentation of the program fee structure prior to charging any program fees, and shall provide OUSD with additional documentation upon request, to ensure grant compliance.

5. Scope of Work. AGENCY will serve as lead agency at Fremont Federation

will be responsible for operations and management of the 21st Century ASSETS Core Grant, Family Literacy grant, and Direct Access grant contracted to AGENCY by OUSD for fiscal year 2015-2016. This shall include the following required activities:

- 5.1. **Student Outcomes.** AGENCY shall achieve the student outcomes as described in the grant application narrative and articulated in documents from the program evaluation team. AGENCY agrees to develop school specific outcomes, as defined in partnership with the principal. AGENCY recognizes that the principal is the chief decision maker for after school and summer programs, and ensures that school site objectives are met.
  - 5.1.1. Alignment with Single Plan for Student Achievement ("Site Plan"). AGENCY will ensure the after school program aligns with OUSD and Fremont Federation and objectives to ensure the success of students as articulated in the Site Plan. AGENCY will work in partnership with the school principal to ensure that the program components are aligned with and complement OUSD standards and school site curriculum.
- 5.2. **Oversight.** AGENCY will provide oversight, fiscal management, payroll services, technical assistance, and facilitation of collaboration with other service providers. Agency must ensure compliance with 21st Century ASSETS Core, Family Literacy, and Direct Access funding guideline requirements and follow OUSD after school policies and procedures. This includes compliance with OUSD staffing requirements and policies including No Child Left Behind and other legislative mandates.
- 5.3. Enrollment. AGENCY will enroll 9th through 12th grade students at Fremont Federation \_\_\_\_\_\_, to serve sufficient number of students and run services for a sufficient number of days to earn the full core grant allocation of funding.
- 5.4. Program Requirements
  - 5.4.1. **Program Hours.** Consistent with the 21st Century ASSETS program requirements, AGENCY agrees to operate a minimum of 15 hours per week. This may include after school only OR after school and any combination of before school, weekends, summer intersession and vacation.
  - 5.4.2. **Program Days.** AGENCY shall offer a program for a minimum of 177-180 days during the 2015 2016 school year.
    - 5.4.2.1. Attendance Targets. AGENCY will operate the program for a sufficient number of days during the 2015 2016 school year to ensure that student attendance targets are met. This can include Summer Session.
    - 5.4.2.2. Program Closure. AGENCY will close the ASSETS program no more than a maximum of 3 days in the 2015-16 school year for staff professional development, as permitted by Education Code.
  - 5.4.3. Program Components
    - 5.4.3.1. AGENCY shall provide programming that supports the guidelines as outlined in the ASSETS Core Grant for students at Fremont Federation

AGENCY understands that the ASSETS program has three required elements that must be offered in every funded program: academic assistance, enrichment, and family literacy services. AGENCY understands that the academic and enrichment elements must provide additional support for pupils and be coordinated with the regular academic program requirements, standards-aligned curriculum and instructional materials, and assessments of pupil progress. AGENCY agrees to provide programming consistent with grant guidelines, including, but not limited to:

- 5.4.3.1.1. Academic Assistance. ASSETs programs will include tutoring, homework assistance, Credit Recovery, and CAHSEE Prep in their academic assistance element. The assistance will be aligned with the regular academic programs of the students and will assist them in meeting state and local academic achievement standards in core academic subjects, such as reading, mathematics, and science.
- 5.4.3.1.2. Enrichment. Each ASSETs program will provide an enrichment element that offers participating students a broad array of additional services, programs, and activities designed to reinforce and complement the regular academic program. Services will be actively coordinated with the students' regular high school day program. It is strongly encouraged that programs include an Internship Program to develop Career Skills. In particular, the enrichment element activities must be developed in alignment with appropriate California content standards and standards-aligned instructional materials, related California curriculum frameworks, and other research-based practices.
- 5.4.3.1.3. Family Literacy Services. AGENCY shall assess the need for family literacy services among adult family members of the high school students to be served by the program. All programs will, at a minimum, either refer families to existing services or coordinate with local service providers to deliver literacy and educational development services.
- 5.4.3.2. Equitable Access Programming. AGENCY shall include a component for students at <u>Fremont Federation</u> to support full access to program components.
- 5.4.3.3. Family Literacy Programming. AGENCY shall offer a component for guardians, parents, and caretakers of students at <a href="https://www.freemontFederation">Fremont Federation</a> which includes parent workshop and training on a variety of topics including supporting youth academically, college and career readiness, and adult literacy development.
- 5.4.3.4. Snacks/Supper/Beverages: AGENCY shall meet Federal and State meal and snack requirements and all meals and snacks must be provided by OUSD Nutrition Services department. Nutrition Services shall:
  - 5.4.3.4.1. Provide meals and beverages that meet State and Federal standards;
  - 5.4.3.4.2. Provide the number of meals and beverages requested by AGENCY unless/until Nutrition Services determines that AGENCY's participation is lower than the snack/meal/beverage count provided by the AGENCY, in which case, the number will be adjusted;
  - 5.4.3.4.3. Provide all supplies including utensils, napkins, forks, required;
  - 5.4.3.4.4. Support compliance by AGENCY with required State and Federal administrative requirements;
  - 5.4.3.4.5. Provide annual training to AGENCY.
- 5.4.3.5. Each AGENCY participating in the Nutrition Services snack/meal/beverage program shall:
  - 5.4.3.5.1. Attend annual training. In the event that the person responsible for snack distribution changes, AGENCY will make arrangements with Nutrition Services for training of new employees or representative of the AGENCY;
  - 5.4.3.5.2. Complete After School Snack and Supper Menu Production Worksheets (MPW) on a daily basis;

- 5.4.3.5.3. Ensure meal count is accurate;
- 5.4.3.5.4. Submit completed MPW to cafeteria staff by the next business day;
- 5.4.3.5.5. Return leftovers to cafeteria;
- 5.4.3.5.6. Ensure that only students are served and receive food from the program;
- 5.4.3.5.7. Ensure that meals are not removed from campus
- 5.4.3.5.8. Immediately report to OUSD Site Coordinator and Nutrition Services any concerns related to food safety or food contamination
- 5.4.3.6. AGENCY will be billed at the rates immediately below, for meals by Nutrition Services under the following conditions.
  - 5.4.3.6.1. MPW not completed and submitted by the next business day;
  - 5.4.3.6.2. Snacks are ordered and not picked up
- 5.4.3.7. In addition to any applicable liability associated with audit findings. AGENCY will be charged the following for each meal that OUSD is unable to claim due to AGENCY's failure to comply with program requirements:
  - 5.4.3.7.1. Snack: \$1.00
  - 5.4.3.7.2. Supper: \$3.50
- 5.4.3.8. AGENCY will be liable for audit findings and/or assessments (See Section 12 below) that are attributable to AGENCY's failure to comply with the rules and regulations of the Nutrition Services program, including liability if reimbursement is denied Nutrition Services because of AGENCY's failure to comply with program requirements.
- 5.4.4. **Staff Ratio.** The staff to youth ratio shall not exceed 1:20, with no more than 20 youth for each qualified, adult staff supervisor.
- 5.5. **Data Collection.** AGENCY will work with OUSD to collect and analyze data on student enrollment, student attendance, student academic performance, student satisfaction, and parent satisfaction. This includes, but is not limited to:
  - 5.5.1. Accountability Reports. Providing OUSD with the following set of program accountability reports:
    - Financial reports
    - Activity reports
    - Outcomes reports: behavioral and academic
  - 5.5.2. Attendance Reports. Providing OUSD with attendance reports using the OUSD/OFCY attendance systems and maintaining required attendance records utilizing the OUSD/OFCY attendance systems, including completion of mandatory monthly reports. Original written documentation of all daily attendance records, including all daily sign in/out sheets, will be maintained by AGENCY for 5 years for auditing purposes.
  - 5.5.3. Use of Enrollment Packet. AGENCY will use OUSD After School Program Parent Permission and Student Information enrollment packet, including early release waiver, for all after school participants. (Exhibit C) AGENCY will seek approval from the OUSD After School Programs Office for any modifications to the OUSD enrollment packet, in advance of distribution.

- 5.6. **Maintain Clean, Safe and Secure Environment.** Maintaining clean, safe, and secure program environments for staff and students in conjunction with OUSD guidelines. AGENCY, as they view necessary, will initiate and establish additional cleanliness, safety, and security policies and protocol sufficient to ensure staff, student and family member safety.
- 5.7. **Meeting Participation.** AGENCY will participate in technical assistance, training, orientation, monthly meetings and other support and resource development activities provided by OUSD and collaborative partners in conducting program planning, implementation, and evaluation. These include required regular meetings with the school principal or other identified designee to ensure collaboration with the school vision. AGENCY staff will participate in meetings facilitated by the OUSD After School Programs Office to address program quality, program improvement and general troubleshooting.
- 5.8. **Relationships.** AGENCY will maintain six essential collaborative relationships to ensure partnerships towards effective program implementation:
  - Administration, faculty, and staff of Fremont Federation
  - OUSD After School Programs Office
  - OUSD central administration departments
  - Parents/Guardians
  - Youth
  - Community organizations and public agencies
- 5.9. Licenses. AGENCY shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

## 6. Field Trip Policy. FIELD TRIPS, OFF SITE EVENTS AND OFF SITE ACTIVITIES:

- AGENCY shall provide each Site Administrator and the OUSD After School Programs Office with a schedule of all after school program field trips and/or off site events and/or off site activities by the first day of each semester, and a schedule of all summer field trips and/or off site events and activities by the first day of the summer program, if AGENCY is providing summer services (Exhibit D).
- AGENCY hereby certifies that after school and summer program staff and/or subcontractors will comply with the following procedures for all field trips, off site events and off site activities:
- 6.1. Licenses Permission Slips/Acknowledgement. Field trip/excursion permission slip must be signed by parent(s)/guardian(s) of all student participants and an acknowledgement must be signed by all adult chaperones both of which shall include the following information:
  - 6.1.1. a full description of the trip and scheduled activities
  - 6.1.2. student/adult participant health information
  - 6.1.3. "Notice of Waiver of All Claims: Education Code § 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against any school district, charter school, or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, regardless of who holds the claims. If the field trip or excursion to which this permission slip applies is out-of-state, I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion."
- 6.2. After school and summer program staff or subcontractors leading trip must have a written list of students attending trip.

- 6.3. No student shall be prevented from making a trip due to lack of sufficient funds.
- 6.4. After school and summer program staff or subcontractors leading trip shall have a sufficient first aid kit in his or her possession or immediately available. If the trip is conducted in areas known to be infested with poisonous snakes, this first aid kit shall contain medically accepted snakebite remedies.
- 6.5. Health Conditions/Medication: Trip participant health information will be gathered and reviewed in advance of trip and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan will be developed to collect, secure, and dispense prescription medications from their original containers only and consistent with physician's instructions.

#### 6.6. Supervision

- 6.6.1. AGENCY Executive Director must review and approve supervision plan.
- 6.6.2. Trip as structured is appropriate to age, grade level and course of study.
- 6.6.3. Chaperones are all AGENCY employees or subcontractors, parent(s)/guardian(s), or other authorized chaperones and are 21 or older. After School and Summer Program Coordinators and lead trip staff are satisfied that all chaperones are willing and able to perform required duites, including understanding and implementing instructions, understanding health information for students in their group, and responding effectively in the event of an emergency. Trip attendees shall be limited to assigned school or early childhood education or after school program staff, students and authorized chaperones. Guests, including but not limited to friends and other family members, are strictly prohibited absent prior written approval of the after school program coordinator or AGENCY executive director. Before the trip, after school and summer program staff leading trip shall provide any adult chaperones who may accompany the students with clear information regarding their responsibilities. Chaperones shall be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities. Chaperones shall not consume alcoholic beverages or be under the influence of controlled substances while accompanying and supervising students on a trip.
- 6.6.4. When a trip is made to a place of business or industry, staff shall arrange for an employee of the host company to serve as conductor.
- 6.6.5. Adult:Student Ratio is at least 1:10 or higher if swimming or wading or high risk trip. If the trip involves water activities, this ratio shall be revised to ensure closer supervision of elementary grade or younger students, appropriate to their ages. The ratio of adults to students on field trips and excursions shall be reasonable under the circumstances.
- 6.6.6. Safety requirements have been met (eg: current First aid/CPR training of at least one chaperone, first aid kits, emergency contact and health info, instructions for chaperones, staff and chaperones have cell phones which are charged and available for communication).
- 6.7. Transportation Requirements: The after school and summer program or subcontractors shall ensure compliance with all state laws and may transport by the use of its own equipment, contract to provide transportation or arrange transportation by the use of other equipment to enrolled after school and summer participants provided that: (A) parent/guardians' written permission has been obtained in advance; (B) After School Program Coordinator and/or Summer Program Coordinator has confirmed that: transportation arrangements are safe and appropriate; (C) all drivers have valid California driver's license; (D) all drivers have received fingerprint clearance; (E) provided that such transport is covered under driver or registered owner's personal automobile insurance or AGENCY automobile liability insurance policy for at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage; (F) all drivers and registered owners of private or rented vehicles used shall complete and sign

declaration of driver forms assuring that: (i) the driver is at least 21 years of age and holds a current valid California driver's license;(ii) the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years; and (iii) the driver provides proof of sufficient insurance; (G) if after school or summer program arranges and/or contracts with a third party to provide this transportation, the organization or company with whom they contract must be licensed as a transportation provider, be certified to transport students (e.g., School Pupil Activity Bus certification) and have at least \$5,000,000 automobile and \$1,000,000 General Liability insurance; (I) students receive instruction in safe conduct on bus or other transport; and, (J) drivers shall receive safety and emergency instructions and information which shall be kept in their vehicle, including health and emergency information for each student riding in his/her vehicle.

- 6.8. AGENCY must have reasonable confirmation that all organizations involved in the trip have demonstrated expertise and exhibit reasonably safe and reputable operating procedures and business practices appropriate to student trips.
- 6.9. Vendor is licensed to provide all proposed activities.
- 6.10. Voluntary Student Accident Insurance must be <u>made available</u> for purchase (required for all trips). All student participants on higher risk activities (e.g., swimming, snow trips, horseback riding, sailing, rafting, etc.) must be covered by medical or accident insurance.
  - 6.10.1. Parents/guardians must be informed that there is no District insurance for the trip;
  - 6.10.2. Program fees must include coverage for accidents or injuries to participants by an insurance carrier authorized to do business in California.

#### 6.11. ADDITIONAL REQUIREMENTS FOR HIGH RISK, OVERNIGHT, OUT OF STATE TRIPS:

- 6.11.1. Definition of High Risk Activities
  - 6.11.1.1. Because of concerns about the risk to student safety, the after school program coordinator shall not permit the following activities on campus or during AGENCY sponsored after school or summer program trips, events and activities unless the activity is properly supervised, students wear protective gear as appropriate, and each participant has insurance coverage:
  - Amusement Parks
  - Interscholastic Athletic Activities
  - Bicycle riding
  - Circus Arts
  - Hiking (Moderate to rigorous terrain or length) vs short nature "walks"
  - Hang gliding
  - Horseback riding
  - Ice Skating
  - In-line or Roller Skating
  - Rock climbing, climbing walls
  - Skateboarding or use of non-motorized scooters
  - Snow sports of any kind
  - Trampoline; Jumpers
  - Motorcycling
  - Rodeo
  - Target Shooting
  - Water Activities including but not limited to: swimming, snorkeling, scuba diving, sailing, boating, kayaking, river rafting, water slides, water skiing etc.

- Outdoor active, experiential programs (Ropes course, pulley, etc.)
- Other activities determined by the school principal to have a high risk to student safety
- 6.11.1.2. The cost of insurance coverage for such activities shall be borne by the student and/or AGENCY.
- 6.11.1.3. Students who operate or ride as a passenger on a bicycle, non-motorized scooter or skateboard upon a street, bikeway or any other public bicycle path or trail shall wear a properly fitted and fastened bicycle helmet that meets the standards of law. Students also shall be required to wear such helmets while wearing in-line or roller skates.
- 6.11.2. Department of Justice and FBI fingerprinting and fingerprint clearance must be obtained for all non-District employee chaperones. Chaperones who continue beyond one school year will need to get fingerprint clearance once every three years from the time they begin chaperoning on after school program trips. Chaperones shall act in accordance with district policies, regulations and school rules. A person who is required to register as a sex offender pursuant to Penal Code 290 shall not serve as a chaperone on any field trip.
- 6.11.3. No chaperone shall be assigned to provide supervision or instruction of students unless he/she has submitted evidence of an examination within the past 60 days to determine that he/she is free of active tuberculosis. Chaperones whose skin test negative shall thereafter be required to take tuberculosis test every four years or sooner if deemed necessary by AGENCY.
- 6.11.4. Letter must be sent to parent(s)/guardian(s) and a meeting must be held for staff, chaperones, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions.
- 6.11.5. Sleeping arrangements and night supervision are safe and appropriate.
- 6.11.6. Vendor Proof of Insurance: After School Program Coordinator and/or Summer Program Coordinator has obtained proof of insurance from all private vendors including:
  - Facility
  - Program
- 6.12. Additional Requirements for Field Trips/Excursions Which Include Swimming or Wading
  - 6.12.1. No swimming or wading shall be allowed on trips unless planned and approved in advance.
  - 6.12.2. When wading in the ocean, bay, river or other body of water as part of a planned, supervised outdoor education activity, after school program staff shall provide for a number of chaperones to exceed the normal one to ten ratio and shall instruct both chaperones and students of the real and potential risks inherent in such activities and the precautions necessary for their safety.
  - 6.12.3. Swimming Activities
    - 6.12.3.1. Parents/guardians must provide written permission for the student to swim and must indicate the student's swimming ability. Students whose parents do not give permission for their child to swim shall be identified in advance of trip and a tracking system designed to ensure they do not enter pool or swim area.
    - 6.12.3.2. Swimming facilities, including backyard pools, must be inspected by the AGENCY Executive Director and after school program staff before the trip is scheduled.
    - 6.12.3.3. Owners of private pools must provide a certificate of insurance, designating OUSD and AGENCY as an additional insured, for not less than \$2,000,000 in liability coverage.
    - 6.12.3.4. Lifeguards must be designated for all swimming activities. If lifeguards are not provided by the pool owner or operator, the AGENCY Executive Director shall ensure their

presence. The AGENCY Executive Director shall ensure that lifeguards are Red Cross certified or equivalent and must be at least 21 years old. A swim test must be administered before any student is permitted in the deep end of the pool or swim area. A tracking system shall be designed in advance of trip to identify those students who have and have not passed the swim test.

- 6.12.3.5. The ratio of adult chaperones to students shall be at least one to ten. In grades 4-6, this ratio shall be at least one to eight. In grades K-3, this ratio shall be at least one to four.
- 6.12.3.6. Specific supervisory responsibilities shall be determined in advance to accommodate the varying swimming abilities of students. These responsibilities shall be clarified in writing and reviewed verbally before the trip.
- 6.12.3.7. Emergency procedures shall be included with written instructions to adult chaperones and staff.
- 6.12.3.8. Staff and chaperones assigned to supervise students must wear swim suits and know how to swim and be at each side of the pool or swim area actively monitoring students at all times.
- 6.12.3.9. The After School Program Coordinator and/or Summer Program Coordinator may require students to wear flotation devices, depending upon their age and swimming ability.
- 6.12.3.10. A buddy-system or other means of surveillance shall be arranged in advance and strictly enforced during swimming activities.
- 6.13. Additional Requirements for trips to East Bay Regional Park District Bodies of Water (swimming pools, lagoons, shoreline parks and lakes) and Related Facilities
  - 6.13.1. At least 2 weeks prior to trip date, all persons attending trip, including, but not limited to, each and every student, teacher, instructor, chaperone, supervisor, parent, administrator, volunteer, or aide (hereinafter "participant") will provide to the School District Office of the General Counsel an original, properly completed, signed and dated East Bay Regional Park District Waiver (Exhibit E), executed by either the participant if he or she is 18 years of age or older, or the participant's parent or legal guardian if the participant is under 18 years of age.
  - 6.13.2. Should AGENCY fail to provide an original, properly completed, signed and dated East Bay Regional Park District Waiver for each trip participant as defined in Section 6.13.1 above, AGENCY agrees to hold harmless, defend and indemnify OUSD, its officers, employees, volunteers and agents from all claims and actions resulting therefrom.
- 7. Financial Records. AGENCY agrees and understands that OUSD is responsible for fiduciary and programmatic oversight for the expenditure of 21st Century ASSETS Core Grant, Direct Access, and Family Literacy grant funds contracted to AGENCY by OUSD for fiscal year 2015-2016. AGENCY will function as a sub recipient of funding and as such will follow all required fiscal guidelines and meet outlined standards as referenced in applicable Federal and State sub recipient guidelines for the federal 21<sup>st</sup> Century Community Learning Centers grant program, CFDA Number 84.287, awarded by the Office of Elementary and Secondary Education Academic Improvement and Teacher Quality Programs office. Sub recipients that receive over \$500,000 of federal funds are required to undergo an annual audit and to communicate findings to OUSD, as requested. AGENCY will ensure that all contracted funds of this MOU are expended as per grant guidelines.
  - 7.1. Accounting Records. AGENCY will maintain its accounting records based upon the principles of fund accounting.
  - 7.2. **Disputes.** AGENCY shall make all records related to 21<sup>st</sup> Century ASSETS, Family Literacy, and Direct Access grants available to OUSD for review. OUSD and AGENCY shall meet and confer

regarding any disputes as to the amount of actual expenses before taking any action to collect funds.

- 8. Invoicing
  - 8.1. **Billing Structure.** AGENCY shall only invoice for actual expenditures incurred. Supporting documentation must be presented along with monthly invoices upon request. Billing details must be provided upon request to OUSD to ensure compliance with related sub recipient and grant guidelines.
  - 8.2. Unallowable Expenses. AGENCY may not purchase computers or capital equipment using 21<sup>st</sup> Century Core Grant, Direct Access, or Family Literacy grant funds.
  - 8.3. Invoice Requirements. AGENCY will submit invoices with evidence of the following staff qualifications for each AGENCY employee and AGENCY agent, including employees of subcontracting agencies and volunteers: TB Clearance, current CA Department of Justice and FBI fingerprint clearance, and Instructional Aide requirement. AGENCY will utilize the required OUSD invoicing and staff qualifications form (Exhibit F) for regular invoice submission.
  - 8.4. **Submission of Invoices.** AGENCY must submit invoices to OUSD on a timely and regular basis for services rendered. OUSD will not accept invoices submitted more than thirty days beyond the end of each fiscal quarter. No invoices will be accepted more than 30 days past the end of June 30 of the contractual fiscal year. AGENCY must also submit invoices according to specific invoicing deadlines as outlined by OUSD to ensure timely processing. (Exhibit G)
  - 8.5. Submission of Invoices for ASESP and 21<sup>st</sup> Century Grants. For services rendered related to the 21<sup>st</sup> Century ASSETS grants, OUSD shall pay AGENCY, on a monthly basis, for appropriately documented expenses related to the 21<sup>st</sup> Century ASSETS grants, with a cumulative total for 2015-16 not to exceed \$237,060.00 in accordance with the attached Exhibits to this Memorandum. Invoices for payment of services shall be submitted by the 10<sup>th</sup> of each month to the OUSD After School Programs Office, utilizing the required OUSD invoicing and staff qualifications form (Exhibit F). OUSD will strive to adhere to second Accounts Payable check run per the published schedule of monthly payments if invoices are submitted in accordance with the deadlines and requirements set forth in this section and the accompanying Exhibits.
- 9. Ownership of Documents. AGENCY agrees that, pursuant to California law, it shall maintain program and fiscal documentation for the ASESP and 21<sup>st</sup> CCLC programs for a minimum of five years. All documents created by AGENCY pursuant to this MOU, including but not limited to reports, designs, schedules, registration packets, early release waivers, and other materials prepared, or in the process of being prepared, for the services to be performed by AGENCY, are and shall be at the time of creation and thereafter the property of OUSD, with all intellectual property rights therein vested in OUSD at the time of creation. OUSD shall be entitled to access to and copies of these materials during the progress of the work. Any such materials in the hands of AGENCY or in the hands of any subcontractor upon completion or termination of the work shall be immediately delivered to OUSD. If any materials are lost, damaged or destroyed before final delivery to OUSD, AGENCY shall replace them at its own expense and AGENCY hereby assumes all risks of loss, damage or destruction of or to such materials. AGENCY may retain a copy of all materials produced under this MOU for its use in its general business activities.

#### 10. Changes

10.1. Agency Changes. AGENCY may, at any time, by written order, make changes consistent with Section 5 Scope of Work of this MOU. If such changes cause an increase or decrease in the budgeted cost of or the time required for performance of the agreed upon work, an equitable adjustment as mutually agreed shall be made in the limit on compensation as set forth in Section 4 or in the time of required performance as set forth in Section 5.4, or both. In the event that AGENCY encounters any unanticipated conditions or contingencies that may affect the scope of work or

services and result in an adjustment in the amount of compensation specified herein, AGENCY shall so advise OUSD immediately upon notice of such condition or contingency. The written notice shall explain the circumstances giving rise to the unforeseen condition or contingency and shall set forth the proposed adjustment in compensation. Such notice shall be given to OUSD prior to the time that AGENCY performs work or services related to the proposed adjustment in compensation. Any and all pertinent changes shall be expressed in a written amendment to this MOU and signed by OUSD prior to AGENCY's implementation of such changes.

10.2. Changing Legislation. AGENCY understands that changes in Federal, or state legislation or District policy may impact funding levels, grant requirements, and responsibilities of AGENCY during an academic school year. This MOU may be amended during the 2015-16 fiscal year to reflect additional changes resulting from such legislation.

#### 11. Conduct of Consultant

- 11.1. Child Abuse and Neglect Reporting Act. AGENCY will comply with the Child Abuse and Neglect Reporting Act (CANRA) guidelines as Mandated Reporters to report suspicions of possible child abuse to the appropriate reporting agency as stated in California Penal Code § 11164 11174.
- 11.2. **Staff Requirements.** AGENCY will adhere to the following staff requirements for each AGENCY "agent", including employees, staff of subcontracting agencies, and volunteers. AGENCY will provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8.3 which include:
  - 11.2.1. **Tuberculosis Screening.** Current documentation of negative TB Test (PPD) on file for each AGENCY agent working with students.
  - 11.2.2. Fingerprinting of Agents. Current California Department of Justice (CDOJ) fingerprint clearance and FBI fingerprint clearance for each AGENCY agent working with students. AGENCY shall not permit its agents to come into contact with students until CDOJ and FBI clearance is ascertained, and AGENCY shall certify in writing to OUSD that none of its agents who may come into contact with pupils have been convicted of a violent or a serious felony. AGENCY shall further certify that it or its subcontracting agencies have received and reviewed fingerprint results for each of its agents, and Agency or its subcontracting agencies shall request and review subsequent arrest records for all agents who may come into contact with OUSD pupils in providing services to the District under this Agreement.
  - 11.2.3. **Minimum Qualifications.** AGENCY staff and agents who directly supervise students and are included in the 1:20 staff to student ratio must meet the following minimum qualifications for an instructional aide: a high school diploma or its equivalency and one of the following: (a) an AA degree; or completion of 48 semester units in college; or (b) successful completion of the Instructional Assistant exam, administered by the Alameda County Office of Education.
- 11.3. **Removal of Staff.** In the event that OUSD, in its sole discretion, at any time during the term of this MOU, desires the removal of any AGENCY related persons, employee, representative or agent from OUSD school site and/or property, AGENCY shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons. In the event OUSD requests the removal of any AGENCY related persons, employee, representative or agent from OUSD school site and/or property, the OUSD site administrator shall provide to the AGENCY written, supporting rationale for the decision. OUSD After School Program Office, after conferring with Legal and the Executive Officer supporting the site, shall decide, taking all the facts and circumstances into account, if AGENCY may reassign an employee or agent to another OUSD site. Prior to the removal or change of any AGENCY staff member who is a regular part of the after school program, AGENCY shall inform the Site Administrator with as much notice as possible, and will work with the Site Administrator to ensure a smooth transition in staffing.

- 11.4. **Conflict of Interest.** AGENCY shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. AGENCY shall not hire any officer or employee of OUSD to perform any service by this Agreement. AGENCY affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between AGENCY's family, business or financial interest and the services provided under this MOU, and in the event of change in either private interest or services under this MOU, 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.
- 11.5. **Drug-Free / Smoke Free Policy.** AGENCY understands that OUSD does not permit drugs, alcohol, and/or smoking at any time in any buildings and/or grounds on OUSD property. AGENCY agrees to adhere to this policy for its students, staff, visitors, employees and or subcontractors.
- 11.6. **Non-Discrimination.** Consistent with the policy of OUSD in connection with all work performed under Contracts, AGENCY 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. AGENCY 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, AGENCY agrees to require like compliance by all its subcontractor(s).
- **11.7. Bullying.** The District's Board of Education recognizes the harmful effects of bullying on student learning, school attendance and participation in after school programs. In order to have a safe environments that protect students from physical and emotional harm, AGENCY shall establish student safety as a high priority and shall not tolerate bullying of any student. AGENCY shall adopt a policy expressly against harassment, intimidation, and bullying.
- 11.8. **Restorative Justice (RJ) and Positive Behavioral Interventions and Supports (PBIS).** As a part of the District's commitment to eliminate disproportionality in discipline affecting African American male students, the District has initiated Restorative Justice and PBIS programs at many school sites. AGENCY is encouraged to learn more about these programs at school sites and work with District Staff to implement programs in the after school programs that support positive school climate.
- 12. Indemnification. AGENCY shall indemnify, hold harmless and defend OUSD and each of its officers, officials, employees, volunteers and agents from any loss, liability, audit fines, assessments, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by OUSD, AGENCY or any other person and from any claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of performance of this MOU. AGENCY's obligations under the preceding sentence shall apply jointly and severally regardless of whether OUSD or any of its officers, officials, employees, volunteers or agents are actively or passively negligent, but shall not apply to any loss of liability, fines, penalties, forfeitures, costs or damages caused solely by the active negligence or by the willful misconduct of OUSD. If AGENCY should subcontract all or any portion of the work or activities to be performed under this MOU, AGENCY shall require each subcontractor to indemnify, hold harmless and defend OUSD, its officers, officials, employees, volunteers or agents in accordance with the terms of the preceding paragraph.
- 13. **Insurance**. Throughout the life of the MOU, AGENCY shall pay for and maintain in full force and effect with an insurance company(s) admitted by the California Insurance Commissioner to do business in the State of California and rated not less than "A/VII" in Best Insurance Rating Guide, the following policies of insurance:
  - 13.1. **Commercial General Liability** insurance which shall include contractual, products and completed operations, corporal punishment and sexual misconduct and harassment coverage, and

bodily injury and property damage liability insurance with combined single limits of not less than \$1,000,000 per occurrence.

- 13.2. Worker's Compensation insurance, as required by the California Labor Code, with not less than the statutory limits.
- 13.3. **Property and Fire** insurance shall provide to protect: Real Property, against risk of direct loss, commonly known as Special Form and Fire Legal Liability, to protect against liability for portions of premises leased or rented; Business Personal Property, to protect on a Broad Form, named peril bases, for all furniture, equipment and supplies of AGENCY. If any OUSD property is leased, rented or borrowed, it shall also be insured the same as real property.

The above policies of insurance shall be written on forms acceptable to the Risk Manager of OUSD and endorsed to name the OUSD, its officers, employees, volunteers or agents, as additional insured. Said Additional Insured endorsement shall be provided to OUSD upon AGENCY's execution of this MOU and before work commence under this MOU. If at any time said policies of insurance lapse or become canceled, this MOU shall become void. The acceptance by OUSD of the above-required insurance does not serve to limit the liability or responsibility of the insurer or AGENCY to OUSD. Exhibit H ("Certificates of Insurance").

- 14. Litigation. [This section is intentionally deleted by the parties].
- 15. Incorporation of Recitals and Exhibits. The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
- 16. Counterparts. This MOU and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 17. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The District 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, verifies that this vendor does not appear on the Excluded Parties List. https://www.sam.gov/portal/public/SAM

On behalf of our respective institutions or organizations, we hereby execute this Memorandum of Understanding.

OAKLAND UNIFIED SCHOOL DISTRICT President, Board of Education

Superintendent

Secretary, Board of Education

Date

**Deputy Chief** Date Community Schools and Student Services Dept. inela Ilh Principal Date

AGEN

Agency Director Signature

Patricia Munillo, Exactive Director Print Name, Title

#### Attachments:

- Exhibit A. Attendance Reporting Schedule
- Exhibit B. Planning Tool/Comprehensive After School Program Budget
- Exhibit C. Enrollment Packet, including Early **Release Waiver**
- Exhibit D. List of Anticipated Field Trips, Off Site Events and Off Site Activities

Network Superintendent

Date

MOU template approved by Legal May, 2015

- Exhibit E. Waiver for Use of East Bay Regional Park District Bodies of Water (Swimming Pools, Lagoons, Shoreline Parks and Lakes) and Related Facilities
- Exhibit F. Invoicing and Staff Qualifications Form
- Exhibit G, Fiscal Procedures and Policies
- Exhibit H. Certificates of Insurance
- Exhibit I. Statement of Qualifications

## Exhibit A

## ATTENDANCE REPORTING SCHEDULE

After Sc	fied School District hool Programs Reporting Schedule
Monthly Attendance Period	Deadline to Input Attendance Data into Cityspan
July 1 – July 31, 2015	August 10, 2015
August 1 - August 30, 2015	September 10, 2015
September 1-30, 2015	October 9, 2015
October 1-30, 2015	November 10, 2015
November 1-30, 2015	December 10, 2015
December 1-31, 2015	January 11, 2016
January 1-31, 2016	February 10, 2016
February 1-29, 2016	March 10, 2016
March 1-31, 2016	April 11, 2016
April 1-30, 2016	May 10, 2016
May 1-31, 2016	June 10, 2016
June 1-30, 2016	June 30, 2016

Exhibit B

## 21<sup>ST</sup> CCLC AFTER SCHOOL PROGRAM PLAN AND AFTER SCHOOL BUDGET PLANNING SPREADSHEET

(Template distributed separately)

## **INSERT HERE**

#### Exhibit C OAKLAND UNIFIED SCHOOL DISTRICT 21 CENTURY ASSETS HIGH SCHOOL AFTER SCHOOL PROGRAMS

#### PARENT PERMISSION AND STUDENT INFORMATION

Student's Name		Grade	Date of	Birth	_
Parent/Guardian Name (Please	print)	Signature			Today's Date
		Oaklar	nd		
Home Address		City	Zip		
Home Phone	W	/ork Phone		Cell Ph	one
E	MERGENCY CON	NTACT INF	ORMATION	J	
In case of emergency please co	ntact:				
Name	Relationship		P	hone: work	/home/cell
Does your child have health cov	verage?	Yes	-	No	
Name of Medical Insurance	Policy/ Insur	ance#	Primary	Insured's N	Jame
			J:	dont is tak	ino
Medical History that may be of	importance	Me	dication Stu	uent is tak	ing
Medical History that may be of List any Allergies	importance	Me			ing
	·	мес 5-6290 е			ing
	510/285			dent is tak	ing
List any Allergies	510/285 Tele	5-6290 e ephone nish and/or o	ext.305		-

After School MOU 2015-2016, page 18 of 28

## RELEASE OF LIABILITY

I understand the nature of the after school program and that participation is voluntary. I understand that the Oakland Unified School District is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the after school program. I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after school program activities.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT RELEASE

As parent/guardian, I understand that the After School Program will begin immediately after school is out and will end by 6:00 p.m.

I give the After School Program staff permission to release my child from the after school program without supervision. I understand that my high school-age child will sign himself/herself out of program, and will be released on his/her own.

I understand that my high school-age child may sign himself/herself out from the After School program and be released prior to 6:00 pm.

As parent/guardian, I hereby release and discharge the Oakland Unified School District and its officers, employees, agents and volunteers from all claims for injury, illness, death, loss or damage as a result of my child's release from the After School Program without supervision.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_

## PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

I give permission for the After School Program Staff to review my child's school data (test scores, report cards and other performance indices), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After School Enrichment Program. I also give permission for After School Program staff to monitor my student's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### PHOTO/VIDEO RELEASE

During your child's attendance in the After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child \_\_\_\_\_may \_\_\_\_may not be photographed/videotaped by the After School program for promotional purposes.

I authorize the OUSD or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of OUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the OUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

Parent/Guardian Signature:

Date\_

Student's Name Date of Birth   Grade in 2015-16 Language spoken in the home   PARENT/GUARDIAN INFORMATION   Parent/Guardian Name (First, Last)   Parent/Guardian Name (First, Last)   Student's Home Address   Phone (home)   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Work #   Parent/Guardian Work #    Parent/Guardian Address    Parent/Guardian Work #    Parent/Guardian Work #    Parent/Guardian Work #    Par		After School Programs 2015-2016
STUDENT INFORMATION         Student's Name       Date of Birth         Grade in 2015-16       Language spoken in the home         Grade in 2015-16       Language spoken in the home         PARENT/GUARDIAN INFORMATION         Parent/Guardian Name (First, Last)         Student's Home Address         Phone (home)         Parent/Guardian Cell #         Parent/Guardian Cell #         Parent/Guardian Cell #         Parent/Guardian Cell #         Parent/Guardian Work #         CMERGENCY         n case of emergency, please contact:         Name:       Relationship to student:         Phone Number:       Relationship to student:         Phone Number:       Student has any of these Health Conditions and requires manage fifter school:         Severe Allergy to:       Student has medication at school         Seizures       Student has medication at school         Diabetes       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Cystic Fibrosis       Student has medication at school	Stu	dent Health Form
Student's Name Date of Birth   Grade in 2015-16 Language spoken in the home   PARENT/GUARDIAN INFORMATION   Parent/Guardian Name (First, Last)   Parent/Guardian Name (First, Last)   Student's Home Address   Phone (home)   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Work #   Parent/Guardian Work #    Parent/Guardian Address    Parent/Guardian Work #    Parent/Guardian Work #    Parent/Guardian Work #    Par	School Site:	
Grade in 2015-16       Language spoken in the home         PARENT/GUARDIAN INFORMATION         Parent/Guardian Name (First, Last)         Gradent's Home Address         Phone (home)         Parent/Guardian Cell #         Parent/Guardian Cell #         Parent/Guardian Work #         Parent/Guardian Cell #         Parent/Guardian Work #         CMERGENCY         n case of emergency, please contact:         Name:       Relationship to student:         Phone Number:       Relationship to student:         Phone Number:       Student has Epi-pen at school         Severe Allergy to:       Student has medication at school         Student has medication at school       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Other conditions:       Student has medication at school	STUDENT INFORMATION	
Grade in 2015-16       Language spoken in the home         PARENT/GUARDIAN INFORMATION         Parent/Guardian Name (First, Last)         Gradent's Home Address         Phone (home)         Parent/Guardian Cell #         Parent/Guardian Cell #         Parent/Guardian Work #         Parent/Guardian Cell #         Parent/Guardian Work #         CMERGENCY         n case of emergency, please contact:         Name:       Relationship to student:         Phone Number:       Relationship to student:         Phone Number:       Student has Epi-pen at school         Severe Allergy to:       Student has medication at school         Student has medication at school       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Other conditions:       Student has medication at school	Student's Name	Date of Birth
Parent/Guardian Name (First, Last)		
Student's Home Address   Phone (home)   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Work #   Parent/Guardian Cell #   Parent/Guardian Work #   Parent/Guardian Cell #   Phone Number:   Parent   Parent <td< td=""><td>PARENT/GUARDIAN INFORMAT</td><td>ION</td></td<>	PARENT/GUARDIAN INFORMAT	ION
Phone (home)	Parent/Guardian Name (First, Last)	
Parent/Guardian Cell # Parent/Guardian Work # EMERGENCY n case of emergency, please contact: Name: Relationship to student: None Number: Relationship to student: Phone Number: Phone Number: HEALTH Please check if your child has any of these Health Conditions and requires manage fter school: Severe Allergy to: Student has Epi-pen at school Asthma Student has medication at school Diabetes Student has medication at school Sickle Cell Anemia Student has medication at school Cystic Fibrosis Student has medication at school	Student's Home Address	
EMERGENCY         n case of emergency, please contact:         Name:	Phone (home)	
n case of emergency, please contact: Vame: Relationship to student: Phone Number: Please check if your child has any of these Health Conditions and requires manage fiter school: Severe Allergy to: Student has Epi-pen at school Asthma Student has medication at school Diabetes Student has medication at school Seizures Student has medication at school Sickle Cell Anemia Student has medication at school Cystic Fibrosis Student has medication at school Other conditions: Student has medication at school	Parent/Guardian Cell #	Parent/Guardian Work #
Name:	EMERGENCY	
Phone Number:	In case of emergency, please contact:	
HEALTH         Please check if your child has any of these Health Conditions and requires manage fiter school:         Severe Allergy to:       Student has Epi-pen at school         Asthma       Student has inhaler at school         Diabetes       Student has medication at school         Seizures       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Other conditions:       Student has medication at school	Name:	Relationship to student:
HEALTH         Please check if your child has any of these Health Conditions and requires manage fiter school:         Severe Allergy to:       Student has Epi-pen at school         Asthma       Student has inhaler at school         Diabetes       Student has medication at school         Seizures       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Other conditions:       Student has medication at school	Phone Number:	
Please check if your child has any of these Health Conditions and requires manage after school:         Severe Allergy to:       Student has Epi-pen at school         Asthma       Student has inhaler at school         Diabetes       Student has medication at school         Seizures       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Other conditions:       Student has medication at school		
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Asthma       Student has inhaler at school         Diabetes       Student has medication at school         Seizures       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Cystic Fibrosis       Student has medication at school         Other conditions:       Student has medication at school		Student has Eni-nen at school
Seizures       Student has medication at school         Sickle Cell Anemia       Student has medication at school         Cystic Fibrosis       Student has medication at school         Other conditions:       Student has medication at school		
<ul> <li>Sickle Cell Anemia</li> <li>Cystic Fibrosis</li> <li>Other conditions:</li> <li>Student has medication at school</li> <li>Student has medication at school</li> <li>Student has medication at school</li> </ul>		Student has medication at school
Cystic Fibrosis       Image: Student has medication at school         Other conditions:       Image: Student has medication at school         Student has medication at school       Image: Student has medication at school	Seizures	Student has medication at school
Other conditions: Discrete Student has medication at school	🗆 Sickle Cell Anemia	Student has medication at school
	-	Student has medication at school
Aedications needed during the school day:	Other conditions:	Student has medication at school
Aedications needed during the school day:		
	Medications needed during the school of	day:
	Medications needed after school hours:	

#### **Special Instructions:**

All students with asthma, diabetes, and severe allergies should have emergency medication available to after school program staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a medical management plan (Diabetes, Severe Allergy, or Asthma Action Plan) signed by you and your doctor. The after school program will need to have medication for your child that is separate from the medication you provide the regular school day program.

See your School Nurse/Health Services for more information.

#### Authorization to treat minor:

I give permission for the after school staff to administer medication that my child may require during the after school program.

In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the after school program staff to secure proper treatment for my daughter/son/ward.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

Print Name:

Does your child have vision problems?

Have you ever been notified that your child has difficulty seeing?

Is your child supposed to wear glasses?

Please return this form immediately to the after school program.

Thank you!

## Exhibit D

## SCHEDULE OF FIELD TRIPS, OFF SITE EVENTS AND OFF SITE ACTIVITIES FOR AFTER SCHOOL PROGRAM

This form should be completed by the 1st day of each semester, and by the 1st day of the summer program (if applicable).

Contact Informa	tion:			
Site Name	an a		Lead Agency Name	
Name of Contact Person			Email	pmurillo@alternativesinacation.org
Telephone			Fax	
Program will occ	eld Trips, Off Site Even cur during: ster – August 24, 2015 – mester – February 1, 20 Program (Specify dates:	- January 2 16 to June	29, 2016 9, 2016	for the After School
	Trip, Off Site Event, f Site Activities		Date(s)	Time(s)
		Allena (h. 2004) (Alasyon (h. 2	nen der Friel Talline Köhner Gellenen werden	and a share of all and a start of the start of the second start of the second start of the second start of the
		-		
Site Coordinator	Signature			Date
Lead Agency Dir	ector Signature			Date
Site Administrato	or Signature			Date

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#### EAST BAY REGIONAL PARK DISTRICT

#### WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Waiver and Release of Liability. In consideration of being allowed to use and participate in activities at East Bay Regional Park District's facilities, including but not limited to its pools, lakes, shorelines and swimming lagoons ("Recreational Activity"). I, for myself and my spouse, my child, heirs, personal representatives, next of kln, and assigns, voluntarily agree to release, waive, discharge, and promise not to sue the East Bay Regional Park District, its officers, directors, agents, volunteers, and employees (collectively the "District") from any and all liability for any accident, illness, injury, death, wrongful death, or property damage/loss arising out of my participation in the Recreational Activity and/or use of District facilities and equipment (along with the use of transportation provided, arranged, or paid for by the District, including such transportation for medical treatment), whether occurring on or off District property, and whether caused by any negligence of the District or otherwise, excepting only to the extent caused by District's gross negligence.

Assumption of Risk. I understand that participation in the Recreational Activity and the use of District facilities, equipment, and transportation carry inherent risks that cannot be eliminated regardless of the care taken to avoid injury. These risks may result in injuries that include, but are not limited to, disease, cuts, eye injuries, blindness, broken bones, concussions, heart attacks, heat stroke, dehydration, joint or back injuries, slipping on uneven surfaces, brain injuries, drowning, paralysis, and death, as well as damage/loss of personal property. I also understand that these risks might arise for a variety of reasons, including but not limited to, actions, inaction or negligence of other parties, participants, or the District. I further understand that there may be other risks that are not known to me or reasonably foreseeable at this time. By signing below, I acknowledge that participation in the Recreational Activity and the use of District facilities, equipment, and transportation is voluntary and that I knowingly assume any and all risks, known and unknown.

Indemnity Agreement. In consideration for the District's permission to participate in the Recreational Activity. I voluntarily agree to indemnify and hold harmless the District from all claims, demands, and causes of action brought by me or anyone else as a result of my participation in the Recreational Activity and/or use of District facilities and equipment (along with the use of transportation provided, arranged, or paid for by the District, including such transportation for medical treatment), whether caused by any negligence of the District or otherwise, and agree to reimburse the District for any resulting costs, expenses, and attorneys' fees

Severability. I understand and acknowledge that this Agreement is intended to be as broad and inclusive as permitted by law. If any portion of this Agreement is deemed invalid, it is agreed that the remaining portion of the Agreement shall continue in full legal force and effect.

Minor Participants. If Participant is under 18, Participant's custodial parent or legal guardian must sign below, warranting that he or she is the Participant's custodial parent or legal guardian, and is agreeing to the terms and conditions of this Agreement, on both his or her and the Participant's behalf. Parent or legal guardian acknowledges by their signature that they are giving up the same rights for the minor as they would be giving up if they signed this Agreement on their own behalf.

I have read this Agreement and understand that I am giving up substantial rights by signing it, but do so voluntarily and intend to completely release the District from the liability described above to the greatest extent allowed by law. I also understand that this Agreement is legally binding on me and my child (if applicable), spouse, heirs, personal representatives, assigns, and next of kin.

Participant's Name\_ (Print)

Name of Custodial Parent or Guardian (If Participant is under 18): (Print)

Signature:

Participant Signature (1 over 15) or Custodial Parent or Guardian Signature

EBRPD Waiver - Swim Use Rev. 3/09



## INVOICING AND STAFF QUALIFICATIONS FORM

## 2015-16

#### **Basic Directions**

Complete the chart below for each subcontractor and attach with Lead Agency monthly invoices.

1. Employee, agent or subcontractor name.

2. ATI #. This is the fingerprint clearance number assigned by the Department of Justice.

- 3. Current TB Clearance. Current means within the last 4 years. This documentation should be maintained in Lead Agency files.
- 4. IA Requirement. No Child Left Behind Law requires that any staff who directly supervise students and are included in the 20:1 student-to-adult ratio meet the IA requirement. This documentation should be maintained in Lead Agency files.

Agency Information						
Agency Name	Agency's Contact Person					
Billing Period	Contact Phone #					

Employee, Agent, or Subcontractor Name	ATI#	Current TB Clearance Documentation on File	IA Requirement Documentation on File
			Yes No
			Yes No
		Yes No	□Yes □No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No



#### PROCEDURE FOR INVOICING

#### Oakland Unified School District Comprehensive After School Programs 2015-2016

The following procedures are required in submitting invoices that utilize 21st Century and/or ASES funding:

- All 21<sup>st</sup> Century and/or ASES invoices <u>must be submitted to the OUSD After School Programs Office</u> in order to be processed and paid. We are located at 746 Grand Ave, Lakeview Campus, Room 2.
- All invoices must be generated <u>on your organization's letterhead</u>. This applies to both agency and individual contractors.
- To maintain invoicing consistency so that all necessary information is included, please <u>use the attached</u> <u>invoicing format</u>. Simply cut and paste the format onto your organization's letterhead. Please utilize the sample invoice as a guide. All of the information in the top section of the invoice template MUST be completed in order to process for payment. Also, in the body of the template, a detailed breakdown of charges must be provided, including number of hours worked and hourly rate. Failure to fully complete an invoice according to these specifications may result in a delay of payment.
- ◆ All invoices should cover only one calendar month, i.e. the 1<sup>st</sup> through the 30<sup>th</sup> or 31<sup>st</sup>.
- <u>Contractor, Agency, Site Coordinator, and Principal signatures</u> must be secured prior to submission of invoices to the After School Programs Office. All of these signatures must be originals.
- Invoices for the month are generally <u>due in the After School Programs Office by 5:00 p.m. on the 10<sup>th</sup> of the following month</u>. This is not a steadfast rule; for example, the invoice for September 1-30<sup>th</sup> is due in our office on the 11<sup>th</sup> of October (the 10<sup>th</sup> is a Sunday). Invoices that are submitted after the due dates listed below will be processed the following monthly invoicing period.

The tentative schedule for OUSD payments is anticipated as follows:

Invoices due to our office by 5:00 pm on:	Accounts Payable checks to be mailed on:					
August 10, 2015	August 25, 2015					
September 10, 2015	September 25, 2015					
October 9, 2015	October 232015					
November 10, 2015	November 20, 2015					
December 10, 2015	December 23, 2015					
January 8, 2016	January 25, 2016					
February 10, 2016	February 26, 2016					
March 10, 2016	March 24, 2016					
April 8, 2016	April 25, 2016					
May 10, 2016	May 23, 2016					
June 10, 2016 for May invoices	June 24, 2016					
June 13, 2016 for Final Billing	TBD					

If there are any questions regarding the invoicing process, please contact our office at (510) 273-1550.



## PROCEDURES FOR PAID INSERVICE/EXTENDED CONTRACTS AND TIME SHEETS OUSD CERTIFICATED TEACHERS 2015-2016

## The following procedures are required in submitting fiscal forms for Paid Inservice/Extended Time for OUSD employees utilizing 21<sup>st</sup> Century and/or ASES funding:

#### Paying OUSD Certificated Employees (Teachers)

- Academic Liaisons should submit a Paid Inservice form and Extended Contract teachers should submit a "Request for Extended Contract" IN ADVANCE to approve all projected work to be completed, using appropriate Budget Org Key (Object Code usually -1120 or -1122)
- The FIRST submission of the Paid Inservice/Extended Contract paperwork must be accompanied by a timesheet in order to be processed by OUSD Payroll. No payment will be rendered until timesheets are submitted to our office.
- Have Employee sign Extended Contract & ALL Time Sheets
- Have Principal approve and sign Paid Inservice/Extended Contract & ALL Time Sheets
- · Please be sure to submit ORIGINALS of all documents
- Please use only ONE SIDED Time Sheets
- Deliver to OUSD After School Programs Office All 21<sup>st</sup> Century and/or ASES Paid Inservice/Extended Contracts and Time Sheets <u>must be submitted to the OUSD After School Programs</u> <u>Office</u> in order to be processed and paid. We are located at 746 Grand Ave, Lakeview Campus, Room 2.
- Union Contract rate for teachers is \$23.16/hr.
- + Union Contract rate for Academic Liaisons is \$30.12/hr.
- Once the Paid In-service form or Request for Extended Contract has been submitted and approved, only timesheets are required to be submitted for subsequent payments.

Paid Inservice/Extended Contract Timesheets Due to After School Programs Office on the following anticipated dates:	OUSD Anticipated Payroll Issue Dates ***Please note: Allow 45 days processing time for the first submission. Future submissions take approximately 2 weeks .***				
September 30, 2015	October 15, 2015				
October 30, 2015	November 13, 2015				
November 20, 2015	December 15, 2015				
December 18, 2015	January 15, 2016				
January 29, 2016	February 12,2016				
February 29, 2016	March 15, 2016				
March 31, 2016	April 15, 2016				
April 29, 2016	May 13, 2016				
May 31, 2016	June 15, 2016				
June 9, 2016	June 30, 2016				

If there are any questions regarding these documents or procedures, please contact our office at (510) 273-1550.



#### PROCEDURES FOR EXTENDED TIME AND/OR OVERTIME FORMS (ET/OT) FOR OUSD CLASSIFIED EMPLOYEES 2015-2016

## The following procedures are required in submitting fiscal forms for Extended Time and/or Overtime (ET/OT) for OUSD classified employees utilizing 21<sup>st</sup> Century and/or ASES funding:

Paying OUSD Classified Employees (SSOs, Custodians, Instructional Aides, etc.)

- Complete "Combined ET/OT/CT and Move-Up/Acting Time Report", using appropriate Budget Org Key
- Have Employee Sign Form
- Have Site Coordinator Sign Form
- Have Principal Approve and Sign Form
- All Custodial ET/OT forms must be submitted to Custodial Services at 900 High Street.
- ◆ All SSO ET/OT forms must be submitted to the SSO Office at 1011 Union St.
- Any other ET/OT forms for 21<sup>st</sup> Century and ASES classified staff must be delivered to OUSD After School Programs Office in order to be processed and paid. Please see payment schedule in chart below. Forms that are submitted after the due dates listed below will be paid on the following Payroll Issue Date. We are located at746 Grand Ave, Lakeview Campus, Room 2.
- Rate varies depending on employee's hourly rate

ET/OT Forms Due to After School Programs Office on the following anticipated dates:	OUSD Anticipated Payroll Issue Dates
September 15, 2015	September 30, 2015
September 30, 2015	October 15, 2015
October 15, 2015	October 30, 2015
October 30, 2015	November 13, 2015
November 13, 2015	November 30, 2015
November 20, 2015	December 15, 2015
December 15, 2015	December 30, 2015
December 18, 2015	January 15, 2016
January 15, 2016	January 29, 2016
January 29, 2016	February 12, 2016
February 15, 2016	February 29, 2016
February 29, 2016	March 15, 2016
March 15, 2016	March 31, 2016
March 31, 2016	April 15, 2016
April 15, 2016	April 29, 2016
April 29, 2016	May 13, 2016
May 13, 2016	May 31, 2016
May 31, 2016	June 15, 2016
June 9, 2016	June 30, 2016

If there are any questions regarding these documents and procedures, please contact our office at (510) 273-1550.

Exhibit H

CERTIFICATES OF INSURANCE AND ADDITIONAL INSURED ENDORSEMENT

# **INSERT HERE**

After School MOU 2015-2016, page 27 of 28

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-		t'l insura		Ser	v. Inc			Ph	ONE	5-1113	FAX (A/C, No):	925 9	05-4284	
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Alternatives in Action								IN	SURER B : Americ	an Family I	lome Insurance	-	23450	
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	GEN	ERAL LIAB	LITY			X		CHP7000138702	06/25/2015	06/25/2016	EACH OCCURRENCE	\$1,00	0,000	
	X	COMMERC	IAL GE	INERA	LLIABILITY						PREMISES (Ea occurrence)	s100,	000	
1		CLAIN	IS-MAD	DE	X OCCUR						MED EXP (Any one person)	\$10,0		
										PERSONAL & ADV INJURY	\$1,000,000			
1		_									GENERAL AGGREGATE		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$1,00	0,000			
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1	x	AUTOS HIRED AUT	-	x	AUTOS NON-OWNED						PROPERTY DAMAGE	5		
	-	HIRED AU	05	<b>P</b>	AUTOS						(Per accident)	5		
	x	UMBRELL	LIAB	5	COCCUR			CHU700138702	06/25/2015	06/25/2016	EACH OCCURRENCE	\$3.00	0.000	
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		DED	RET	ENTIO	N \$10,000	1						s		
		KERS CON	PENS	ATION				2EA5WC000010801	06/25/2015	06/25/2016	X WC STATU- TORY LIMITS ER			
		PROPRIET			EXECUTIVE TIME						E.L. EACH ACCIDENT		0,000	
	(Man	datory In N	PRIETOR/PARTNER/EXECUTIVE			ry In NH)						E.L. DISEASE - EA EMPLOYEE		
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	Gen		-		• •	-								

UTHORIZED REPRES	ENTATIVE
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Darre Clean

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ACORD 25 (2010/05) 1 of 1 The ACORD name and logo are registered marks of ACORD

Exhibit I

STATEMENT OF QUALIFICATIONS

# **INSERT HERE**

After School MOU 2015-2016, page 28 of 28

#### Alternatives in Action WHERE YOUTH CHOOSE TO LEAD

. . . .

Founded in 1994, Alternatives in Action is a non-profit which works with East Bay youth who have leadership potential and prepares them for college, career and community involvement. Through this work, Alternatives in Action envisions generations of young adults inspired and prepared to take meaningful action that positively transforms their lives and their communities. Alternatives in Action makes this vision come alive through a range of programs, including its charter high school, The Bay Area School of Enterprise, its Home Sweet Home Preschool that also provides career training for high school youth, and comprehensive school initiatives at three sites, McClymonds High School in West Oakland, Life Academy in East Oakland, and the Bay Area School of Enterprise in West Alameda. In total, Alternatives in Action develops the leadership potential and provides school-linked services to over 600 youth, with another 500 children and youth benefiting from the community-based projects and events created by Alternatives in Action youth. . 11.

Alternatives in Action Central Office & West Alameda Programs 1900 Third Street Alameda, CA 94501 Tel. 510.748.4314 Fex 510.748.4326 Alternatives in Action at McClymonda High School 2607 Myrtie Street Oakland, CA 94607 Tel. 510.879.8056 Alternatives in Action at Life Academy 2101 35th Avenue Oakland, CA 94601 Tel. 510.535.7136



July 1, 2015

Alternatives in Action 3666 Grand Avenue Suite A Oakland, CA 94610

To Whom It May Concern,

This letter is to verify that all of Alternatives in Action's employees, volunteers, and agents working in Oakland Unified Extended Day Programs or associated Community School Programs will have fingerprint clearance through the Dept. of Justice and FBI. All Alternatives in Action's employees, volunteers, and agents will also have TB clearance before they begin work on Oakland Unified School District school sites.

Sincerely

Orfana Obligacion Director of Operations and Finance

Alternatives in Action Administrative Offices 3666 Grand Avenue Suite A Oakland CA 94610 Tel. 510.285.6290 Fax 510.285.6294 Alternatives in Action High School, West Alameda Community Programs and Home Sweet Home Preschool 1900 Third Street Alameda CA 94501 Tel. 510.748.4314 Fax 510.748.4326 Alternatives in Action at Fremont High School 4610 Foothill Boulevard Oakland CA 94601 Tel: 510.712.3272 Alternatives in Action at Life Academy 2101 35th Avenue Oakland CA 94601 Tel. 510.535.7138 Alternatives in Action at McClymonds High School 2607 Myrtle Street Oakland CA 94607 Tel. 510.879.8056 alternativesinaction.org

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

Search Term : Alternatives\* In Action\* Record Status: Active

**No Search Results** 



OAKLAND UNIFIED SCHOOL DISTRICT Community Thriving Students

## MEMORANDUM OF UNDERSTANDING ROUTING FORM 2015-2016

#### **Basic Directions**

Services cannot be provided until the MOU is fully approved and a Purchase Order has been issued.

- Contractor and OUSD Administrator reach agreement about scope of work and compensation.
- 2. Contractor and OUSD Administrator agreed upon terms are reflected in the Memorandum of Understanding.
- 3. OUSD Administrator verifies contractor does not appear on the Excluded Parties List.
- 4. OUSD contract originator creates the requisition on IFAS.

1.

5. Within 2 weeks of creating the requisition, the OUSD Administrator submits completed MOU packet to Legal for approval.

		Age	ency Information	
Alternatives in Action			Agency's Contact Person	Patricia Murillo
3666 Grand Ave., Suite A			Title	Executive Director
Oakland			Telephone	510/285-6290 ext.305
CA	Zip Code	94610	Email	pmurillo@alternativesinacation.org
OUSD Vendor Number 1000606				
<ul> <li>Stateme</li> <li>Program</li> </ul>	ent of qualificat n Planning Too	ions I and Budget		
	3666 Grand Oakland CA umber Proof o Statema Program	3666 Grand Ave., Suite A         Oakland         CA       Zip Code         umber       I000606         ■Proof of general liabilit         ●Statement of qualificat         ●Program Planning Too	Alternatives in Action         3666 Grand Ave., Suite A         Oakland         CA       Zip Code         94610         umber       1000606         ■Proof of general liability and workers'         ■Statement of qualifications         ■Program Planning Tool and Budget	Alternatives in Action       Contact Person         3666 Grand Ave., Suite A       Title         Oakland       Telephone         CA       Zip Code       94610         umber       1000606       Email         ■Proof of general liability and workers' compensation insurance       ■Statement of qualifications

	Compen	sation and Terms – M	ust be within OU	SD Billing Gu	uidelines			
Anticipated Start Date	07/01/2015	Date work will end	08/19/2016	Total Contract Amount		237,060.00		
		Budget	Information					
Resource #	Resource Name	Org Ke	ey #	Object Amount Code		Req. #		
4124	21st CCLC-Core	302186	2401	5825	\$ 198,308.00	R0160820		
4124	21st CCLC-Eq Acces	s 302186	3021864401		\$ 21,529.00	R0160821		
4124	21st CCLC-Fam Lit	302186	3401	5825	\$ 17,223.00	R0160822		
				5825	\$	- NUIC	10022	
-		OUSD Contract (	<b>Driginator Inform</b>	ation				
Name of OUSD Contact Emi		Emiliano Sanchez	ez Email		Emiliano.Sanchez		@ousd.k12.ca.us	
Telephone		510/434-5257	Fax 510/		510/434	34-5243		
Site/Dept. Name 30		302/Fremont High School	Enrollment Grades		9th	through 12th		
		Approval and Routing						
services were not pro	ovided before a PO was i	is fully approved and a Purch ssued. s vendor does not appear					owledge	
Please sign under the appropriate column. A		1.0		Denied – Reaso	enied – Reason			
1. Site Administrator			la lat	_			9-15-18	
2. Oakland After S	chool Programs Office	0	1	0		_		
3. Network Officer	or Deputy Chief	Ini	tin Hai	(Fr)			5/21/18	
4. Cabinet (CAO, 0	CCO, CFO, CSO, Ass	t Sup)	un la	1 lin			11	
5. Board of Educat	tion or Superintendent			Suc				
Procurement	urement Date Received							