| Board Office Use: Le    | gislative File Info. |
|-------------------------|----------------------|
| File ID Number          | 12-1228              |
| Introduction Date       | 6-13-12              |
| <b>Enactment Number</b> | 12-1538 R            |
| Enactment Date          | 6-13-12 4            |



Community Schools, Thriving Students

# Memo

To

Board of Education

From

Tony Smith, Ph.D., Superintendent

By: Maria Santos, Deputy Superintendent, Instruction, Leadership &

Equity-in-Action

Vernon Hal, Deputy Superintendent, Business & Operations

**Board Meeting Date** 

(To be completed by Procurement)

June 13, 2012

Subject

Professional Services Contract - <u>Children's Hospital & Research Center Oakland</u> (contractor) - <u>922/Family, Schools, and Community Partnerships Department</u> (site/department)

**Action Requested** 

Approval of Professional Services Contract between District and Children's Hospital & Research Center Oakland. Services to be primarily provided to 922/Family, Schools, and Community Partnerships Department for the period of January 31, 2012 through June 30, 2012.

Background

A one paragraph explanation of why the consultant's services are needed.

Through the School-Based Health Center, Children's Hospital & Research Center Oakland will partner with the Castlemont Community of Small Schools to assess the school communities' needs and assets, coordinate all student and family support services and develop resources and partnerships to meet identified needs. As the Castlemont Community of Small Schools is consolidated to one school, licensed clinicians from CHRCO will design and modify existing service delivery systems to leverage support services to meet the needs of the unified campus.

Discussion One paragraph summary of the scope of work. Approval by Board of Education of a Professional Services Contract between District and Children's Hospital & Research Center Oakland, Oakland, CA, for the latter to provide a range of services including assessment of the school community's needs and assets, coordination of all student and family support services, and development of resources and partnerships to meet identified needs in partnership with the Castlemont Community of Small Schools for the period of January 31, 2012 through June 30, 2012, in an amount not to exceed \$41,000.00.

Recommendation \*

Approval of Professional Services Contract between Oakland Unified School District and Children's Hospital & Research Center Oakland. Services to be primarily provided to 922/Family, Schools, and Community Partnerships Department for the period of January 31, 2012 through June 30, 2012.

Fiscal Impact

Funding resource name (please spell out)  $\underline{9227/SBHC\ Site\ Coordination}$  in an amount not to exceed  $\underline{$41,000.00}$ .

Attachments

- Professional Services Contract
- Certificate of Insurance
- Scope of Work
- Statement of Qualifications

| islative File Info. |
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| 12-17.28            |
| 6-13-12             |
| 12-1538 71          |
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|                     | PROFESSIONAL SERVICES CONTRACT 2011-2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (CC<br>fina<br>to p | s Agreement is entered into between the Oakland Unified School District (OUSD) and Children's Hospital & Research Center Cakland DNTRACTOR). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in uncial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The ties agree as follows: |
| 1.                  | <b>Services</b> : CONTRACTOR shall provide the services described in <b>Exhibit "A,"</b> attached hereto and incorporated herein by reference ("Services" or "Work").                                                                                                                                                                                                                                                                                                                                                                                         |
| 2.                  | Terms: CONTRACTOR shall commence work on <u>01/31/2012</u> , or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$78,500 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$78,500, whichever is later. The work shall be completed no later than <u>06/30/2012</u> .                                                                                                                                             |
| 3.                  | Compensation: OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to exceed forty one thousand Dollars (\$41,000.00). This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.                                                                                                                |
|                     | If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.                                                                                                                                                                                                                                                                                                                                     |
|                     | OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: N/A                                                                                                                                                                                                                                                                                                                                                                                                       |
|                     | Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.                                                                                                                                                                                                                                                  |
|                     | The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by the District and in that case must be replaced by CONTRACTOR without delay.                                                                                                    |
| 4.                  | <b>Submittal of Documents</b> : CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following:                                                                                                                                                                                                                                                                                                                                                                                    |
|                     | Individual consultants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                     | ☐ Tuberculosis Clearance – Documentation from health care provider showing negative TB status within the last four years.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                     | Completion of Pre-Consultant Screening Process – Attach letter from Human Resources Support Services showing completion of Pre-Consultant Screening for this current fiscal year.                                                                                                                                                                                                                                                                                                                                                                             |
|                     | ☐ Insurance Certificates and Endorsements – General Liability insurance in compliance with section 9 herein.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                     | 2 Agencies or organizations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                     | ■ Insurance Certificates and Endorsements – Workers' Compensation insurance in compliance with section 9 herein.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5.                  | Equipment and Materials: CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement except N/A which shall not exceed a total cost of \$                                                                                                                                                                                                                                                                                                                                                                 |
| 6.                  | CONTRACTOR Qualifications / Performance of Services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                     | CONTRACTOR Qualifications. CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and,/or regulations, as they may apply.                                                                                                                                                                                                             |
|                     | Standard of Care. CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained recommendations prepared in accordance with generally and currently accepted principles and practices of its                                                                                                                                                                                       |

7. **Notices:** All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

| Rev 6/01/11 v2 | Requisition No | P.O. No |
|----------------|----------------|---------|
|                |                |         |

profession for services to California school districts.

# OUSD Representative: CONTRACTOR: Name: Mara Larsen-Fleming Name: Bertram Lubin Site /Dept.: 922/Family, Schools, and Community Partnerships D Title: President and CEO Address: 495 Jones Avenue Address: 747 52nd Street Oakland, CA Oakland CA 94609 Phone: (510) 684-6549 Phone:

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

#### Invoicing

Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD.

- 1. Invoices shall include, but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, total payment requested.
- 2. Invoices from Agencies or Organizations must include evidence of compliance with section 19 herein:
  - r. Fingerprinting of Employees and Agents: Agency or organization must provide a current list of all employees, agents and volunteers working at an OUSD site when invoicing, and must include the Department of Justice ATI number for each person, and at statement that subsequent arrest records have been requested for each person listed.
  - ii. Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.
- Status of Contractor: This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

## 10. Insurance:

- 1. Commercial General Liability Insurance: Unless specifically waived by OUSD, the following insurance is required:
  - i. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

- CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.
- ☐ CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.
- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured. Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

## OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.
- 11. Licenses and Permits: CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

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- 12. **Assignment:** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
- 13. Anti-Discrimination. It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, the CONTRACTOR agrees to require like compliance by all its subcontractor(s). Contractor shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation.
- 14. **Drug-Free / Smoke Free Policy**. No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use drugs on these sites.
- 15. Indemnification: CONTRACTOR agrees to hold harmless, indemnify, and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
- 16. Copyright/Trademark/Patent/Ownership. CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORs in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
- 17. **Waiver:** No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
- 18. **Termination:** OUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
- 19. **Conduct of Consultant.** CONSULTANT will adhere to the following staff requirements and provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8, which include:
  - 1. Tuberculosis Screening
  - 2. Fingerprinting of Employees and Agents. The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1 Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contract with OUSD pupils in providing services to the District under this Agreement.

Contractor initial: NOT APPLICABLE, SEE ADDENDUM

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONSULTANT related persons, employee, representative or agent from an OUSD school site and, or property, CONSULTANT shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons.

- 20. **No Rights in Third Parties.** This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
- 21. OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors. OUSD may evaluate the CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
  - Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
  - 2. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

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- 22. Limitation of OUSD Liability. Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
- 23. Confidentiality. The CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
- 24. Conflict of Interest. CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement.
  - CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.
  - Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 et seq. and section 87100 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement, which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.
- 25. Integration/Entire Agreement of Parties. This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.
- 26. Litigation: This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
- 27. Contract Contingent on Governing Board Approval: The District shall not be bound by the terms of this Agreement until it has been formally approved by the District's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.
- 28. Signature Authority. Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
- 29. Counterparts. This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 30. Incorporation of Recitals and Exhibits. The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.

Summary of terms and compensation: Anticipated start date: 01/31/2012 Total Fee: \$41,000.00 Work shall be completed by: 06/30/2012 OAKLAND UNIFIED SCHOOL DISTRICT CONTRACTOR President, Board of Education Contractor Signature Superintendent or Designee Bertram Lubin President and CEO Secretary, Board of Education Date Print Name, Title 6/14/12 CERTIFIED:

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Edgar Rakestraw, Jr., Secretar

**Board of Education** 

# **EXHIBIT "A" Scope of Work**

# DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR'S entire Proposal is <u>not</u> made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED <u>WITHOUT</u> ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda - Must accurately align with scope of work below.

Approval by Board of Education of a Professional Services Contract between District and Children's Hospital & Research Center Oakland, Oakland, CA, for the latter to provide a range of services including assessment of the school community's needs and assets, coordination of all student and family support services, and development of resources and partnerships to meet identified needs in partnership with the Castlemont Community of Small Schools for the period of January 31, 2012 through June 30, 2012, in an amount not to exceed \$41,000.00.

|      | Sco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PE OF WORK                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ch   | nildren's Hospital & Research Ctr Oakland will provide a ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ximum of 600.00 hou                                                                                                                                                                                                                            | rs of services at a rate of \$ 68.33 per hour for a                                                                                                                                                                                                                                                                                                                                                                  |
| tota | al not to exceed \$13,000.00 . Services are anticipated to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | begin on 01/31/2012                                                                                                                                                                                                                            | and end on <u>06/30/2012</u> .                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.   | Description of Services to be Provided: Provided about what service(s) OUSD is purchasing and what this of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                | ervice(s) the contractor will provide. Be specific                                                                                                                                                                                                                                                                                                                                                                   |
|      | Contractor will meet twice monthly with site administrators implementation of full-service community school plan; destudents and families; facilitate and/or provide technical a comprehensive referral system that facilitates staff/studer conduct training for service providers to understand and a establish systems to manage and maintain quality partner non-profit agencies; assist in brokering new partnerships and coordination of site-based services with other OUSD support and school nursing; lead and manage the develop program implementation and monitoring; provide training services, programs, and communication efforts; lead the fagencies. | elop/provide oversight of<br>ssistance and support to<br>ts access to services; colign programs with schooships; develop sustaina<br>that are in alignment with<br>programs and services<br>oment of new programs,<br>and technical assistance | of a seamless system of support services for a various school leadership teams; develop a convene monthly collaborative meetings; ol structures, systems, curriculum and goals; ble partnerships with city, county, and in school goals and needs; facilitate integration including mental health, family and community including service provider selection and et to ensure cultural/linguistic appropriateness of |
| 2.   | Specific Outcomes: What are the expected outcomes result of the service(s): 1) How many more Oakland children are attending school 95% or more? 3) How many more Oakland children have access to, and use, (Students will) and measurable outcomes (Participants)                                                                                                                                                                                                                                                                                                                                                                                                     | nildren are graduating<br>more students have m<br>he health services they                                                                                                                                                                      | rom high school? 2) How many more Oakland<br>eaningful internships and/or paying jobs? 4) How<br>need? Provide details of program participation                                                                                                                                                                                                                                                                      |
|      | Outcomes: Contractor will develop and implement univer those with attendance issues due to underlying health iss health and other support services, in order to increase ac tracked through CARE Referral System and will include the service type. Access to and utilization of health services conducted by the University of California, San Francisco (                                                                                                                                                                                                                                                                                                           | ues. Contractor will develoes to and utilization of<br>the number of referrals a<br>will also be tracked through                                                                                                                               | elop systems to facilitate and track delivery of<br>health services. Delivery of services will be<br>and number of students receiving services by                                                                                                                                                                                                                                                                    |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3.   | Alignment with District Strategic Plan: Indica (Check all that apply.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e the goals and visions                                                                                                                                                                                                                        | supported by the services of this contract:                                                                                                                                                                                                                                                                                                                                                                          |
|      | ☐ Ensure a high quality instructional core                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Prepare                                                                                                                                                                                                                                        | students for success in college and careers                                                                                                                                                                                                                                                                                                                                                                          |
|      | Develop social, emotional and physical health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                | althy and supportive schools                                                                                                                                                                                                                                                                                                                                                                                         |
|      | Create equitable opportunities for learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Account                                                                                                                                                                                                                                        | able for quality                                                                                                                                                                                                                                                                                                                                                                                                     |
|      | High quality and effective instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ✓ Full serv                                                                                                                                                                                                                                    | ice community district                                                                                                                                                                                                                                                                                                                                                                                               |

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# 4. Alignment with Single Plan for Student Achievement (required if using State or Federal Funds) Please select: Action Item included in Board Approved SPSA (no additional documentation required) – Action Item Number: Action Item added as modification to Board Approved SPSA – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off. 1. Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified", modification date, school site name, both principal and school site council chair initials and date. 2. Meeting announcement for meeting in which the SPSA modification was approved. 3. Minutes for meeting in which the SPSA modification was approved of the modification. 4. Sign-in sheet for meeting in which the SPSA modification was approved.

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# ADDENDUM TO PROFESSIONAL SERVICES CONTRACT BETWEEN OAKLAND UNIFIED SCHOOL DISTRICT AND CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

This Addendum to the Professional Services Contract for work to be provided to the Castlemont Community of Small Schools ("Agreement"), by and between Oakland Unified School District ("OUSD") and Children's Hospital & Research Center Oakland ("CONTRACTOR"), is entered into as of the date that the Professional Services Contract becomes fully executed.

WHEREAS, EXHIBIT "A" Scope of Work to the Agreement concerns CONTRACTOR partnering with the Castlemont Community of Small Schools to assess the school communities' needs and assets, coordinate all student and family support services and develop resources and partnerships to meet identified needs; and

WHEREAS, the parties now desire to amend and/or supplement the Agreement in accordance with the terms and conditions set forth herein.

NOW THEREFORE. in consideration of the premises and the representations and mutual undertakings hereinafter set forth, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to the foregoing and as follows:

- 1. Section 8, Part 2 ("Invoices from Agencies or Organizations") of the Agreement is amended by deleting such section in its entirety.
- 2. Section 15 ("Indemnification") of the Agreement is amended by replacing such section with the following:
  - "Indemnification: Each party shall be responsible for and to the extent of its own acts, errors, and omissions and shall be liable for payment of that portion of any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds that may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by the party. If a claim is made against both parties, each party will cooperate in the defense of the claim and cause its insurers to do likewise. Each party shall, however, retain the right to take any and all actions it believes necessary to protect its own interests."
- 3. Section 19 ('Conduct of Contractor") of the Agreement is amended by replacing the first sentence with the following:
  - "CONTRACTOR will adhere to the following staff requirements and provide OUSD with evidence of staff qualifications including:"

Section 19, Part 1 ("Tuberculosis Screening") of the Agreement is amended by inserting the following:

"Evidence of Tuberculosis Screening must be attached."

Section 19, Part 2 ("Fingerprinting of Employees and Agents") of the Agreement is amended by replacing such section with the following:

"Fingerprinting. The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CHRCO's services under this MOU. OUSD, at its expense, will have OUSD's vendor perform the LiveScan fingerprinting on all CHRCO employees, subcontractors, agents, and subcontractors' employees or agents regardless of whether those employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CHRCO, who may have contact with OUSD pupils in the course of providing services pursuant to this Agreement.

4. Entire Agreement. In the event of any conflict between the terms and conditions of this Addendum on the one hand, and the Agreement on the other hand, the terms and conditions of this Addendum shall govern and control. Except as otherwise expressly provided in this Addendum, the parties agree that all provisions of the Agreement are hereby ratified and agreed to be in full force and effect and are incorporated herein by reference. This Addendum and the Agreement contain the entire agreement among the parties relating to the subject matter herein and all prior proposals, discussions and writings by and among the parties and relating to the subject matter herein are superseded hereby and thereby.

IN WITNESS WHEREOF, OUSD and CONTRACTOR have caused this Addendum to be executed by their duly authorized representatives as of the date that the Professional Services Contract becomes fully executed.

| OAKLAND | UNIFIED | SCHOOL |
|---------|---------|--------|
| E       | ISTRICT |        |

Curtiss Sariket

# CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

| Ву:    |              | Ву:    | Best Teil.                                       |
|--------|--------------|--------|--------------------------------------------------|
|        | (Print Name) |        | Bertram Lubin                                    |
| Title: |              | Title: | President and CEO                                |
|        | [Address]    |        | 747 52 <sup>nd</sup> Street<br>Oakland, CA 94609 |



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 5/4/2012

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

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

| 1660    | & Gable Insurance Brokers<br>Olympic Blvd., Suite 325 | CONTACT NAME: PHONE (A/C, No, Ext): (925) 943-3264 F-MAIL ADDRESS: FAX (A/C, No): (925) 932-4261 |       |  |  |  |  |  |  |
|---------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------|--|--|--|--|--|--|
| Walnu   | t Creek, CA 94596                                     | INSURER(S) AFFORDING COVERA                                                                      | NAIC# |  |  |  |  |  |  |
| 0B11974 |                                                       | INSURER A: American Zurich Insurance Co. 4014                                                    |       |  |  |  |  |  |  |
| NSURED  | Children's Hospital & Research Center                 | INSURER B :                                                                                      |       |  |  |  |  |  |  |
|         | at Oakland                                            | INSURER C:                                                                                       |       |  |  |  |  |  |  |
|         | 747 Fifty Second Street                               | INSURER D:                                                                                       |       |  |  |  |  |  |  |
|         | Oakland, CA 94609                                     | INSURER E :                                                                                      |       |  |  |  |  |  |  |
|         |                                                       | INSURER F:                                                                                       |       |  |  |  |  |  |  |
| COVERAC | GES CERTIFICATE NUMBER:                               | REVISION NUMBER:                                                                                 |       |  |  |  |  |  |  |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ \$ GENERAL AGGREGATE

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JEÇT \$ POLICY LOC MBINED SINGLE LIMIT AUTOMOBILE LIABILITY 2 (Ea accident) BODILY INJURY (Per person) \$ ANYAUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N 2/1/12 2/1/13 WC 3784756 07 \$ 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? Ded: \$350,000 E.L. DISEASE - EA EMPLOYEE\$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| ERTIFICATE HOLDER                                                  | CANCELLATION                                                                                                                                                   |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Oakland Unified School District<br>495 Jones Avenue<br>Oakland, CA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                    | AUTHORIZED REPRESENTATIVE                                                                                                                                      |

# BETA Risk Management Authority A Public Entity

# CERTIFICATE OF COVERAGE

This is to certify that Healthcare Entity Comprehensive Liability Policy Coverage is in effect for the Insured named below, subject to the provisions of the Policy designated.

PRODUCER:

James & Gable Insurance Brokers

1660 Olympic Blvd., Suite 325, Walnut Creek, CA 94596 Tel: 925-943-3264

NAMED MEMBER:

Children's Hospital & Research Center at Oakland

COVERAGE:

Evidence of General Liability coverage is extended to Oakland Unified School District as supplemental

member(s).

Certificate Number:

NP-C-11-806

Effective Date

7/1/11 at 12:01 a.m. 7/1/12 at 12:01 a.m.

**Expiration Date Retroactive Date** 

3/27/90 at 12:01 a.m.

Coverage Type

Professional Liability - Claims made and reported

General Liability - Occurrence

# Healthcare Entity Comprehensive Liability Coverage

# LIMITS OF LIABILITY

\$1,000,000 Per Claim

\$1,000,000 Aggregate Per Contract Period

# DEDUCTIBLE

\$50,000 Per Claim (except as provided by Amendment)

NONE Aggregate

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the coverage contract.

# CERTIFICATE HOLDER

Oakland Unified School District 495 Jones Avenue Oakland, CA

# CANCELLATION

Should the above described Coverage Contract be canceled by BETA HEALTHCARE GROUP before the expiration date thereof, BETA HEALTHCARE GROUP will endeavor to mail 30 days written notice to the Certificate Holder named to the left, but the failure to mail such notice shall impose no obligation or liability of any kind upon BETA HEALTHCARE GROUP, its agents or representatives.

Authorized Representative of BETA Healthcare Group

BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507-1973 (925) 838-6070



# Community Schools, Thrising Studients Professional Services Contract Routing Form 2010-2011

|                                                                   | Ac                                                                      | ddition                                                         | al directi                                                          | ons and                                                                     | related doc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Bas                                                                    |                |                                                    | ctions                                                                   | ons L                           | Librai                               | v (http://                                      | intranet.ous                                                                   | d.k12.ca.u                                     | rs)               |
|-------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------|----------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|--------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------|-------------------|
| 3                                                                 | Section 1. Contract<br>2. Ensure<br>3. Contract<br>4. OUSD<br>5. Within | ervices<br>ctor and<br>contra<br>ctor and<br>contract<br>2 week | s canno<br>d OUSD<br>ctor has<br>d OUSD<br>ct origina<br>ks of crea | t be pro<br>contract<br><u>OUSD V</u><br>contract<br>itor crea<br>iting the | ovided untile originator (pendor Number originator contest the requirements or the requirements of the req | the contract or incipal or mains and meets to complete the consistion. | is the control | fully a<br>er) rea<br>consult<br>act pa<br>t origi | approved a<br>ach agreeme<br>ant requirer<br>cket togethe<br>nator submi | nd ab<br>nt ab<br>nent<br>er an | a Pur<br>pout s<br>s (inc<br>and att | chase O<br>cope of w<br>luding ins<br>ach requi | order has be<br>work and com<br>surance and be<br>red attachm<br>ct packet for | een issue<br>pensation,<br>packground<br>ents, | d.                |
| Chec                                                              | Attachment                                                              |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    |                                                                          |                                 |                                      |                                                 |                                                                                |                                                |                   |
|                                                                   |                                                                         |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Contra                                                                 | oto            | ar Inf                                             | ormation                                                                 |                                 |                                      |                                                 |                                                                                |                                                |                   |
|                                                                   | ractor Nam<br>D Vendor I                                                |                                                                 | Childre<br>V00107                                                   |                                                                             | oital & Rese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | arch Center                                                            | CIC            |                                                    | cy's Conta                                                               | ct                              | _                                    | tram Lub<br>sident ar                           |                                                                                |                                                |                   |
|                                                                   | et Address                                                              |                                                                 |                                                                     | nd Stree                                                                    | t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                | City                                               | Oakland                                                                  | d                               | 11.10                                | oldolli di                                      |                                                                                | A Z                                            | p 94609           |
| Telep                                                             | ohone                                                                   |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                | Ema                                                |                                                                          |                                 |                                      |                                                 |                                                                                |                                                |                   |
| Cont                                                              | ractor Histo                                                            | ory                                                             | Prev                                                                | iously be                                                                   | en an OUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D contractor?                                                          |                | Yes                                                | ■ No                                                                     | 1                               | Work                                 | ed as an                                        | OUSD emp                                                                       | loyee?                                         | Yes No            |
|                                                                   |                                                                         |                                                                 | Co                                                                  | mnane                                                                       | ation and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Terms – Mu                                                             | iet            | he w                                               | ithin the C                                                              | OHS                             | ED B                                 | illing G                                        | uidelines                                                                      |                                                |                   |
| Antic                                                             | ipated star                                                             | t data                                                          | 00                                                                  | 01/31/2                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date work w                                                            |                |                                                    | 06/30/2012                                                               |                                 |                                      |                                                 |                                                                                |                                                |                   |
|                                                                   | Rate Per H                                                              |                                                                 | uirod\                                                              | \$ 68.33                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of H                                                            |                |                                                    | 600.00                                                                   |                                 |                                      |                                                 |                                                                                | \$ 11 (                                        | 00.00             |
| T dy I                                                            | rate i ci i i                                                           | Our (rec                                                        | quireu)                                                             | \$ 00.50                                                                    | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number of t                                                            | ioui           | 15                                                 | 000.00                                                                   | 1                               | Otal                                 | Contrac                                         | Amount                                                                         | Ψ41,0                                          | 00.00             |
|                                                                   |                                                                         |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    | mation                                                                   |                                 |                                      |                                                 |                                                                                |                                                |                   |
|                                                                   |                                                                         |                                                                 |                                                                     |                                                                             | a contract us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing LEP funds,                                                         | _              | _                                                  | ntact the Stat                                                           | te an                           | nd Fed                               |                                                 |                                                                                |                                                |                   |
| Re                                                                | esource #                                                               | -                                                               | esource                                                             | -                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                | g Key                                              | TOPE CHILD                                                               |                                 |                                      |                                                 | Object Code                                                                    |                                                | Amount            |
|                                                                   | 9227                                                                    |                                                                 | SBHC S                                                              | ITE                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 92                                                                     | 221            | 22330                                              | )2                                                                       |                                 |                                      |                                                 | 5825                                                                           | \$41,0                                         | 00.00             |
|                                                                   |                                                                         | (                                                               | Coordina                                                            | ation                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | www.                                                                   |                |                                                    |                                                                          |                                 |                                      |                                                 | 5825                                                                           | \$                                             |                   |
|                                                                   |                                                                         |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    |                                                                          |                                 |                                      |                                                 | 5825                                                                           | \$                                             |                   |
| R                                                                 | equisitio                                                               | n No.                                                           | R02                                                                 | 04878                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    | Total Co                                                                 | ontra                           | act A                                | mount                                           |                                                                                | \$41,0                                         | 00.00             |
|                                                                   |                                                                         |                                                                 |                                                                     |                                                                             | Approv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | val and Routi                                                          | ing            | (in or                                             | der of app                                                               | rova                            | al ste                               | ps)                                             |                                                                                |                                                |                   |
|                                                                   | ces cannot b<br>ces were not                                            |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | approved and a                                                         | Pur            | rchase                                             | Order is issu                                                            | ied.                            | Signi                                | ng this do                                      | cument affirm                                                                  | s that to yo                                   | ur knowledge      |
|                                                                   | Administra                                                              | ator / M                                                        | lanager (                                                           | Originator)                                                                 | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mara Larse                                                             | en-F           | lemin                                              | g                                                                        |                                 | P                                    | hone                                            | 684-6549                                                                       |                                                |                   |
| 1.                                                                | Site / De                                                               | epartme                                                         | ent                                                                 | 922                                                                         | 2 Family Sc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | hools & Comp                                                           | nun            | ity Pa                                             | rtnerships                                                               |                                 | F                                    | ax                                              | 639-4807                                                                       |                                                |                   |
|                                                                   | Signature                                                               | YY                                                              | a                                                                   | 19                                                                          | ter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                      | 1              |                                                    |                                                                          | -                               |                                      | proved                                          | 5/4                                                                            | 12                                             |                   |
|                                                                   |                                                                         |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State and Federa                                                       | <u> </u>       |                                                    |                                                                          |                                 |                                      |                                                 |                                                                                | eaming / Afte                                  | r School Programs |
| 2.                                                                | ☐Scope o                                                                | f work i                                                        | ndicates                                                            | compliant                                                                   | t use of restric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | cted resource a                                                        | nd i           | s in ali                                           | gnment with                                                              | _                               |                                      |                                                 | SA)                                                                            |                                                |                   |
|                                                                   | Signature                                                               |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    |                                                                          | Da                              | ate Ap                               | proved                                          | oved                                                                           |                                                |                   |
| Signature (if using multiple restricted resources)  Date Approved |                                                                         |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    |                                                                          |                                 |                                      |                                                 |                                                                                |                                                |                   |
|                                                                   | Regional E                                                              |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    |                                                                          |                                 |                                      |                                                 |                                                                                |                                                |                   |
| 3.                                                                | Consulta                                                                |                                                                 | ualified to                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vith needs of de<br>ribed in the sco                                   |                |                                                    |                                                                          | Г                               |                                      |                                                 |                                                                                | 65                                             |                   |
|                                                                   | Signature                                                               | Cit                                                             | 55.45                                                               | Jarr                                                                        | W_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                |                                                    |                                                                          | -                               |                                      | proved                                          | 15/4/                                                                          | 12                                             | to the decision   |
| 4.                                                                |                                                                         | perinte                                                         |                                                                     | struction                                                                   | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ip / Deputy Su                                                         | per            | intend                                             | ent Busines                                                              | _                               |                                      |                                                 |                                                                                |                                                | te Under \$50,000 |
| -                                                                 | Signature                                                               |                                                                 | ana                                                                 |                                                                             | Vantes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                | -4                                                 |                                                                          | Da                              | ate Ap                               | proved                                          | 5-16                                                                           | 1-12                                           |                   |
| 5.                                                                |                                                                         |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on the legal co                                                        | ntra           | ect                                                | T                                                                        |                                 |                                      |                                                 |                                                                                | T=                                             |                   |
| _                                                                 | Required i                                                              |                                                                 |                                                                     |                                                                             | ract Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | proved                                                                 |                |                                                    | Denied - F                                                               |                                 | on                                   |                                                 | 015                                                                            | Date                                           |                   |
| Proc                                                              | rocurement Date Received PO Number                                      |                                                                 |                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                |                                                    |                                                                          |                                 |                                      |                                                 |                                                                                |                                                |                   |