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| Enactment                                |           |  |  |  |
| Number                                   |           |  |  |  |
| Enactment Date                           |           |  |  |  |

# **Board Cover Memorandum**

**To** Board of Education

From Kyla Johnson-Trammell, Superintendent

Sondra Aguilera, Chief Academic Officer

Meeting Date June 25, 2025

Subject Expanded Learning Programs After School Program Master Contract

2025-2028 with Safe Passages

Ask of the XXApprove After School Master Contract

Board □Ratify Services Agreement

Services Vendor will serve as lead agency for program coordination, academic

intervention, homework support, student supervision and a variety of enrichment services, as described in the Master Contract, for the thirteen

OUSD school sites listed in Exhibit A.

**Term** Start Date: 7/1/25 End Date: 7/31/28

Not-To-Exceed Amount

\$19,765,831.77

Competitively

Bid

Yes

If the Service Agreement was <u>not</u> competitively bid and the not-to-exceed amount is <u>more</u> than \$96,700, list the exception(s) that applies (requires

Legal review/approval and may require a resolution): [Exception]

In-Kind Contributions District staff monitor budgets and grant compliance requirements. District

provides space and Custodial Services for after school programs.

Funding Source(s)

Resource 6010 – After School Education and Safety (ASES) Program in the amount of \$4,425,751.77; Resource 4124 – 21st Century Program in the

amount of \$3,190,080.00; Resource 2600 - Expanded Learning

Opportunities Program (ELO-P) in the amount of \$12,150,000.00

### **Background**

The After School Education and Safety (ASES) Program is the result of the 2002 voter approved initiative, Proposition 49. This proposition amended California Education Code 8482 to expand and rename the former Before and After School Learning and Safe Neighborhood Partnerships Program. The ASES Program funds the establishment of local after school education and enrichment programs. These programs are created through partnerships between schools and local community resources to provide literacy, academic enrichment, and safe constructive alternatives for students in Kindergarten through ninth grade. The ASES program is defined within the language of SB 638 and Education Code (EC) sections 8482 and 8484.6.

The general purpose of the 21st Century Community Learning Centers (21st CCLC) program is to establish or expand community learning centers that provide students with academic enrichment opportunities along with activities designed to complement the students' regular academic program. California Education Code section 8421 further defines the purpose of the 21st Century High School After School Safety and Enrichment for Teens (ASSETS) program as (1) creating incentives for establishing locally driven after school enrichment programs that partner schools and communities to provide academic support and safe, constructive alternatives for high school pupils in the hours after the regular school day, and (2) assisting pupils in passing the high school exit examination for public school programs.

The Expanded Learning Opportunities Program (ELO-P) provides funding for afterschool and summer school enrichment programs for transitional kindergarten through sixth grade. "Expanded learning" means before school, after school, summer, or intersession learning programs that focus on developing the academic, social, emotional, and physical needs and interests of pupils through hands-on, engaging learning experiences. It is the intent of the Legislature that expanded learning programs are pupil-centered, results driven, include community partners, and complement, but do not replicate, learning activities in the regular school day and school year.

This agency has demonstrated experience and capacity in serving in the after school lead agency role. This organization successfully met all of the requirements of OUSD's Request for Qualifications process for issuance of contracts for after school programs and has been approved as a qualified lead agency partner by the OUSD Expanded Learning Office. The school Principal and their team have selected this agency from a list of approved lead agency partners.

### Attachment(s)

- Expanded Learning Programs After School Program Master Contract 2025-2028 with Safe Passages
- Request for Proposal #24-148ExLO and Vendor Bid Materials

# Expanded Learning Programs After School Program Master Contract 2025-2028 Between Oakland Unified School District and

| Safe Passages |  |
|---------------|--|
|               |  |

- Intent. This Master Contract establishes the Oakland Unified School District's ("OUSD") intent, contingent upon OUSD's receipt of California Department of Education and/or U.S. Department of Education after-school grant funds, to contract with <u>Safe Passages</u> ("AGENCY") to serve as the lead agency to provide after-school and/or summer educational programs and to serve a sufficient number of students and run services for a sufficient number of days to earn the core grant allocation of funding at the OUSD school sites identified in the Scope of Work(s) to be incorporated into this Master Contract by reference. A summary of Agency after school programs to be offered during the school year ("SUMMARY") is attached hereto as Exhibit A. Summer programs will be selected through a Scope of Work at a later date, based on OUSD needs, site availability, and subject to Board approval. Identification of summer programs is anticipated in February of each year and after-school providers will be assigned to OUSD schools to facilitate summer programming.
- 2. Scope of Work. The Scope of Work consists of the approved Annual Budget Tool and Annual Expanded Learning Opportunity Program Planning Tool, templates of which are attached hereto as Exhibit B. There shall be a Scope of Work for each separate school site served by AGENCY. The term of the Scope of Work shall not exceed one year. OUSD and AGENCY shall ensure that a Scope of Work is executed for each identified school site no later than 30 days prior to the date on which services under that Scope of Work are scheduled to begin. By approving this Master Contract, and the Scope of Work templates and Summary attached hereto as Exhibits A and B, the OUSD Board of Education ("BOARD") delegates to the Executive Director of Community Schools and Student Services ("CSSS Executive Director") the authority to approve and amend individual Scopes of Work for after school programs during the school year without further Board action required. Any Scopes of Work or amendments exceeding the approved amounts in the SUMMARY require Board approval.
- 3. These services will be funded by one or more of the following grants:
  - California Department of Education ("CDE") After School Education and Safety Program ("ASES")
  - US Department of Education 21st Century Community Learning Centers (21st CCLC)
  - US Department of Education 21st Century High School After School Safety and Enrichment for Teens ("ASSETS")
  - Expanded Learning Opportunities Programs ("ELO-P")
  - Oakland Fund for Children and Youth This Master Contract will also outline services provided on OUSD school grounds through the Oakland Fund for Children and Youth ("OFCY") After-School Initiative funds that shall be utilized as matching funds to CDE ASES and 21st CCLC funds.
  - Private grants
- 4. **Term of Master Contract**. The term of this Master Contract shall be July 1, 2025, through July 31, 2028
- 5. Termination and Suspension.
  - 5.1.Termination for convenience by OUSD. The BOARD may at any time terminate this MOU or any Scope of Work entered into pursuant to Section 2 of this MOU for any or no reason upon not less than five (5) days written notice to AGENCY. OUSD shall compensate AGENCY for services satisfactorily provided through the date of termination. The OUSD After Schools Program shall also annually review the AGENCY's performance and bring recommendations to terminate the AGENCY to the Board.

- 5.2.Termination for cause by OUSD. In addition, OUSD may terminate this MOU or any Scope of Work entered for cause should AGENCY fail to perform any part of this MOU. Upon approval by OUSD legal counsel, the OUSD Superintendent or an OUSD Chief or Deputy may issue the termination notice without approval by the BOARD, in which case this Agreement would terminate upon ratification of the termination by the BOARD or three (3) days after the notice was provided, whichever is later, unless the condition or violation ceases or satisfactory arrangements for the correction are made. If OUSD's cost of procuring services from another contractor exceeds the cost of providing the services pursuant to this MOU, AGENCY shall pay the additional cost for the services through the end of the Term identified in Section 3.
- 5.3.In the event of termination or suspension, AGENCY must, upon request, follow all transition protocols and actively participate in the transition process, attend all transition meetings, promptly turn in all keys and key fobs, transfer custody of all records, and inventory of all after-school supplies.
- 5.4. Average Daily Attendance Requirement. In the event, an AGENCY fails to achieve 86 percent of their annual attendance target in any given calendar year (EC Section 8483.7[a][1][D]), AGENCY will be placed on probation from (January-May). If AGENCY is unable to meet compliance deliverables to improve ADA, AGENCY's contract will be assessed to determine capacity to continue serving as the expanded learning provider at the school site.

July-Dec: Capacity building, site work to increase ADA compliance

Jan-May: Assessment Period, sites will review ADA to comply with 86% ADA requirements. Sites that fall below expectations, tier 2 supports will be implemented.

Aug-Dec: Intensive Supports, sites falling below 86% ADA, intensive tier3 supports will be implemented.

Jan-May: Transition

- 5.5.Suspension. If OUSD, at its sole discretion, develops health and/or safety concerns related to the AGENCY's provision of services, then the CSSS Executive Director may, upon approval by OUSD legal counsel, issue a notice to AGENCY to suspend the Agreement or Scope of Work, in which case AGENCY shall stop providing services under the Agreement until further notice from OUSD. OUSD shall compensate AGENCY for services satisfactorily provided through the date of suspension. During the period of suspension, OUSD may procure services from another agency.
- 5.6. No Premature Termination by AGENCY. AGENCY hereby certifies that it is willing and able to provide required services for the full term of the MOU. AGENCY will not be permitted to unilaterally terminate the MOU or cease providing required services prior to completing the full term unless OUSD approves any change. In the event AGENCY ceases to provide required services prior to the end of the MOU term, OUSD may secure the required services from another contractor. If OUSD's cost of procuring services from another contractor exceeds the cost of providing the services pursuant to this MOU, or OUSD is unable to secure required services from another contractor, AGENCY shall pay any additional cost through the end of the term identified in Section 4. If OUSD suffers any loss of funding or other program consequences attributable to AGENCY's premature termination, AGENCY shall pay any additional cost in addition to any damages otherwise due under this MOU.
- 5.7. Alignment with OUSD's initiatives: (Creating Joyful Spaces) Complaints, safety, lack of inclusion. (compromises district initiatives) \_moving from approved to conditional. What does High Quality look like. Observations look like?
- 6. **Compensation.** Contingent on OUSD receipt of California Department of Education and/or U.S. Department of Education after-school grant funds and subject to grant funding levels, the ASES, 21st

CCLC, and ELO-P grant award amount for the school sites listed above, funding projection is based on three-year grant totals for each school site identified in Exhibit A. The three-year not-to-exceed amount for this Master Contract is \$\_19,765,831.77\_\_. AGENCY shall be entitled to compensation from these funds in accordance with the following terms and conditions:

- 6.1.Total Compensation. Subject to the provisions of 6.2 Positive Attendance and the provisions of 6.3 Administrative Fee and subject to AGENCY compliance with Master Contract requirements, AGENCY shall receive the amount of the grant award less OUSD's administrative fees and other site costs agreed to by the Site Administrator and AGENCY. Funding will be contingent on CDE grant allocations. Penalties may be assessed or payments withheld for non-compliance, including but not limited to Master Contract requirements, accurate attendance reporting, fiscal invoicing, full participation at OUSD required meetings, training, and in continuous quality improvement efforts. Falsification of attendance or any compliance documents will result in the termination of the contract.
- 6.2.Positive Attendance. Payment for services rendered related to the ASES, 21st CCLC, ASSETS, and ELO-P grants shall be based on actual student attendance rates (\$10.18 a day per student through ASES, 21st CCLC, ASSETS, and ELO-P.), not estimates, as those programs are "positive attendance based." OUSD reserves the right to modify the annual core allocation based on reported attendance. In the event that payments made to AGENCY exceed the reported attendance for the Core grant, the AGENCY will return payments to OUSD at the rate of \$10.18 a day for ASES, 21st CCLC, ASSETS, and ELO-P per student. Documentation of attendance must be submitted through the OUSD's Aeries student information system in order for invoices for payment of services for the ASES, 21st CCLC, ASSETS, and ELO-P grants to be processed. Attendance is due by the 10th day of the following month. In the event that any school site at which AGENCY has agreed to provide programming is closed for any emergency reason (including but not limited to reasons related to COVID-19), and AGENCY provides programming remotely pursuant to Section 7.4.5 of this MOU, AGENCY shall calculate attendance based on student participation in AGENCY's remote programming.
- 6.2.1. Reconciliation Process for Positive Attendance Based Grant Funds. OUSD will adjust the payment of the "positive attendance based" grants based on a quarterly review of monthly invoices and attendance for services rendered related to the ASES, 21ST CCLC (Core Grant), ASSETS, and ELO-P for any adjustments resulting from the reconciliation of the attendance reports for that quarter's months. The attendance reconciliation process will assess the program's performance with respect to the required compliance with the grant mandated attendance rates. Based on the review, financial adjustments of an additional payment or withholding will be made. Any remaining balance(s) will be forwarded to AGENCY or OUSD. Any adjustment required in excess of the withholding will necessitate additional adjustments to future invoices and payments.
- 6.2.2. **Administrative Charges and Reconciliation.** The reconciliation process for positive attendance-based grants must factor in the subtraction of administrative and other OUSD central charges, as outlined in section 6.3, from any grant amounts earned through attendance (OUSD indirect, custodial, evaluation, and After School Programs Office administrative and training/technical assistance fees).
- 6.3.**OUSD Administrative Fees.** OUSD shall charge and withhold up to 14% from the overall ASES, ELO-P, and 21<sup>st</sup> Century grant awards for central indirect, administrative, custodial, evaluation, and direct service training and technical assistance.
- 6.4.AGENCY Administrative Fees. AGENCY understands and agrees that it may not charge more than 5% of the total contract amount as administrative fees and that its administrative fees must be set at an appropriate dollar amount to keep the ASES, 21st CCLC, ASSETS, and 10% ELO-P grants within the grant-mandated allowable 15% for total indirect/administrative costs. The agency administrative fees charged to the ASES, ELO-P, and 21st CCLC grants must be used for direct administrative costs and cannot be used for agency indirect costs. Direct administrative

- costs consist of expenditures for administrative activities that provide a direct benefit to the ASES, 21<sup>st</sup> CCLC, ASSETS, and ELO-P programs. Indirect costs consist of expenditures for administrative activities necessary for the general operation of the agency, but that cannot be tied to the ASES, 21<sup>st</sup> CCLC, ASSETS, and ELO-P programs.
- 6.5.**Program Budget.** The grant will remain as part of the site budget. Funds will be encumbered from the site budget on behalf of AGENCY for each school year during the term of this Agreement and will not exceed the budget reflected in Exhibit B for each Scope of Work.
- 6.6. Site Coordinator. (Per EC Section 8483.9(c)), the cost of a program Site Coordinator may be included as direct service provided that at least 85 percent of the Site Coordinator's time is spent at the program site.
- 6.7.Modifications to Budget. Any modifications to the approved grant budget must be approved by OUSD and AGENCY, before expenditures of funds for modified line items are authorized. Except as expressly set forth herein, OUSD shall not be liable to AGENCY for any costs or expenses paid or incurred by AGENCY in performing services for OUSD. The granting of any payment by OUSD, or the receipt thereof by AGENCY, shall in no way lessen the liability of AGENCY to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, that does not conform to the requirements of this Agreement, may be rejected by OUSD and in that case must be replaced by AGENCY without delay.
- 6.8. **Program Fees.** The intent of the ASES, 21st CCLC, ASSETS, and ELO-P programs is to establish local programs that offer academic assistance and enrichment for students in need of such services regardless of their ability to pay. Though it is not against the rules to charge fees for participation in programs, the CA Department of Education discourages it because it could exclude students in need from attending and taking advantage of the after-school program. Fees should not create a barrier to participation in the after-school program. After-school services must be equally accessible to all students targeted for services regardless of their ability to pay. Programs that propose to charge fees may not prohibit any family from participating based on their inability to pay and must offer a sliding scale of fees and scholarships for those who could not otherwise afford to participate. Any income collected from fees must be used to fund program activities specified in the grant application. AGENCY shall do full accounting of fees collected, and documentation shall be kept for 5 years for auditing purposes. If AGENCY decides to charge fees, this decision shall be made collaboratively with the Site Administrator, and AGENCY shall work collaboratively with the Site Administrator and parent leaders to develop an appropriate program fee structure for the school community. The fee structure must be identified within the Scope of Work approved by both parties prior to charging any program fees. AGENCY shall provide the OUSD After School Programs Office with additional documentation upon request, to ensure grant compliance. Programs that charge program fees will waive or reduce these fees for students eligible for free or reduced-priced meals. Programs cannot charge fees if the child is a homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec.1143a), newcomers (refugee, asylee, and unaccompanied minor), or if the child is in foster care. Any site receiving 21st Century Community Learning Center (CCLC) and ASSETS must report all fees collected (i.e., registration fees, family fees, application fees, etc.) to the OUSD After-School Program Office for CDE reporting. (EC 8482.6)
- 7. Services. AGENCY will serve as the lead agency at the OUSD school sites identified in the annual Scope of Work, will be responsible for operations and management of the ASES, 21st CCLC, ASSETS, ELO-P, OFCY, and private grants contracted to AGENCY by OUSD for fiscal years 2025-2026- through 2027-2028. This shall include the following required activities:
  - 7.1.Student Outcomes. AGENCY shall achieve the student outcomes described in the grant application narrative and articulated in documents from the program evaluation team, both of which are incorporated herein. AGENCY agrees to develop school specific outcomes, as defined

in partnership with the principal. AGENCY recognizes that the principal is the chief decision maker for after-school and summer programs, and ensures that school site objectives are met. (EC 8483.3[c][5], 8483.3[c][6])

- 7.2. Alignment with Single Plan for Student Achievement ("Site Plan"). AGENCY will ensure the after-school program aligns with objectives of OUSD and OUSD school sites identified in the "School Site List and Annual Grant Amounts" attached hereto as Exhibit A which are designed to ensure the success of students as articulated in the Site Plan(s). AGENCY will work in partnership with the school principal(s) to ensure that the program components are aligned with and complement OUSD standards and school site curriculum. (EC 8483.3[c][5], 8483.3[c][6])
- 7.3. Alignment with LCAP. AGENCY will ensure the after-school program aligns with objectives LCAP Goal 2: Focal student groups demonstrate accelerated growth to close our equity gap and should be supportive of other LCAP goals, as identified in the Annual Expanded Learning Opportunity Program Planning Tool within the Scope of Work. (EC8483.3[c][6])
- 7.4. Continuous Quality Improvement (CQI). AGENCY must fully engage in continuous quality improvement (CQI) processes and complete the following steps of the CQI cycle each year, and timely submit corresponding CQI deliverables to the After School Programs Office:
  - beginning of year self-assessment using Truth, Hope, Change, Curiosity tool
  - planning with data (using self-assessment and other program data as available)
  - development of a quality action plan with SMART goals for program improvement
  - progress check for program quality e.g. quality coaching

The CQI cycle is intended to be a collaborative process involving program staff and can include other stakeholders (ie. youth leaders, school partners, parents, and other community partners).

Agency staff (Site Coordinators and other agency staff) are also required to participate in any OUSD sponsored CQI training provided by the OUSD After School Programs Office.

- 7.5. Oversight. AGENCY will provide oversight, fiscal management, payroll services, technical assistance, and facilitation of collaboration with other service providers. Agency must ensure compliance with ASES and 21st CCLC and ASSETS, and ELO-P funding guideline requirements and follow OUSD after-school policies and procedures. This includes compliance with OUSD staffing requirements and policies including No Child Left Behind and other legislative mandates. OUSD's Expanded Learning Office will monitor all compliance requirements and provide regular supervision of sites at its discretion. AGENCY will provide all necessary documents within 48 hours of written request by OUSD.
- 7.6.**Enrollment.** At each OUSD school site identified in the "School Site List and Annual Grant Amounts" attached hereto as Exhibit A, and for which there is a Scope of Work, AGENCY will enroll sufficient number of students and run services for a sufficient number of days to earn the full core grant allocation of funding.

### 7.7. Program Requirements

7.7.1. **Program Hours.** The program shall be offered Monday through Friday, every regular school day annually (EC Section 8483[a][1]), commencing immediately upon the conclusion of the regular school day, operating a minimum of 15 hours/week, and until 6:00 pm daily.(EC 8483[a][1]), EC Section 8483[a][1][A][i]). Instructional activities must include a balance of both academic, enrichment/recreation, and physical components (EC Section 8483.3[c][5]). ELO-P funding can be used to support intercession programming and before-school care. AGENCY will ensure expanded learning programs commence at full capacity on the first day of school and conclude on the last day of school.

- 7.7.2. **Program Days.** The program shall be offered a minimum of 177 180 days during the 2025–2026 through the 2027-2028 school years (EC Section 8483[a][1]). AGENCY will close the ASES, 21st CCLC, ASSETS, and ELO-P program(s) no more than a maximum of 3 days in each of the 2025-2026 through the 2027-2028 school years for staff professional development, as permitted by Education Code. Programs that receive 21st CCLC Supplemental or ELO-P grant funds or private funding for summer shall additionally operate a sufficient number of days and hours in the summer, on weekends, and during intercession in the manner prescribed by the grant legislation and/or funder, in order to meet attendance goals required by the CA Department of Education and/or the funder. AGENCY can not utilize ASES/21stCCLC/ASSETS/ELO-P professional development days during the first week of school.
- 7.7.3. **Program Staffing.** AGENCY agrees to ensure each school site is fully staffed (lead agency staff and/or subcontractors) and able to provide comprehensive programming to 86% of the grants ADA requirement commencing on the first day of school and continuing through the last day. AGENCY will ensure staff are clearly identifiable. Site coordinator salary is considered direct service and the Site coordinator must be on campus at least 85% of the time (8483.9[c]). AGENCY will provide staff with training and development (EC Section 8483.3[c][4]) to ensure high quality programming. Selection of the Site Coordinator is subject to the approval of the school site principal (EC Section 8483.4)
- 7.7.4. **Program Components.** AGENCY agrees to provide programming that supports the guidelines as outlined in the ASES, 21st CCLC, ASSETS, and ELO-P grants for students identified at each of the schools listed in the "School Site List and Annual Grant Amounts" attached hereto Exhibit A. AGENCY acknowledges and agrees to provide programming consistent with grant guidelines understanding that:
  - Educational and Literacy. An educational and literacy element that must provide tutoring and/or homework assistance designed to help students meet state standards in one or more of the following core academic subjects: reading/language arts, mathematics, history and social studies, or science. A broad range of activities may be implemented based on local student needs and interests. (EC 8482.3[c][1][A], 8482.3[f][6], 8483.3[c][1])
  - Enrichment. The enrichment element must offer an array of additional services, programs and activities that reinforce and complement the school's academic program. Enrichment may include but is not limited to arts, youth development, leadership, recreation, sports, music, career awareness, college interest, service learning, and other youth development activities based upon student needs and interests. (EC 8482.3[c][1][B], 8482.3[f][6], 8483.3[c][2]) All programs must offer both enrichment and recreation/physical fitness activities as core components of the after-school program, and summer program if summer program is provided. (EC 8483.3[c][7])
  - Family Literacy Services. AGENCY shall assess the need for family literacy services among adult family members of the students to be served by the program. All programs will, at a minimum, either refer families to existing services or coordinate with local service providers to deliver literacy and educational development services. (EC Section 8482.3[c][1][A])
  - Equitable Access Programming. AGENCY shall include a component for students at all schools site receiving Equitable Access funding to support full access to program components.
  - Supplemental and Summer Services. In all programs receiving 21st CCLC Supplemental
    and/or ELO-P grant funds or private funding for summer, AGENCY will provide educational
    and enrichment programming in the summer, on weekends, and/or during intercessions. A
    broad range of activities may be implemented based on local student needs and interests, and
    district guidelines for summer programming. If summer services will be added, a separate
    Scope of Work will reflect the summer scope, summer budget and any changes in location as
    to summer services to be provided.
  - Elementary and Middle School Sports League Activities.
     All programs participating in the Middle School Sports League must include those activities in their Program Planning tool and Program Schedule. Middle School Sports League activities, including but not limited to on and off-site practices and games, are subject to the field trip

- policy high-risk field trip activities requirements provided in this agreement. All sports participants and volunteers must have on file a completed Elementary and Middle School Sports Release of Liability and Assumption of Risk prior to participation. The Elementary and Middle School Sports Release of Liability and Assumption of Risk template will be provided to the AGENCY by OUSD prior to the beginning of each school year.
- **Tk-6 school sites that receive ELO Program** funding are required to offer the ELO Program to all TK/K-6 classroom-based pupils and provide program access to any TK/K-6 classroom-based pupils upon parent/guardian request. (46120(d)(1)(B) or 46120(d)(4)). TK is not optional and is included in the requirement because TK is operated as a program within Kindergarten.
- 7.7.4.1. **Super Snacks/Snack/Supper/Beverages:** AGENCY shall meet Federal and State meal and snack requirements (8482.3[d][1], 8482.3[d][2], 8483.3[c][8]) and all meals and snacks must be provided by OUSD Nutrition Services department. Nutrition Services shall:
  - 7.7.4.1.1. Provide meals and beverages that meet State and Federal standards;
  - 7.7.4.1.2. Provide the number of meals and beverages requested by AGENCY unless/until Nutrition Services determines that AGENCY's participation is lower than the super snack/snack/meal/beverage count provided by the AGENCY, in which case, the number will be adjusted;
  - 7.7.4.1.3. Provide all supplies including utensils, napkins, forks, required;
  - 7.7.4.1.4. Support compliance by AGENCY with required State and Federal administrative requirements;
  - 7.7.4.1.5. Provide annual training to AGENCY.
- 7.7.4.2. Each AGENCY participating in the Nutrition Services super snack/snacks/supper/beverage program shall:
  - 7.7.4.2.1. Attend annual training. In the event that the person responsible for super snack or snack distribution changes, AGENCY will make arrangements with Nutrition Services for training of new employees or representative of the AGENCY;
  - 7.7.4.2.2. Complete After School Super Snack, Snack, and Supper Menu Production Worksheets (MPW) on a daily basis;
  - 7.7.4.2.3. Ensure meal count is accurate;
  - 7.7.4.2.4. Submit completed MPW to cafeteria staff by the next business day;
  - 7.7.4.2.5. Return leftovers to the cafeteria:
  - 7.7.4.2.6. Ensure that only students are served and receive food from the program;
  - 7.7.4.2.7. Ensure that meals are not removed from campus
  - 7.7.4.2.8. Immediately report to OUSD Site Coordinator and Nutrition Services any concerns related to food safety or food contamination
- 7.7.4.3. AGENCY will be billed at the rates immediately below, for meals by Nutrition Services under the following conditions.
  - 7.7.4.3.1. MPW not completed and submitted by the next business day:
  - 7.7.4.3.2. Super Snacks and Snacks are ordered and not picked up

7.7.4.4. In addition to any applicable liability associated with audit findings. AGENCY will be charged OUSD's current meal costs that OUSD is unable to claim due to AGENCY's failure to comply with program requirements: The current costs for the 2024-2025 school year are below; these amounts may change throughout the life of the agreement.

7.7.4.4.1. Super Snack: \$3.66

7.7.4.4.2. Supper: \$3.66

- 7.7.4.5. AGENCY will be liable for audit findings and/or assessments (See Section 12 below) that are attributable to AGENCY's failure to comply with the rules and regulations of the Nutrition Services program, including liability if reimbursement is denied Nutrition Services because of AGENCY's failure to comply with program requirements.
- 7.7.4.6. In accordance with guidance provided by the California Department of Education, in the event that the school site at which AGENCY has agreed to provide programming is closed for any emergency reason (including but not limited to reasons related to COVID-19), OUSD may fulfill its above-described obligations to provide after-school meals, snacks, and/or beverages through a "grab-and-go" meal distribution program, in which case AGENCY shall not be responsible for distributing after-school meals, snacks, and/or beverages.
- 7.7.5. **Staff Ratio.** The staff to youth ratio shall not exceed 1:20 for elementary, middle, and high school programs, with no more than 20 youth for each qualified, adult staff supervisor. TK-K programs must operate on a 1:10 staff to youth ratio. (EC Section 8483.4)
- 7.7.6. **Remote Provision of Services.** In the event that the school site at which AGENCY has agreed to provide programming is closed for any emergency reason (including but not limited to reasons related to COVID-19), AGENCY shall provide programming remotely, rather than in-person at the school site.
- 7.8. **Data Collection.** AGENCY will work with OUSD to collect and analyze data on student enrollment, student attendance, student academic performance, student satisfaction, and parent satisfaction. This includes, but is not limited to:
- 7.8.1. **Accountability Reports.** AGENCY will provide OUSD with the following set of program accountability reports:
  - Financial reports
  - Activity reports
  - Attendance reports
  - Outcomes reports: behavioral and academic
  - Staff qualifications
- 7.8.2. **Attendance Reports.** AGENCY will provide OUSD with attendance reports using the OUSD/OFCY attendance systems and maintain required attendance records utilizing the OUSD/OFCY attendance systems, including completion of mandatory monthly reports. Original written documentation of all daily attendance records, including all daily sign in/out sheets, will be maintained by Agency for 5 years following the termination of this Agreement for auditing purposes. (EC 8482.3[f][10][A], 8484[a][1][A])
- 7.8.3. **Use of Enrollment Process.** AGENCY will use OUSD online and paper After School Program Parent Permission packet, including early release waiver, for all after-school participants. Forms will be provided to AGENCY by OUSD prior to the beginning of each school year. AGENCY will seek approval from the OUSD After School Programs Office for any modifications to the OUSD enrollment packet, in advance of distribution.
- 7.9. Maintain a Clean, Safe, and Secure Environment. AGENCY shall maintain clean, safe, and secure program environments for staff and students in conjunction with OUSD guidelines.

- AGENCY, as they view necessary, will initiate and establish additional cleanliness, safety, supervision, training, and security policies and protocols sufficient to ensure staff, student, and family member safety. (EC 8483.3[c][3])
- 7.10. AGENCY shall register with and maintain current information within OUSD's Community Partners Database, unless OUSD communicates to AGENCY in writing otherwise, based on OUSD's determination that the services are not related to community schools outcomes. If/when agency programs and school sites change (mid-year or subsequent years), AGENCY shall promptly update the information in the database.
- 7.11. Alignment of After School Safety Plan with School Site Comprehensive Safety Plan. AGENCY will use the OUSD After School Program Emergency Plan template and work collaboratively with school site administrator(s) to complete and/or update and submit an annual after-school safety plan(s) by mid-October each year which aligns with and is part of each school site's comprehensive safety plan. AGENCY will seek approval from the OUSD After School Programs Office for any modifications to the OUSD template, in advance of distribution.
- 7.12. **AGENCY** shall comply with all applicable California and Federal laws, regulations, and ordinances. This includes, but is not limited to, compliance with the California Labor Code 6401.9 (Workplace Violence Prevention Plan Law), as well as any other laws related to labor, employment, safety, health, and environmental regulations. The AGENCY shall ensure that all activities and services conducted under this Agreement are in strict compliance with such laws and regulations. Any violation of these laws, regulations, or ordinances by the AGENCY or any of its employees, subcontractors, volunteers, or agents shall constitute a material breach of this Agreement.
- 7.12.1. OAKLAND UNIFIED SCHOOL DISTRICT will not tolerate workplace violence and is committed to maintaining a safe workplace for all employees, supervisors, managers, vendors, contractors, and visitors. The workplace is defined as any time or place when on School District business, at a School District sponsored event, or if the conduct has an impact on the workplace, regardless of where the conduct occurs. Prohibited actions include, but are not limited to, the following types of behaviors:
  - Striking, punching, slapping, or assaulting another person
  - Throwing or kicking objects
  - Direct or implied threat to do harm to a person or to a property
  - Threatening or intimidating communications or gestures
  - Expression of a plan to hurt self/others
  - Possession of a dangerous, deadly weapon (including imitation weapons) at the workplace, unless an employee has been authorized in advance
  - Inappropriate behavior, statements, or actions that could reasonably be perceived as aggressive, threatening, or violent.

### 7.13. Incident and Injury Reporting, Crisis Response and Training; Accident Insurance

7.13.1. AGENCY will train staff and agents in required Incident and Injury Reporting and Crisis Response Protocols. All accidents or injuries to after-school program participants, visitors, or staff must be reported via email to OUSD's incident reporting email address identified in the Incident and Injury Reporting and Crisis Response Protocols by AGENCY staff within one business day of occurrence. OUSD will secure at its own expense limited OUSD student accident insurance coverage to assist in payment of eligible student medical expenses incurred by parent/guardians due to OUSD student accidents during the after-school program. This coverage will be secondary to any primary medical insurance for which student participants are eligible. After School Program staff will immediately refer parent/guardians seeking payment of medical expenses under student accident coverage to OUSD's designated accident insurance representative.

- 7.13.2. AGENCY will provide adaptive programming to support all OUSD students needs within reasonable accommodations. AGENCY will provide a welcoming environment to students who are physically, racially, ethnically, linguistically, and neurologically diverse to participate in expanded learning programs. Students with Individualized Education Programs (IEPs) or Section 504 Accommodation Plans (504s) are encouraged to enroll in expanded learning, including after-school programming. OUSD will assess and provide additional support to a school site to ensure reasonable accommodations are met.
- 7.14. Meeting Participation. AGENCY will participate in technical assistance, training, orientation, monthly meetings and other support and resource development activities provided by OUSD and collaborative partners in conducting program planning, implementation, and evaluation. These include required regular meetings with the school principal or other identified designee to ensure collaboration with the school vision. AGENCY staff will participate in meetings facilitated by the OUSD After School Programs Office to address program quality, program improvement and general troubleshooting
- 7.15. AGENCY will ensure staff is trained by an OUSD nurse to provide emergency medication for students with conditions such as asthma (albuterol inhaler), diabetes (glucagon, baqsimi (nasal spray)), severe allergies (Epi-pen), seizures (nayzilam, valtoco (nasal spray)), and any other condition where an emergency medication is prescribed which can be administered by trained staff in an emergency. This includes Non-emergency medication: ADHD medication, Benadryl, and Tylenol.
  - 7.15.1.1. Epi-Pen Medication Overview:
    - Epinephrine is the medication used in a severe allergic reaction. Epinephrine will open the airways and increase circulation.
    - Pre-measured doses of the medication are placed into auto-injectors or EpiPens.
    - It is safe to give epinephrine even if there is not a reaction.
    - The sooner it is given; epinephrine is more likely to reduce the chance of death.
    - Students given epinephrine must go to the hospital for observation.
  - 7.15.2. **OUSD** will be responsible via a School Nurse to monitor school district medication administration practices for compliance with established policies and procedures. This will include providing training to assigned staff in the appropriate administration of medication aligned with the school district policy and procedure, and maintain student medication records confidentiality.
- 7.16. **Relationships.** AGENCY will maintain six essential collaborative relationships to ensure partnerships toward effective program implementation:
  - Administration, faculty, and staff of each school site covered by this Master Contract (Exhibit A)
  - OUSD After School Programs Office
  - OUSD central administration departments
  - o Parents/Guardians
  - o Youth
  - Community organizations and public agencies
- 7.17. **Licenses.** AGENCY shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.
- 7.18. Transportation of Students. AGENCY will ensure student safety by ensuring a policy that requires staff to have the necessary insurance coverage under section 8.3.8 to drive students in their personal cars. In addition, AGENCY will need signed permission from the family.

- 7.19. Loss of Standing as Qualified Organization: Failure to ensure MOU requirements are fulfilled may result in loss of good standing as a qualified organization and/or termination of the partnership.
- **7.20. Student Discipline & Due Process:** No student may be removed from participation in an after-school program operated by an Expanded Learning Lead Agency without due process. AGENCY must adhere to all applicable policies, procedures, and regulations governing student discipline to ensure fairness, equity, and transparency in decision-making.
- 7.20.1. Review and Determination by OUSD Expanded Learning Office (EXLO): In the event that a student exhibits behavioral conduct that may warrant removal from the program, the Expanded Learning AGENCY must document all incidents, interventions, and attempts to support the student prior to any determination. Before taking any action to remove a student, the AGENCY shall submit a formal incident report and request for review to the OUSD Expanded Learning Office (EXLO).
- 7.20.2. Approval Prior to Removal: The EXLO will conduct a comprehensive review of the reported behavioral conduct, including any mitigating circumstances, documented interventions, and student support strategies. The EXLO shall determine whether removal from the program is an appropriate and necessary action. No student shall be removed from participation unless and until the EXLO has vetted and approved such action in writing.
- 7.20.3. Interim Measures: While awaiting EXLO review and approval, the AGENCY may implement temporary interventions, including but not limited to, behavior contracts, additional supervision, modified participation, or referrals to support services. However, an AGENCY may not enact a unilateral removal or exclusion of a student without following the due process outlined herein.
- 7.20.4. Notification & Appeal: If removal is approved, the AGENCY must provide formal written notice to the student's parent/guardian, outlining the reasons for removal and any available appeal process. Appeals must be submitted in writing within 30 days to the EXLO office for reconsideration.
- 7.20.5. Non-Discrimination & Equity: All decisions regarding student behavior and potential removal must be made in alignment with OUSD policies on equity, inclusion, and non-discrimination. No student shall be excluded from participation in the program based on race, gender, disability status, or other protected classifications.
- 7.20.6. Compliance & Accountability: Failure to adhere to this process may result in corrective action against the Agency.
- 7.21. Equipment & Supply Inventory Management: All equipment and supplies purchased for the Expanded Learning Program (ELP) using funding from the After School Education and Safety (ASES), Expanded Learning Opportunities Program (ELOP), After School Safety and Enrichment for Teens (ASSETs), or 21st Century Community Learning Centers (21st CCLC) grants remain the sole property of the Expanded Learning Program and do not belong to the Lead Agency. Lead Agencies are prohibited from repurposing, transferring, or claiming ownership of such equipment for any use outside the scope of the Expanded Learning Program.
- 7.21.1. Inventory & Documentation Requirements: Lead Agencies are required to maintain an accurate, up-to-date inventory of all equipment and non-consumable supplies purchased with grant funds. The inventory shall include, at a minimum:
  - Item description
  - Date of purchase
  - Cost of purchase
  - Serial number (if applicable)
  - Location of the item
  - Condition/status of the item

This inventory must be submitted to the OUSD Expanded Learning Office (EXLO) annually and made available upon request for audits or compliance reviews.

- 7.21.2. Use, Storage, & Maintenance: Equipment and Supplies must be used exclusively for Expanded Learning Program activities and stored securely at the designated program site(s). Lead Agencies are responsible for ensuring proper maintenance and safeguarding of all program-purchased equipment.
- 7.21.3. Transfer & Disposition of Equipment: If a Lead Agency discontinues its partnership with the Expanded Learning Program or ceases operations at a site, all purchased equipment and remaining non-consumable supplies must be returned to the OUSD Expanded Learning Office or transferred to a designated successor agency as determined by OUSD. The Lead Agency may not sell, repurpose, or otherwise reallocate equipment outside of these guidelines.
- 7.21.4. Compliance & Enforcement: Failure to comply with inventory management and equipment ownership requirements may result in financial liability, grant non-compliance, or termination of the MOU. The OUSD Expanded Learning Office reserves the right to conduct site visits, audits, and compliance checks to ensure adherence to these provisions.

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

- 8.1. AGENCY shall provide each Site Administrator and the OUSD Expanded Learning Office with a schedule of all after-school program field trips and/or off-site events and/or off-site activities, on a template to be provided by OUSD, by the first day of each semester, and a schedule of all summer field trips and/or off-site events and activities by the first day of the summer program, if AGENCY is providing summer services.
- 8.2. All field trips and off-site events/activities must be approved in advance by OUSD; AGENCY representatives, including staff and subcontractors, may not take students off-site for events, activities, and field trips without OUSD's approval. AGENCY shall submit OUSD's Field Trip request form to the after-school site coordinator, agency director, and site administrator to seek approval. AGENCY shall comply with OUSD policy and regulations regarding Field Trips.

If AGENCY becomes aware of an unauthorized field trip or off-site activity/event prior to the trip taking place, AGENCY shall cancel the trip/activity and notify the family, site leader, and OUSD Expanded Learning Office. Nothing in the preceding sentence shall be construed as requiring reporting to families, site leaders, or OUSD Expanded Learning Office when it is prohibited by law.

If AGENCY becomes aware of an unauthorized field trip or off-site activity/event after the trip/activity has taken place, AGENCY shall immediately terminate the AGENCY staff or subcontractor organizing the trip, and notify the family, site leader, and OUSD Expanded Learning Office. Nothing in the preceding sentence shall be construed as requiring reporting to families, site leaders, or OUSD Expanded Learning Office when it is prohibited by law.

- 8.3.AGENCY hereby certifies that after-school and any summer program staff and/or subcontractors will comply with OUSD board policy and regulations, and the procedures in Sections 8.3, 8.4, 8.5, and 8.6, for all field trips, off-site events and off-site activities.
- 8.3.1. **Licenses Permission Slips/Acknowledgement.** Field trip/excursion permission slip must be signed by parent(s)/guardian(s) of all student participants and an acknowledgment must be signed by all adult chaperones both of which shall include the following information:
  - 8.3.1.1. a full description of the trip and scheduled activities
  - 8.3.1.2. student/adult participant health information

- 8.3.2. "Notice of Waiver of All Claims: Education Code § 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against any school district, charter school, or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, regardless of who holds the claims. If the field trip or excursion to which this permission slip applies is out-of-state, I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion."
- 8.3.3. After-school and summer program staff or subcontractors leading trip must have a written list of students attending the trip.
- 8.3.4. No student shall be prevented from making a trip due to lack of sufficient funds.
- 8.3.5. After school and summer program staff or subcontractors leading the trip shall have a sufficient first aid kit in their possession or immediately available. If the trip is conducted in areas known to be infested with poisonous snakes, this first aid kit shall contain medically accepted snakebite remedies.
- 8.3.6. **Health Conditions/Medication:** Trip participant health information will be gathered and reviewed in advance of the trip and any needed revisions to the supervision plan made, including making sure that chaperones understand relevant information (e.g. food allergies). A plan will be developed to collect, secure, and dispense prescription medications from their original containers only and consistent with the physician's instructions.

### 8.3.7. Supervision

- 8.3.7.1. AGENCY Executive Director must review and approve the supervision plan.
- 8.3.7.2. Trip as structured is appropriate to age, grade level, and course of study.
- 8.3.7.3. Chaperones are all AGENCY employees or subcontractors, parent(s)/guardian(s), or other authorized chaperones and are 21 or older. After School and Summer Program Coordinators and lead trip staff are satisfied that all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group, and responding effectively in the event of an emergency. Trip attendees shall be limited to assigned school or after-school program staff, students, and authorized chaperones. Guests, including but not limited to friends and other family members, are strictly prohibited absent prior written approval of the after-school program coordinator or AGENCY executive director. Before the trip, after school and summer program staff leading the trip shall provide any adult chaperones who may accompany the students with clear information regarding their responsibilities. Chaperones shall be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities. Chaperones shall not consume alcoholic beverages or be under the influence of controlled substances while accompanying and supervising students on a trip.
- 8.3.7.4. When a trip is made to a place of business or industry, staff shall arrange for an employee of the host company to serve as conductor.
- 8.3.7.5. Adult: Student Ratio is at least 1:10 or higher if swimming or wading or high-risk trip. If the trip involves water activities, this ratio shall be revised to ensure closer supervision of elementary grade or younger students, appropriate to their ages. The ratio of adults to students on field trips and excursions shall be reasonable under the circumstances.
- 8.3.7.6. Safety requirements have been met (e.g.: current First aid/CPR training of at least one chaperone, first aid kits, emergency contact and health info, instructions for chaperones, staff and chaperones have cell phones which are charged and available for communication).

- 8.3.8. Transportation Requirements: The AGENCY after-school and summer program staff or subcontractors shall ensure compliance with all state laws and may transport by the use of AGENCY's own equipment, contract to provide transportation, or arrange transportation by the use of other equipment to enrolled after school and summer participants provided that: (A) parent/guardians' written permission has been obtained in advance; (B) After School Program Coordinator and/or Summer Program Coordinator has confirmed that: transportation arrangements are safe and appropriate; (C) all drivers have valid California driver's license; (D) all drivers have received fingerprint clearance; (E) provided that such transport is covered under driver or registered owner's personal automobile insurance or AGENCY automobile liability insurance policy for at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage; (F) all drivers and registered owners of private or rented vehicles used shall complete and sign declaration of driver forms assuring that: (i) the driver is at least 21 years of age and holds a current valid California driver's license;(ii) the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years; and (iii) the driver provides proof of sufficient insurance; (G) if AGENCY transports by use of an Agency owned vehicle or arranges and/or contracts with a third party to provide this transportation, the AGENCY or organization or company with whom they contract must meet or exceed the standards required of OUSD's District approved bus vendors, including but not limited to: be licensed as a transportation provider, be certified to transport students (e.g., School Pupil Activity Bus certification) and have at least \$5,000,000 Automobile liability and \$1,000,000 per occurrence/\$2,000,000 aggregate General Liability insurance; which has an endorsement naming OUSD and AGENCY as additional insured; (H) arrangements have been made for additional vehicle for use in event of illness or emergency; and (I) students receive instruction in safe conduct on bus or other transport; and (J) drivers shall receive safety and emergency instructions and information which shall be kept in their vehicle, including health and emergency information for each student riding in his/her vehicle.
- 8.3.9. AGENCY must have reasonable confirmation that all organizations involved in the trip have demonstrated expertise and exhibit reasonably safe and reputable operating procedures and business practices appropriate to student trips.
- 8.3.10. Vendor is licensed to provide all proposed activities.
- 8.3.11. All after-school program student participants on field trips, off-site events, or activities must be covered by medical or accident insurance. (See Incident and Injury Reporting and Accident Insurance above.)
- 8.4. Additional Requirements for High Risk, Overnight, or Out of State Trips:
- 8.4.1. **Definition of High-Risk Activities**
- 8.4.2. Because of concerns about the risk to student safety, the after-school program coordinator shall not permit the following activities on campus or during AGENCY sponsored after-school or summer program trips, events, and activities unless the activity is properly supervised, students wear protective gear as appropriate, and each participant has medical or accident insurance coverage:
  - Amusement Parks
  - Interscholastic Athletic Activities
  - Bicycle riding
  - Circus Arts
  - Hiking (Moderate to rigorous terrain or length) vs short nature "walks"
  - Hang gliding
  - Horseback riding
  - Ice Skating
  - In-line or Roller Skating
  - Rock climbing, climbing walls

- Skateboarding or use of non-motorized scooters
- Snow sports of any kind
- Trampoline; Jumpers
- Motorcycling
- Rodeo
- Target Shooting
- Water Activities including but not limited to: swimming, snorkeling, scuba diving, sailing, boating, kayaking, river rafting, water slides, water skiing etc.
- Outdoor active, experiential programs (Ropes course, pulley, etc.)
- Other activities determined by the school principal to have a high risk to student safety
- 8.4.2.1. The cost of limited OUSD student accident insurance coverage for student accidents during such activities shall be borne by OUSD.
- 8.4.2.2. Students who operate or ride as a passenger on a bicycle, non-motorized scooter or skateboard upon a street, bikeway, or any other public bicycle path or trail shall wear a properly fitted and fastened bicycle helmet that meets the standards of law. Students also shall be required to wear such helmets while wearing in-line or roller skates.
- 8.4.3. Department of Justice and FBI fingerprinting and fingerprint clearance must be obtained for all non-District employee chaperones. Chaperones who continue beyond one school year will need to get fingerprint clearance once every three years from the time they begin chaperoning on after-school program trips. Chaperones shall act in accordance with district policies, regulations, and school rules. A person who is required to register as a sex offender pursuant to Penal Code 290 shall not serve as a chaperone on any field trip.
- 8.4.4. No chaperone shall be assigned to provide supervision or instruction of students unless he/she has submitted evidence of an examination within the past 60 days to determine that he/she is free of active tuberculosis. Chaperones whose skin test is negative shall thereafter be required to take a tuberculosis test every four years or sooner if deemed necessary by AGENCY.
- 8.4.5. Letter must be sent to parent(s)/guardian(s) and if it is an overnight trip, a meeting must be held for staff, chaperones, parent(s)/guardian(s), and students in advance of the trip to discuss trip and safety-related procedures, itinerary and questions.
- 8.4.6. Sleeping arrangements and night supervision are safe and appropriate.
- 8.4.7. **Vendor Proof of Insurance:** After School Program Coordinator and/or Summer Program Coordinator has obtained proof of insurance from all private vendors including:
  - Facility
  - Program

### 8.5. Additional Requirements for Field Trips/Excursions Which Include Swimming or Wading

- 8.5.1. No swimming or wading shall be allowed on trips unless planned and approved in advance.
- 8.5.2. When wading in the ocean, bay, river, or other body of water as part of a planned, supervised outdoor education activity, after-school program staff shall provide for a number of chaperones to exceed the normal one to ten ratios and shall instruct both chaperones and students of the real and potential risks inherent in such activities and the precautions necessary for their safety.

### 8.5.3. Swimming Activities

8.5.3.1. Parents/guardians must provide written permission for the student to swim and must indicate the student's swimming ability. Students whose parents do not give permission for their child to swim shall be identified in advance of the trip and a tracking system is designed to ensure they do not enter the pool or swim area.

- 8.5.3.2. Swimming facilities, including backyard pools, must be inspected by the AGENCY Executive Director and after-school program staff before the trip is scheduled.
- 8.5.3.3. Owners of private pools must provide a certificate of insurance, designating OUSD and AGENCY as an additional insured, for not less than \$2,000,000 in liability coverage.
- 8.5.3.4. Lifeguards must be designated for all swimming activities. If lifeguards are not provided by the pool owner or operator, the AGENCY Executive Director shall ensure their presence. The AGENCY Executive Director shall ensure that lifeguards are Red Cross certified or equivalent and must be at least 21 years old. A swim test must be administered before any student is permitted in the deep end of the pool or swim area. A tracking system shall be designed in advance of trip to identify those students who have and have not passed the swim test.
- 8.5.3.5. The ratio of adult chaperones to students shall be at least one to ten. In grades 4-6, this ratio shall be at least one to eight. In grades K-3, this ratio shall be at least one to four.
- 8.5.3.6. Specific supervisory responsibilities shall be determined in advance to accommodate the varying swimming abilities of students. These responsibilities shall be clarified in writing and reviewed verbally before the trip.
- 8.5.3.7. Emergency procedures shall be included with written instructions to adult chaperones and staff.
- 8.5.3.8. Staff and chaperones assigned to supervise students must wear swimsuits, know how to swim, and be at each side of the pool or swim area actively monitoring students at all times.
- 8.5.3.9. The After School Program Coordinator and/or Summer Program Coordinator may require students to wear flotation devices, depending upon their age and swimming ability.
- 8.5.3.10. A buddy-system or other means of surveillance shall be arranged in advance and strictly enforced during swimming activities.
- 8.6.Additional Requirements for trips to East Bay Regional Park District Bodies of Water (swimming pools, lagoons, shoreline parks and lakes) and Related Facilities
- 8.6.1. At least 2 weeks prior to trip date, all persons attending trip, including, but not limited to, each and every student, teacher, instructor, chaperone, supervisor, parent, administrator, volunteer, or aide (hereinafter "participant") will provide to the OUSD Office of the General Counsel an original, properly completed, signed and dated East Bay Regional Park District Waiver, on a form to be provided by the OUSD to AGENCY prior to the beginning of each school year, executed by either the participant if he or she is 18 years of age or older, or the participant's parent or legal guardian if the participant is under 18 years of age
- 8.6.2. Should AGENCY fail to provide an original, properly completed, signed, and dated East Bay Regional Park District Waiver for each trip participant as defined in Section 6.13.1 above, AGENCY agrees to hold harmless, defend and indemnify OUSD, its officers, employees, volunteers, and agents from all claims and actions resulting therefrom.
- 8.7.In the event that a field trip cannot proceed as planned for any reason (including but not limited to the closure of the field trip destination in response to COVID-19), AGENCY shall provide alternative programming to students (including remote programming, in the event that the school site at which AGENCY has agreed to provide programming is closed).
- 9. Financial Records. AGENCY agrees and understands that OUSD is responsible for fiduciary and programmatic oversight for the expenditure of the ASES, 21st CCLC, ASSETS, & ELO-P grant funds contracted to AGENCY by OUSD for the fiscal year 2025-2028 (EC 8482.3[f][5]). AGENCY will function as a sub-recipient of funding and as such, will follow all required fiscal guidelines and meet outlined

standards as referenced in applicable Federal and State sub-recipient guidelines for the federal 21<sup>st</sup> Century Community Learning Centers grant program, CFDA Number 84.287, awarded by the Office of Elementary and Secondary Education Academic Improvement and Teacher Quality Programs office. Sub-recipients that receive over \$500,000 of federal funds are required to undergo an annual audit and communicate findings to OUSD, as requested. AGENCY will ensure that all contracted funds of this MOU are expended as per grant guidelines.

- 9.1.**Accounting Records.** AGENCY will maintain its accounting records based upon the principles of fund accounting.
- 9.2. **Disputes.** AGENCY shall make all records related to ASES, 21ST CCLC, ASSETS, and ELO-P available to OUSD for review. OUSD and AGENCY shall meet and confer regarding any disputes as to the amount of actual expenses before taking any action to collect funds.

### 10. Invoicing

- 10.1. **Billing Structure.** AGENCY shall only invoice for actual expenditures incurred. Supporting documentation must be presented along with monthly invoices upon request. Billing details must be provided upon request to OUSD to ensure compliance with related sub recipient and grant quidelines.
- 10.2. **Unallowable Expenses.** AGENCY may not purchase computers or capital equipment using ASES, 21st Century Core Grant, 21st Century Direct Access, or 21st Century Family Literacy funds.
- 10.3. Invoice Requirements. AGENCY will submit invoices with evidence of the following staff qualifications for each AGENCY employee and AGENCY agent, including employees of subcontracting agencies and volunteers: TB Clearance, current CA Department of Justice and FBI fingerprint clearance, and Instructional Aide requirement. AGENCY will utilize the required OUSD invoicing and staff qualifications form, to be provided by OUSD to AGENCY prior to the beginning of each school year, for regular invoice submission.
- 10.4. Submission of Invoices. AGENCY must submit invoices to OUSD on a timely and regular basis for services rendered through the Expanded Learning Office's Salesforce Database. OUSD will not accept invoices submitted more than thirty days beyond the end of each fiscal quarter. No invoices will be accepted more than 30 days past the end of June 30 of the contractual fiscal year. AGENCY must also submit invoices according to specific invoicing deadlines as outlined by OUSD to ensure timely processing. (Exhibit C)
- 10.5. **Submission of Invoices for ASES, 21st Century, and ELO-P Grants.** For services rendered related to the ASES, 21st CCLC, ASSETS, ELO-P grants, OUSD shall pay AGENCY, on a monthly basis, for appropriately documented expenses related to the ASES, 21ST CCLC, ASSETS, and ELO-P grants, with a cumulative total for 2025-2028 not to exceed the amount identified in Section 6, and in accordance with the attached Exhibits to this Memorandum. Invoices for payment of services shall be submitted by the 10<sup>th</sup> of each month to the OUSD Expanded Learning Office via Salesforce Community invoicing tool. AGENCY will also submit the required OUSD invoicing and staff qualifications form via the Salesforce Community.
- 11. Ownership of Documents. AGENCY agrees that, pursuant to California law, it shall maintain program and fiscal documentation for the ASES, 21st CCLC, ASSETS, and ELO-P programs for a minimum of five years. All documents created by AGENCY pursuant to this MOU, including but not limited to reports, designs, schedules, registration packets, early release waivers, and other materials prepared, or in the process of being prepared, for the services to be performed by AGENCY, are and shall be at the time of creation and thereafter the property of OUSD, with all intellectual property rights therein vested in OUSD at the time of creation. OUSD shall be entitled to access to and copies of these materials during the progress of the work. Any such materials in the hands of AGENCY or in the hands of any subcontractor upon completion or termination of the work shall be immediately delivered to OUSD. If any materials are lost, damaged or destroyed before final delivery to OUSD, AGENCY shall replace them at its own expense

and AGENCY hereby assumes all risks of loss, damage or destruction of or to such materials. AGENCY may retain a copy of all materials produced under this MOU for its use in its general business activities.

### 12. Changes

- 12.1. Agency Changes. AGENCY may, at any time, request in writing changes to the Scope of Work. In the event that AGENCY encounters any unanticipated conditions or contingencies that may affect the scope of work or services and result in an adjustment in the amount of compensation specified herein, AGENCY shall so advise OUSD immediately upon notice of such condition or contingency. The written request shall explain the circumstances giving rise to the unforeseen condition or contingency and shall set forth the proposed adjustment in compensation. Such notice shall be given to OUSD prior to the time that AGENCY performs work or services related to the proposed adjustment in compensation. Any and all pertinent changes shall be expressed in an amended Scope of Work and signed by OUSD prior to AGENCY's implementation of such changes; changes that increase the proposed budget may require prior approval by the BOARD.
- 12.2. **Changing Legislation.** AGENCY understands that changes in Federal or state legislation or District policy may impact funding levels, grant requirements, and responsibilities of AGENCY during an academic school year. This MOU may be amended during the 2025 through the 2028 fiscal years to reflect additional changes resulting from such legislation.

### 13. Conduct of Consultant

- 13.1. **Staff Requirements.** AGENCY must comply with all Federal and State employment and labor laws. AGENCY will adhere to the following staff requirements for each AGENCY "agent", including employees, staff of subcontracting agencies, and volunteers. AGENCY will provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8.3 which include:
- 13.1.1. **Child Abuse and Neglect Reporting Act.** AGENCY will provide at its own expense Mandated Reporter training equivalent to that set forth in California Education Code section 44691(b) to all AGENCY agents at least annually within their first month working with OUSD students and comply with the Child Abuse and Neglect Reporting Act (CANRA) guidelines as Mandated Reporters to report suspicions of possible child abuse to the appropriate reporting agency as stated in California Penal Code § 11164 11174.
- 13.1.2. **Tuberculosis Screening.** AGENCY agents who work with students must submit to a tuberculosis risk assessment as required by EC 49406 within the prior 60 days. If tuberculosis risk factors are identified, AGENCY agents must submit to an intradermal or other approved tuberculosis examination to determine that he/she is free of infectious tuberculosis. If the results of the examination are positive, the AGENCY agent shall obtain an x-ray of the lungs. At his/her discretion, AGENCY agent may choose to submit to the examination instead of the risk assessment.
- 13.1.3. Fingerprinting of Agents. Current California Department of Justice (CDOJ) fingerprint clearance and FBI fingerprint clearance for each AGENCY agent working with students. AGENCY shall not permit its agents to come into contact with students until CDOJ and FBI clearance is ascertained, and AGENCY shall certify in writing to OUSD that none of its agents who may come into contact with pupils have been convicted of a violent or a serious felony. AGENCY shall further certify that it or its subcontracting agencies have received and reviewed fingerprint results for each of its agents, and Agency or its subcontracting agencies shall request and review subsequent arrest records for all agents who may come into contact with OUSD pupils in providing services to the District under this Agreement. (EC 8483.4)
- 13.1.4. **Minimum Qualifications.** AGENCY staff and agents who directly supervise students and are included in the 1:20 staff-to-student ratio (EC 8483.4)must meet the following minimum

qualifications for an instructional aide: a high school diploma or its equivalent and one of the following: (a) an AA degree; or completion of 48-semester units in college; or (b) successful completion of the Instructional Assistant exam, administered by the Alameda County Office of Education. In addition, AGENCY shall provide at its own expense, First Aid and CPR Training to sufficient AGENCY staff to ensure that no less than 2 AGENCY staff members with current First Aid and CPR Training are present on-site during the program each day. AGENCY must provide staff and agents adequate professional development, training, coaching, and preparation time to enable staff and agent performance to meet the goals of the ASES/21st Century after-school grant program and provide a safe and secure program.

- 13.2. **Removal of Staff.** In the event that OUSD, in its sole discretion, at any time during the term of this MOU, desires the removal of any AGENCY related persons, employee, representative or agent from OUSD school site and/or property, AGENCY shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons. In the event OUSD requests the removal of any AGENCY related persons, employees, representatives, or agents from the OUSD school site and/or property, the OUSD site administrator shall provide to the AGENCY written, supporting rationale for the decision. OUSD After School Program Office, after conferring with Legal and the Executive Officer supporting the site, shall decide, taking all the facts and circumstances into account, if AGENCY may reassign an employee or agent to another OUSD site. Prior to the removal or change of any AGENCY staff member who is a regular part of the after-school program, AGENCY shall inform the Site Administrator with as much notice as possible, and will work with the Site Administrator to ensure a smooth transition in staffing.
- 13.3. Conflict of Interest. AGENCY shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. OUSD shall be permitted to hire an officer or employee of AGENCY for OUSD services in connection with or unrelated to this Agreement and AGENCY shall be permitted to hire any officer or employee of OUSD to perform any service by this Agreement, provided that the agreement attached hereto as Exhibit G is fully executed prior to the performance of any services by the officer or employee. AGENCY affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between AGENCY's family, business or financial interest and the services provided under this MOU, and in the event of a change in either private interest or services under this MOU, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.
- 13.4. **Drug-Free / Smoke-Free Policy.** AGENCY understands that OUSD does not permit drugs, alcohol, and/or smoking at any time in any buildings and/or grounds on OUSD property. AGENCY agrees to adhere to this policy for its students, staff, visitors, employees, and or subcontractors.
- 13.5. **Non-Discrimination.** Consistent with the policy of OUSD and California and Federal laws, AGENCY shall not engage in unlawful discrimination of students on the basis of actual or perceived physical or mental disability, medical condition, sex, gender, gender identity, gender expression, nationality, race, or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the California Penal Code. Consistent with the policy of OUSD in connection with all work performed under Contracts, AGENCY shall not engage in unlawful discrimination in employment on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation. AGENCY agrees to comply with applicable Federal and California laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, Title IX and the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, AGENCY agrees to require like compliance by all its subcontractor(s).
- **13.6.** Bullying; Sexual Harassment. The District's Board of Education recognizes the harmful effects of bullying and sexual harassment on student learning, school attendance, and

participation in after-school programs. In order to have safe environments that protect students from physical and emotional harm, AGENCY shall establish student safety as a high priority and shall not tolerate sexual harassment or bullying of any student. AGENCY shall adopt a policy expressly against harassment, sexual harassment, intimidation, and bullying and ensure related training on prevention and response is accordingly provided for all AGENCY employees and agents. AGENCY employees shall undergo training around appropriate interactions with students in child development settings.

- 13.7. Restorative Justice (RJ) and Positive Behavioral Interventions and Supports (PBIS). As a part of the District's commitment to eliminate disproportionality in discipline affecting African American male students, the District has initiated Restorative Justice and PBIS programs at many school sites. AGENCY is encouraged to learn more about these programs at school sites and work with District Staff to implement programs in the after-school programs that support a positive school climate.
- 14. Indemnification. AGENCY shall indemnify, hold harmless and defend OUSD and each of its officers, officials, employees, volunteers, and agents from any loss, liability, audit fines, assessments, penalties, forfeitures, costs, and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by OUSD, AGENCY or any other person and from any claims, demands, and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of performance of this MOU. AGENCY's obligations under the preceding sentence shall apply jointly and severally regardless of whether OUSD or any of its officers, officials, employees, volunteers, or agents are actively or passively negligent, but shall not apply to any loss or liability, fines, penalties, forfeitures, costs or damages caused solely by the active negligence or by the willful misconduct of OUSD. If AGENCY should subcontract all or any portion of the work or activities to be performed under this MOU, AGENCY shall require each subcontractor to indemnify, hold harmless and defend OUSD, its officers, officials, employees, volunteers, or agents in accordance with the terms of the preceding paragraph.
- 15. **Insurance**. Throughout the life of the MOU, AGENCY shall pay for and maintain in full force and effect with an insurance company(s) admitted by the California Insurance Commissioner to do business in the State of California and rated not less than "A/VII" in Best Insurance Rating Guide, the following policies of insurance and shall require each subcontractor to do the same:
  - 15.1. **Commercial General Liability** insurance which shall include contractual, products and completed operations, corporal punishment and sexual misconduct and harassment coverage, and bodily injury and property damage liability insurance with combined single limits of not less than \$1,000,000 per occurrence / \$2,000,000 aggregate.
  - 15.2. An ACORD Sheet for Professional Liability or Corporal Punishment insurance: It should have minimum policy limits of \$1MM per occurrence and \$2MM aggregate;
  - 15.3. Either one of these two types of coverage are acceptable It should be on an ACORD Sheet:

    A) Improper Sexual Conduct & Physical Abuse Liability or B) Sexual Abuse & Molestation. It should have minimum policy limits of \$1MM per occurrence and \$2MM aggregate minimum
  - 15.4. **Worker's Compensation** insurance, as required by the California Labor Code, with not less than the statutory limits.
  - 15.5. **Property and Fire** insurance shall provide to protect: Real Property, against risk of direct loss, commonly known as Special Form and Fire Legal Liability, to protect against liability for portions of premises leased or rented; Business Personal Property, to protect on a Broad Form, named peril bases, for all furniture, equipment, and supplies of AGENCY. If any OUSD property is leased, rented, or borrowed, it shall also be ensured the same as real property.

The above policies of insurance shall be written on forms acceptable to the Risk Manager of OUSD and endorsed to name the OUSD, its officers, employees, volunteers or agents, as additional insured. Said

Additional Insured endorsement shall be provided to OUSD upon AGENCY's execution of this MOU and before work commences under this Master Contract. If at any time said policies of insurance lapse or become canceled, OUSD may immediately terminate this agreement. The acceptance by OUSD of the above-required insurance does not serve to limit the liability or responsibility of the insurer or AGENCY to OUSD. (Exhibit D). OUSD has the rights to update the insurance requirements and AGENCY must comply with the updated requirements. Failure to comply will result in the termination of contract.

16. **Legal Notices**. All legal notices provided for under this MOU shall be sent via email to the email address set forth below, or 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.

### **OUSD**

Name: General Counsel

Site/Dept: OUSD Legal Department

Address: 1011 Union Street, Site 946

City, ST Zip: Oakland, CA 94607

Phone: 510-879-5060

Email: OUSDLegal@ousd.org

### **AGENCY**

Name: Josefina Alvarado Mena
Title: Chief Executive Officer

Address: 1017 Clay Street

City, ST Zip: Oakland, CA 94607

Phone: 510-238-4914

Email: jalvarado@safepassages.org

Notice shall be effective when received if personally served or emailed or, if mailed, three days after mailing. Either PARTY must give written notice of a change of mailing address or email.

- 17. **Incorporation of Recitals and Exhibits.** The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
- 18. **Counterparts**. This MOU and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 19. **Program Books and Supplies**. Supplies can be purchased by OUSD and by the Lead Agency. A Lead Agency cannot exceed \$4,500 in supply purchases. Supplies to be used in both the school day and after-school program must be jointly funded, with a maximum of 50% applied to ASES/21st/ELOP/ASSETS. All supplies purchased with grant funding remain the property of OUSD and must remain at the site (see section 7.21).
- 20. Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion: The District certifies to the best of its knowledge and belief, that it and its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, verifies that this vendor does not appear on the Excluded Parties List. <a href="https://www.sam.gov/">https://www.sam.gov/</a>

# [REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

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

| OAKLAND UNIFIED SCHOOL DISTRICT   | AGENCY Signed by:   |
|---|---|
|   | Josefina Alvarado Men5/21/2025  |
| ☐ President, Board of Education ☐ Date ☐ State Administrator            | Agency Signature Date  Josefina Alvarado Mena, Chief Executive Officer  |
| ☐ Superintendent  | Print Name, Title   |
|   | Attachments:  • Exhibit A. School Site List and Annual Grant Amounts  |
| Secretary, Date<br>Board of Education                                   | • Exhibit B. Scope of Work Template and Budget Tool Template  |
| andria Bustamante 5/21/2025   | <ul> <li>Exhibit C. Procedure for Invoicing &amp; Attendance</li> <li>Exhibit D. Certificates of Insurance</li> <li>Exhibit E. Statement of Qualifications</li> </ul> |
| Executive Director Date Community Schools and Student Services Dept.    | <ul> <li>Exhibit F. Agency Letter</li> <li>Exhibit G. Agreement to Allow Distinct and<br/>Separate Employment by OUSD and AGENCY</li> </ul>                           |
| Son dra lguilera 5/21/2025 Chief Academic Officer Date                  |   |
| Continuous School Improvement   | Legislative File ID: <u>25-1228</u>   |
| MOU template approved by OUSD Office of the<br>General Counsel May 2025 |   |
|   |   |

# Exhibit A

# Schools Sites Supported Under this Agreement and Annual Grant Amounts After School Programs (Not Summer School)

# After-School Sites:

| School Site Name:             | Projected After-School<br>Enrollment Numbers: | Projected Total Annual Grant: |
|-------------------------------|---|-------------------------------|
| Chabot Elementary             | 266   | \$750,000.00                  |
| Coliseum College Prep Academy | 248   | \$932,982.84                  |
| E. Oakland Pride Elementary   | 83  | \$452,612.13                  |
| Emerson Elementary            | 83  | \$452,612.13                  |
| Fruitvale Elementary          | 83  | \$452,612.13                  |
| Glenview Elementary           | 83  | \$552,612.13                  |
| Laurel Elementary             | 83  | \$602,612.13                  |
| Madison Park Academy Primary  | 83  | \$452,612.13                  |
| Manzanita SEED Elementary     | 83  | \$552,612.13                  |
| McClymonds High               | 99  | \$208,240.00                  |
| MetWest High                  | 138   | \$279,500.00                  |
| Oakland International High    | 138   | \$279,500.00                  |
| United for Success Academy    | 147   | \$620,102.84                  |
|                               | Total:  | \$6,588,610.59                |

## Exhibit B

# Blank Template of PPT and Budget Tool

# **INSERT HERE**



# 25-26 OUSD Expanded Learning Programs - Program Planning Tool (PPT)

## 2025-2026 ELEMENTARY/MIDDLE & HIGH

| ion | Planning Tool Table of Co | Purpose   | Suggested Lead   |
|-----|---------------------------|---|------------------|
|     |                           |   | (Principal, Site |
|     |                           |   | Coordinator,     |
|     |                           |   | Agency Director  |
|     | School Site               | Outlines vital programmatic info, including services, | Agency Director  |
|     | Information               | funding sources, and critical stakeholders.           |                  |
|     | Program - Dates/Min       | Identify program closure days for PD and clarify the  | Agency Director  |
|     | Days                      | minimum days for the school year.                     |                  |
|     | Program - Operations      | Outlines the attendance and enrollment goals for      | Agency Director  |
|     | (attendance/staffing)     | the program.  |                  |
|     | Program Operations        | Description of program schedule and program           | Site Coordinator |
|     | (Offering and             | offerings, including any subcontractors or            | Site Principal   |
|     | Schedule, Sub-            | community-based programs the after-school             |                  |
|     | Contractors)              | program will host.                                    |                  |
|     | Program Model and         | Identifies program model and offerings, including     | Site Coordinator |
|     | Enrollment Process        | intersession. It also includes an enrollment process  | Site Principal   |
|     |                           | and timeline.   |                  |
|     | Inclusion                 | Describes State/Federal/OUSD's requirements for       | Site Coordinator |
|     |                           | supporting all students.                              | Site Principal   |
|     | <b>Program Components</b> | Includes CDE-required program components and          | Agency Director  |
|     |                           | how the program will meet these (educational and      | Site Principal   |
|     |                           | literacy component, educational enrichment,           | Agency Director  |
|     | *Educational/Literacy     | physical activity, social-emotional learning, family  | Site Principal   |
|     | *Social Emotional         | engagement, and universal design).                    | Agency Director  |
|     |                           |   | Site Principal   |
|     | *Enrichment               |   | Agency Director  |
|     |                           |   | Site Principal   |
|     | *Physical Activity        |   | Agency Director  |
|     |                           |   | Site Principal   |
|     | *Family Engagement        |   | Agency Director  |
|     |                           |   | Site Principal   |
|     | Continuous Quality        |   |                  |
|     | Improvement               |   |                  |
|     | Facilities                | Outlines which parts of the campus the Expanded       | Agency Director  |
|     |                           | Learning program will utilize, including UED          | Site Coordinator |
|     |                           | programming.  |                  |
|     | Campus Safety &           | Includes safety agreements between the Lead           | Agency Director  |
|     | Access                    | Agency and the School Site, including a link to the   | Site Principal   |
|     |                           | safety plan   |                  |

### SECTION 1: SCHOOL SITE AND AFTER-SCHOOL PROGRAM INFORMATION

| School Site Information                         |  |                           |                          |                                    |                    |             |
|---|--|---------------------------|--------------------------|------------------------------------|--------------------|-------------|
| School Site Name:                               |  |                           | Tk Only Site             |                                    |                    |             |
|   |  | 0                         | Elementary (TK-5)        |                                    |                    |             |
|   |  | 0                         | Elementary/Middle (Th    | (-8)                               |                    |             |
|   |  | 0                         | Middle (6-8)             |                                    |                    |             |
|   | School Type:                                 | 0                         | High School (9-12)       |                                    |                    |             |
| Expanded Learning Lead Agency:                  |  | 0                         | Alternative High Schoo   |                                    |                    |             |
|   |  | 0                         | Continuation High Scho   |                                    |                    |             |
|   |  | 0                         | Comprehensive High S     |                                    |                    |             |
|   |  | e wh                      | ich funding source(s) is | allo                               | cated to your      |             |
|   | site:  |                           |                          |                                    |                    |             |
|   |  | 0                         | ASES                     |                                    |                    |             |
|   |  | 0                         | 21st CCLC                |                                    |                    |             |
| After-School Funding Source:                    |  | 0                         | ASSETS                   |                                    | humitus Dun nun un |             |
| Arter-scribbi Furiding Source.                  |  | 0                         | (ELO-P)                  | inded Learning Opportunity Program |                    |             |
|   |  | 0 Oakland Fund for Childr |                          | ron                                | and Vouth (OEC     | ۱۷ <i>٬</i> |
|   |  | 0                         | Program Fees             | ileii                              | and foutil (OFC    | ,1)         |
|   | * Complete nr                                | _                         | m budget is located in t | he s                               | site's             |             |
|   |  | Quip program folder       |                          |                                    |                    |             |
| Program Model                                   | Before                                       | 0                         | After-School             | 0                                  | Intersession       | 0           |
|   | School                                       |                           |                          |                                    |                    |             |
| CDS Code: (This is a 14-digit code, search h    | ere)   | -                         |                          |                                    |                    | •           |
|   |  |                           |                          |                                    |                    |             |
| Principal Name:                                 | Principal Signa                              | iture                     | and date:                |                                    |                    |             |
|   |  |                           |                          |                                    |                    |             |
| Lead  |  |                           |                          |                                    |                    |             |
| Agency Signatory                                | Lead Agency S                                | igna                      | ture and date:           |                                    |                    |             |
| Name:   |  |                           |                          |                                    |                    |             |
| Executive Director. Andrea Bustamante           |  |                           |                          |                                    |                    |             |
| Executive Director, Andrea Bustamante Community | Evacutiva Dira                               | ctor                      | CSSS Signature and       |                                    |                    |             |
| Schools & Student                               | Executive Director, CSSS Signature and date: |                           |                          |                                    |                    |             |
| Services:                                       | dutc.  |                           |                          |                                    |                    |             |
|   |  |                           |                          |                                    |                    |             |

### **SECTION 2: PROGRAM OPERATIONS**

### PROGRAM DATES, MINIMUM DAYS & SCHEDULE

To be compliant with California Department of Education (CDE) grant requirements, the after-school program must commence immediately upon the conclusion of the regular day, operate a minimum of 15 hours/week, and be open until at least 6:00 pm on every school day for elementary and middle schools (EC 8483). Programs are required to operate all 180 days of the school year. Programs must begin to operate on the first day of school and run until the last day of school.

| Program Operations for the 2025-2026 school year. | First Day: August 11, 2025 | <b>Last Day</b> : May 28, 2026. |
|---|----------------------------|---------------------------------|
| 2025 UPDATED ED CODE:                             |                            |                                 |

| Per CDE Education Code Section 8483.7(c) allows programs to close for a <u>maximum of 3 days during a calendar</u> <u>year (not a school year)</u> for staff development. Families and school site personnel must be notified of these program closure dates in advance, and the lead agency must maintain and upload documentation of professional development activities offered on these dates, including training agendas and staff sign-in sheets.  This should be uploaded no later than 5 business days after the closure day. |  |                                   |                |                |                 |  |                         |
|---|--|-----------------------------------|----------------|----------------|-----------------|--|-------------------------|
| Identify the three  | days (if any) you  | r program plans                   | to close this  | year           | for PD. The     | program must be open al                    | l                       |
| <b>Identify the three days</b> (if any) your program plans to close this year for PD. The program must be open all other days of the school year. (Updates for any date changes are due September 2025).  |  |                                   |                |                |                 |  |                         |
| 1st:  |  | 2nd:                              |                |                | 3rd:            |  |                         |
|   |  |                                   |                |                |                 |  |                         |
|   |  |                                   |                |                |                 |  |                         |
| ATTENDANCE, STA   | FFING. OUTREA  | CH. AND RECRUI                    | TMENT          |                |                 |  |                         |
| All programs serving programs are required year. Accordingly, is strategies to eliming *Sites utilizing ELO-Learning Opportung grade (TK/K-6) class Section 46120(a)(1) *ELO-Program musika   | All programs serving students TK through 6th grade must be accessible to all students who need it. All programs are required to meet their ASES and/or 21CCLC ADA or risk grant reductions in the following school year. Accordingly, it is important for site teams to work collaboratively with the lead agency to identify outreach strategies to eliminate waitlists.  *Sites utilizing ELO-Program funds must OFFER comprehensive after-school and intersessional Expanded Learning Opportunities to ALL unduplicated pupils in Transitional Kindergarten/Kindergarten through sixth grade (TK/K–6) classroom-based instructional programs starting in 2025–26. California Education Code (EC) Section 46120(a)(1).  *ELO-Program must prioritize enrollment for all unduplicated pupils. |                                   |                |                |                 |  | treach<br>I<br>ch<br>C) |
| fees.   | ster, unnousea, i  | ELL and/or quain                  | ry for free ar | na re          | eaucea-price    | e meals cannot be charge                   | a                       |
| Enrollment Estima   | tion:  |                                   |                |                | Average Da      | ily Attendance:                            |                         |
| 25 - 26 (for the site   |  | dina) (ASES 21CC                  | CLC and        |                | _               | rget (ASES, 21CCLC,                        |                         |
| ELOP)   |  | 9, ( 15 = 5, = = 5                | ,              |                | ASSETs)         | .8 (,,                                     |                         |
| Staffing Estimation   | ıc.  |                                   |                |                | ,               |  |                         |
| _   |  | ha 2025-26 scho                   | ol vear to id  | امرا           | fy staffing re  | equirements. All staff shou                | ld he                   |
| reflected in the Qu   | -  | Allowable Ex                      | -              |                |                 | equirements. All stair shou                | ia be                   |
| Grade Levels Serve  |  |                                   |                |                |                 | ant Data)                                  |                         |
|   |  | ,                                 |                |                | , i             | ,  |                         |
| Grade Level   | TK/K<br>10:1<br>Student/Staf<br>f Ratio  | 1st - 5th Grade<br>20:1 Student/S |                | <b>Gra</b> 20: | 1<br>dent/Staff | 9th-12th Grade<br>20:1 Student/Staff Ratio |                         |
| Enrollment<br>Estimation  |  |                                   |                |                |                 |  |                         |
| Staffing Targets  |  |                                   |                |                |                 |  |                         |
| Based on the  |  |                                   |                |                |                 |  |                         |
| projected   |  |                                   |                |                |                 |  |                         |
| enrollment  |  |                                   |                |                |                 |  |                         |
| numbers   |  |                                   |                |                |                 |  |                         |
| Teachers on ET  |  |                                   |                |                |                 |  |                         |
| (not UED/QSC)   |  |                                   |                |                |                 |  |                         |
| or  |  |                                   |                |                |                 |  |                         |
| OUSD STAFF OT   |  |                                   |                |                |                 |  |                         |
|   | NG SAMPLE SOL  | JEDIJIE AND GO                    |                | DACE           | D DARTHE        | RS (SUB-CONTRACTORS)                       |                         |
| 0   |  |                                   |                |                |                 | ed into the deliverables fo                | ldor                    |
|   |  | ocueume Has D                     | een contible   |                |                 | a mile menyelables 10                      | iuci.                   |

| 0                   | Insert Link Here: {Ensure it is uploaded in your deliverable folder} |                        |                                 |  |  |
|---------------------|--|------------------------|---------------------------------|--|--|
|                     | The program schedule should include:                                 |                        |                                 |  |  |
|                     | a. Before car  | re                     |                                 |  |  |
|                     | b. Class/Acti  | vity title, i.e., A    | frican Dance, Yoga - be speci   | fic                                      |  |
|                     | c. Day and ti  | me program is          | being offered                   |  |  |
|                     | Use the attach   | <u>ied template</u> to | o describe program compone      | nts, then link them to this              |  |
|                     | document. Use  | e the drop-box         | option (a) CDEacademic, en      | richment, physical activity to           |  |
|                     | indicate the co  | mponent your           | offering fits under.            |  |  |
|                     | *In the fall, site   | es are required        | to resubmit updated progran     | n schedules. <b>This schedule should</b> |  |
|                     | be clearly alig  | ned with the su        | ipports identified in section 4 | l.                                       |  |
| Please list any com | munity-based or  | ganizations/su         | b-contractors the site will par | tner with in the 2025-26 school          |  |
| year.               |  |                        |                                 |  |  |
| All Subcontractors  | should also be i   | n the site's Qui       | ip Budget <u>Allowable Ex</u> p | enses Crosswalk                          |  |
| Organization Name   | e:   | Estimated              | Who will manage the             | Who is paying the                        |  |
| Example: Jane's Co  | oking  | Contract               | services:                       | subcontractor? (Lead                     |  |
|                     | Ar   |                        | School Site - Lead Agency       | Agency/School/ExLO)                      |  |
|                     |  |                        |                                 |  |  |
|                     |  |                        |                                 |  |  |
|                     |  |                        |                                 |  |  |
|                     |  |                        |                                 |  |  |
|                     |  |                        |                                 |  |  |

### **SECTION 3: ENROLLMENT**

| ENROLLMENT PROCESS TO SERVE ALL STUDENTS   |   |  |  |  |
|--|---|--|--|--|
| ENROLLMENT PROCESS & TIMELINE  |   |  |  |  |
|  |   |  |  |  |
| Please use this template as an example.  |   |  |  |  |
|  |   |  |  |  |
| Upload Instructions:   |   |  |  |  |
| Please upload to your Program Plan Deliverables Folder. Please name your file in this format: SchoolName_EnrollmentTimeline. |   |  |  |  |
| Please check the box below after completing the above instructions   |   |  |  |  |
| . Touse street, the son select differently the di  | The enrollment timeline has been uploaded to Google |  |  |  |
|  | Drive Deliverables Program Plan folder.             |  |  |  |
| Insert Link to Enrollment Timeline:  |   |  |  |  |

## **SECTION 4: INCLUSION**

### INCLUSION - SUPPORTING ALL OUSD STUDENTS

\*Please check all the boxes to demonstrate awareness and implementation of mandatory expectations.

### Who can receive the Golden Ticket?

Per federal statute, California Education Code, and Oakland Unified School District policy, any students identified by the OUSD Transitional Student and Family Unit can receive a *Golden Ticket*. Golden ticket students

get priority access into the after-school program. If a student/family indicates they have a Golden Ticket, the correct response is to enroll and admit them immediately. If you have any concerns regarding their status, reach out to your Expanded Learning Program Manager. Transitional students are by definition:

- Any OUSD student who is a homeless youth, as defined by the federal \*McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 1143a), who is in foster care, or is designated as an unaccompanied minor.
- Any OUSD student who identifies as a newcomer, refugee or as an asylee.\*Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11431 et seq.)
- Establishes the definition of homeless used by schools
- Ensures that children and youth experiencing homelessness have immediate and equal access to public education
- Provides for educational access, stability, and support to promote school success
- Needed to address the unique barriers faced by many homeless students
- OUSD's ExLO will also distribute Golden Tickets to students under special cirucmstances (Example: Emergency Transfers)
- 0 The expanded learning lead agency is aware of and will implement the OUSD Golden Ticket Policy.

Reasonable Accommodations Handout.

**Expanded Learning Inclusion Policy** 

Oakland School Board passed Resolution No. 2021-0159 in June 2021: Ensuring Access to Social-Emotional and Academic Supports for Students with Disabilities.

#### **SECTION 5: PROGRAM COMPONENTS**

### PROGRAM COMPONENTS (The descriptions below should reflect the site's specific needs)

<u>CDE</u> requires that programs must provide a safe environment and include an **educational component** that provides tutoring and/or homework assistance; and an **educational enrichment** component, which may include, but is not limited to STEAM, recreation, prevention, and other Social Emotional Learning (SEL) activities (EC Section 8482.6); and provide opportunities for **physical activity.** (EC Section 8483.3[c][7]) <u>The description</u> below should reflect site-specific needs.

### 1) EDUCATIONAL COMPONENT

OUSD requires that part of your Educational Component focuses on Literacy and includes academic support in the core subject (language arts, math, history/social science, etc). Make sure to include how district literacy practices will be integrated.

- (i) Describe how the expanded learning program will provide the educational & literacy component.
- (ii) How are students building academic skills?
- (iii) How does the program align/supplement the school day priorities and curriculum?

Respond Below:

2) How is social-emotional academic development being integrated? (Include specific strategies for creating a <u>safe & supportive environment through encouragement and actively engaged learning</u>.) (i.e., collaborative skills, self-management, responsible decision-making, etc.)

Respond Below:

3) Enrichment Component that offers students engaging activities in various areas (fine arts, career technical

### education, presentation, etc.)

How does the expanded learning program choose which educational enrichment activities are offered? (*Include specific strategies designed to foster <u>skill-building youth voice and leadership, and diversity, access and equity.</u>)
Respond Below:* 

**4) Physical Activity** is an activity other than recess that is structured and supervised with a warm-up, structured physical activities, and a cool down. (This should happen for all students in the program.)

CDE expects **Elementary** programs to offer 30-60 minutes of developmentally appropriate, **daily physical activity** (to help meet CDE recommendation of 30-60 daily minutes of moderate to vigorous physical activity for youth). **This is not 'free play' or recess.** (We understand Middle and High will vary based on sports programs and scheduling. Programs should provide a physical component to non athletes.)

Please explain how the expanded learning program will address physical activity in your program, including type, frequency, and target population. All students should have the opportunity for physical activity).

- · Plan and evaluate (review fitness test results, track minutes, etc.)
- · Include a variety of activities throughout the year

Describe how the expanded learning program will provide <u>structured physical activity</u> for all participants. (Include specific strategies to promote healthy choices and behaviors.)

Respond Below:

**5) Family Engagement** that may include literacy activities and other educational services that engage adult family members of students.

Describe how the expanded learning program provides opportunities to promote literacy and/or other educational services to adult family members of students?

Respond Below:

#### **SECTION 6: CONTINUOUS QUALITY IMPROVEMENT**

### SECTION 6: CONTINUOUS QUALITY IMPROVEMENT (Alignment with CDE)

This cycle of improvement revolves around twelve critical standards—the <u>Quality Standards for Expanded</u> <u>Learning in California</u>—which were developed in partnership between the California Department of Education's (CDE) After School Division and the California Afterschool Network (CAN) Quality Committee.

### POINTS OF SERVICE Quality Standards & PROGRAMMATIC Quality Standards

### **Resources:**

**Definitions: CDE Quality Standards** 

<u>Unpacked: CDE Quality Standards & CQI Spectrum</u>

Unpacked: CDE Quality Standards & CQI Spectrum

California Department of Education Quality Standards have been entered into the Google Form.

Identify a Point of Service Standard you want to work on next year based on your data from Public Profit and set a goal for your program.

| Evaluation Data Point:             |  |
|------------------------------------|--|
| Point of Service Quality Standard: |  |
| Goal:                              |  |

### **SECTION 7: FACILITIES**

| SECTION 8: Facilities  |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| (a)                    | learning program will u  | Plan with the school site administrator which rooms and outside spaces the expanded learning program will use Monday - Friday from the start of the program to 6 pm. Make sure to include bathrooms and snack areas. |  |  |  |
| (b)                    | requests no later than I   | Lead Agency Director, will go into the Facilitron website to complete facilities usage requests no later than May 16, 2025. Visit the Facilitron website at: www.facilitron.com/dashboard/login                      |  |  |  |
|                        | *NOTE: If using the school kitchen during the program, there needs to be an <b>additional approved Facilitron request</b> . A Nutritional Services (NS) staff member must supervise the proper use of the kitchen equipment and clean up afterward. Program using the kitchen will need to pay for the NS staff member's time during the kitchen use, similar to custodian services. The staff's hourly rate will determine the rate of pay. |  |  |  |  |
| 0                      | Lead Agency has reserved all facilities Date Entered into Facilitron in Facilitron.  |  |  |  |  |
| Indoors (specify # of  | rooms)   |  | Common spaces (specify space names)        |  |  |
| i.e. 10 classrroms / 1 | . 10 classrroms / 160 students i.e. Cafeteria, library, gym, large play yard   |  |  |  |  |
| # of classrooms        | # of Students  | Hours to<br>be used  | Which common spaces will your program use? |  |  |
|                        |  |  |  |  |  |

### **SECTION 8: CAMPUS SAFETY AND ACCESS**

| Section 8: Campus Safety and Access   |   |
|---|---|
| Please collaborate with the school's administration team to come up   |   |
| with agreements around campus safety and facility entrances. Add a link   |   |
| to the OUSD protocol.  OUSD School Administrator Guidance to Police-Free Response Protocol                                  |   |
| Which entrances and exits will be open during the transition to   |   |
| afterschool?  | - |
| Once the transition has occurred, how can teachers or parents access the campus to leave or pick up students?               |   |
|   |   |
| In case of a lockdown or a secure school, does the site coordinator have access to keys they need to safely carry this out? |   |
| What other adults on campus after school who should calibrate with afterschool for safety?                                  |   |
| arterscribblion safety?   |   |
| Stay Away Orders  |   |
| The site principal will ensure communication between school day and   |   |

| after school regardi  | ng stay away orders. What is the process for the  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| principal to inform the expanded learning site coordinator when a stay away order is implemented? |   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| Add a link to your 2  | 025-2026 safety plan.   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
|   | that will occur to ensure after-school program safety and alignment with school day ergency preparedness and emergency response:  |  |  |  |  |  |  |  |  |  |
| 0   |   |  |  |  |  |  |  |  |  |  |
|   | The Site Administrator and ExLO Site Coordinator will meet at beginning of the school year to update the Expanded Learning Safety Plan collaboratively.   |  |  |  |  |  |  |  |  |  |
| 0   | The school site will share the Comprehensive School Site Safety Plan with the site coordinator.   |  |  |  |  |  |  |  |  |  |
| 0   | School day and expanded learning programs will coordinate emergency drill schedules & procedures (ie. earthquake, fire, and lockdown drills).   |  |  |  |  |  |  |  |  |  |
| 0   | Expanded learning staff will participate in site-level faculty safety trainings.  |  |  |  |  |  |  |  |  |  |
| 0   | School will provide expanded learning staff with access to disaster supplies and other resources in case there is an emergency after school.  |  |  |  |  |  |  |  |  |  |
| 0   | Site Administrator and ExLO Site Coordinator will meet regularly to review expanded learning incidences and update safety plans as needed.  |  |  |  |  |  |  |  |  |  |
| 0   | The completed Expanded Learning 2026-2027 Safety Plan will be submitted to the Expanded Learning Programs Office by 10/1/25.  |  |  |  |  |  |  |  |  |  |
| lockdown procedure  | and resources the school will provide to after school staff on safety procedures, including es and communication protocols for crisis response. How will you ensure staff is trained for are the onsite communication protocols and expectations?                                     |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| 0   | The principal and site coordinator have reviewed the OUSD Expanded Learning  Emergency/Crisis 1st Level Response Notification Protocol and understand expectations regarding communication and incident reporting when an issue involving after-school safety                         |  |  |  |  |  |  |  |  |  |
| 0   | Expanded learning coordinator will have access to facility keys to ensure safety for after-school programs. Should a lockdown or a secure school is needed. The expanded learning Program will have access to facility keys for all areas where expanded learning programming occurs? |  |  |  |  |  |  |  |  |  |
| Culture Keeper 0  | The school site will utilize expanded learning and/or school day funds to pay Extra-  |  |  |  |  |  |  |  |  |  |
| •   | time/Over-time (ET/OT) for an ExLO Culture Keeper.  |  |  |  |  |  |  |  |  |  |
| 0   | The school site does not need a Culture Keeper,   |  |  |  |  |  |  |  |  |  |

| 2025-2026 AFTER SCHOOL BUDGET PLANNING SPREADSHEET |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|--|---|---|------------------------|---|--------------------------|-------------------------|---|------------------------|---------------------|------------------------------------|-------------------------------|-------------------------------|
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
| Site Name:   |   |   | ASES                   |   | 21CCLC Core              | 21CCLC Equitable Access |   | ELO-P                  | OFCY Match<br>Funds | Program<br>Fees (if<br>applicable) | Other<br>School Site<br>Funds | Other Lead<br>Agency<br>Funds |
| Site #:  |   | % | Resource 6010, Program | % | Resource 4124, Program % | Resource 4124, Program  | % | Resource 2600, Program |                     | аррисавіе)                         | Fullus                        | rulius                        |
| Average # c (ADA):                                 | f students to be served daily 0.00  |   | OUSD Lead              |   | OUSD Lead Agency         | OUSD Lead Agency        |   | OUSD Lead Agency       | Lead Agency         | Lead Agency                        | OUSD I                        | Lead Agency                   |
|  | TOTAL GRANT AWARD   |   | Agency<br>0.00         |   | 0.00                     | 0.00                    |   | 0.00                   |                     |                                    |                               |                               |
|  | 01/50   1:   /5 00%)  |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  | OUSD Indirect (5.00%) OUSD ASPO admin, evaluation, and                    |   | 0.00<br>0.00           |   | 0.00<br>0.00             | 0.00<br>0.00            |   | 0.00<br>0.00           |                     |                                    |                               |                               |
|  | Custodial Staffing and Supplies at 3.5%                                   |   | 0.00                   |   | 0.00                     | 0.00                    |   | 0.00                   |                     |                                    |                               |                               |
|  | TOTAL SITE ALLOCATION   |   | 0.00                   |   | 0.00                     | 0.00                    |   | 0.00                   |                     |                                    |                               |                               |
| 1120   | Quality Support Coach/Academic  |   | 3050                   |   | 0                        | 0                       |   | 0                      |                     |                                    | 0                             |                               |
|  | Certificated Teacher Extended   |   | 3050<br>0              |   | 0                        | 0                       |   | 0                      |                     |                                    | 0                             |                               |
| 1120   | Certificated Teacher Extended   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
| 1120   | Certificated Teacher Extended   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  | Total certificated  |   | 3050 0                 |   | 0 0                      | 0 0                     |   | 0 0                    | 0                   | 0                                  | 0<br><b>0</b>                 | 0                             |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  | Site Coordinator (list here, if district Culture Keeper (optional)        |   | 0<br>0                 |   | 0                        | 0                       |   |                        |                     |                                    | 0                             | 0                             |
| 2223   | culture Reeper (optional)   |   | Ü                      |   |                          | Ü                       |   |                        |                     |                                    | O                             |                               |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  | Total classified  |   | 0 0                    |   | 0 0                      | 0 0                     |   | 0 0                    | 0                   | 0                                  | 0                             | 0                             |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
| 3000's<br>3000's                                   | Employee Benefits for Certificated Employee Benefits for Classified Staff |   | 747.25<br>0            |   | 0                        | 0                       |   | 0                      |                     |                                    |                               |                               |
|  | Employee Benefits for Salaried  |   | 0                      |   | 0                        | 0                       |   | 0                      |                     |                                    |                               |                               |
|  | Total benefits  |   | 747.25 0               |   | 0 0                      | 0 0                     |   | 0 0                    | 0                   | 0                                  | 0                             | 0                             |
| 4310   | Supplies  |   | 0                      |   |                          |                         |   |                        |                     |                                    | 0                             | 0                             |
| 4310   | Curriculum  |   | 0                      |   |                          |                         |   |                        |                     |                                    | 0                             | 0                             |
|  | Field Trips   |   | 0 0                    |   |                          |                         |   |                        |                     |                                    | 0                             | 0                             |
| 4420   | Equipment (including computers -  |   | 0                      |   |                          |                         |   |                        |                     |                                    | 0                             | 0                             |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  |   |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  | Bus tickets for students  |   |                        |   |                          |                         |   |                        |                     |                                    |                               |                               |
|  | Total books and supplies  |   | 0 0                    |   | 0 0                      | 0 0                     |   | 0 0                    | 0                   | 0                                  | 0                             | 0                             |

| 5825<br>5825<br>5825<br>5825<br>5825<br>5825<br>5825<br>5825 | Site Coordinator (list here if CBO staff) Academic Instructors (List each staff Enrichment Facilitators (List each staff Subcontractors (please list each specific STEM instructors _ (number of hours x College/career readiness facilitator Other Staff _ (number of hours x Family Liaison (recommended for 21st Mental Health consultant (optional) Staff time to participate in Professional TK Instructor |              | 0                    | 0                      |              |                  |              |                      |              |              |              |              |      |              |
|--|---|--------------|----------------------|------------------------|--------------|------------------|--------------|----------------------|--------------|--------------|--------------|--------------|------|--------------|
|  | Total services  |              | 0                    | 0                      | 0            | 0                | 0            | 0                    | 0            | 0            | 0            | 0            | 0    | 0            |
|  | Total value of in-kind direct services  |              |                      |                        |              |                  |              |                      |              |              |              |              | 0    | 0            |
|  | Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  |              |                      | 0.00                   |              | 0.00             |              | 0.00                 |              | 0.00         |              |              |      | 0.00         |
|  | Subtotals DIRECT SERVICE<br>Subtotals Admin/Indirect  | ####<br>#### | 3,797.25<br>0.00     | 0.00 ####<br>0.00 #### | 0.00<br>0.00 | 0.00 ###         | 0.00<br>0.00 | 0.00 ###<br>0.00 ### | 0.00<br>0.00 | 0.00<br>0.00 | 0.00         | 0.00         | 0.00 | 0.00<br>0.00 |
|  | Total budgeted per column Total BUDGETED  | 0            | 3,797.25<br>3,797.25 | 0.00                   | 0.00<br>0.00 | 0.00<br><b>0</b> | 0.00<br>0.00 | 0.00                 | 0.00<br>0.00 | 0.00         | 0.00<br>0.00 | 0.00<br>0.00 | 0.00 | 0.00<br>0.00 |
|  | BALANCE remaining to allocate   | U            | -3,797.25            | U                      | 0.00         | J                | 0.00         |                      | 0.00         |              | 0.00         | 0.00         | 0.00 | 0.00         |
|  | TOTAL GRANT AWARD/ALLOCATION  |              | 0.00                 |                        | 0.00         |                  | 0.00         |                      | 0.00         |              |              |              |      |              |
|  | es a 3:1 match for every grant award<br>n amount required for this grant:   |              | 0.00                 |                        |              |                  |              |                      |              |              |              |              |      |              |

| Fa | cilities count toward 25% of this match requirement: | 0.00 |  |
|----|--|------|--|
| Re | emaining match amount required:                      | 0.00 |  |
| M  | atch should be met by combined OFCY funds,           | 0.00 |  |
| To | otal Match amount left to meet:                      | 0.00 |  |

#### Required Signatures for Budget Approval:

Principal: Date: Lead Date:



# PROCEDURE FOR INVOICING & ATTENDANCE Oakland Unified School District Comprehensive After School Programs

The following procedures are required in submitting invoices that utilize ELO-P, 21<sup>st</sup> Century and/or ASES funding:

All ELO-P, 21<sup>st</sup> Century and/or ASES attendances and invoices <u>must be submitted via the OUSD/Expanded Learning Salesforce Community.</u>

- ♦ All attendance must be entered into Aeries Student Information System, and all copies of sign-in/signout sheets must be uploaded into the site's deliverable Google folder by the 10th of every month. Attendance sign-in must comply with OUSD and CDE's protocols.
- ♦ A detailed breakdown of charges must be provided, including the number of hours worked and the hourly rate. All subcontractors' payments and purchases under \$500/per item must be reflected in the corresponding invoice. Receipts for purchases made with expanded learning funds must be attached to the invoice to support any expenses reflected on the invoice. Bus itinerary and reservation documentation must be attached for all field trip expenditures Failure to fully complete an invoice according to these specifications may result in a delay of payment.
- ♦ All invoices should <u>cover only one calendar month</u>, i.e. the 1<sup>st</sup> through the 30<sup>th</sup> or 31<sup>st, and should be entered by the 10th of every month.</sup>
- ♦ <u>Contractor, Agency, Site Coordinator, and Principal signatures</u> will be collected through the Salesforce Community Database and DocuSign. All of these signatures must be signed by the intended individual.
- ♦ Invoices should be accompanied by one Invoicing and Staff Qualifications form per school site.

If there are any questions regarding the invoicing process, please contact the expanded learning program manager. .



# PROCEDURES for PAID INSERVICE/EXTENDED CONTRACTS and TIME SHEETS OUSD CERTIFICATED TEACHERS

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

### Paying OUSD Certificated Employees (Teachers)

- ♦ Extended Contract teachers should submit a "Request for Extended Contract" form to After School Programs Office IN ADVANCE to approve all projected work to be completed, using appropriate Budget Org Key (Object Code usually -1120 or -1122)
- ♦ Have Employee sign Extended Contract & ALL Time Sheets
- ♦ Have Principal approve and sign Extended Contract & ALL Time Sheets
- ♦ Please be sure to submit ORIGINALS of all documents
- ♦ Please use only ONE SIDED Time Sheets
- ♦ Deliver to OUSD After School Programs Office All ELO-P, 21<sup>st</sup> Century and/or ASES Extended Contracts and Time Sheets <u>must be submitted via email to the OUSD After School Programs Office</u> in order to be processed and paid.
- ♦ Union Contract rate for teachers on extended contracts is \$47.50/hr.
- ♦ Once the Extended Contract has been submitted and approved, only timesheets are required to be submitted for subsequent payments.
- ♦ Timesheets should be submitted to the After School Programs Office no later than the last working day of any month for payment at the end of the following month.

If there are any questions regarding these documents or procedures, please contact the Expaded Learning Office at expandedlearning@ousd.org.



# PROCEDURES for EXTENDED TIME and/or OVERTIME FORMS (ET/OT) for OUSD CLASSIFIED EMPLOYEES

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

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

- ♦ Complete Informed K-12 OUSD ET/OT Form
- ♦ All Custodial ET/OT forms must be submitted to Custodial Services at 900 High Street.
- ♦ All Culture KeeperET/OT forms must be submitted electronically to Culture Keeper Coordinator
- ♦ Any other ET/OT forms for 21<sup>st</sup> Century and ASES classified staff must be routed to school Principal, who should then route to After School Program Office. ET/OT forms must be delivered to the After School Programs Office no later than each classified payday for payment on the following payday.
- ♦ Rate varies depending on the employee's hourly rate

If there are any questions regarding these documents and procedures, please contact our office at (510) 879-2888.

### Exhibit D

## Certificates of Insurance and Additional Insured Endorsement

# **INSERT HERE**



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MW/DD/YYYY) 08/13/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 sights to the certificate does not confer sights and confer sight to the certificate does not confer sights to the certificate does not confer sights and confer sights and confer sights a

| lf<br>tř  | SUBROGATION IS WAIVED, subject t<br>is certificate does not confer rights to | o the    | term:<br>certifi | s and conditions of the po<br>icate holder in lieu of such | licy, cer<br>h endors                 | tain policies<br>sement(s). | may require      | an endorsement. A state   | ement   | оп          |
|---|--|----------|------------------|--|---------------------------------------|-----------------------------|------------------|---|---------|-------------|
| PRO   | DUCER  |          |                  |  | CONTAC<br>NAME:                       | T Denise St                 | evens            | ·   |         |             |
| CC  | S Insurance Group Inc  |          |                  |  | PHONE                                 | Ext. (559) 3                | 20-2247          | FAX<br>(A/C, No):   | (559) : | 320-0299    |
| 252   | 0 W Shaw Lane Suite 104  |          |                  |  | PHONE<br>IA/C, No<br>E-MAIL<br>ADDRES | e. dstevens                 | @ccisinsuranc    |   |         | <del></del> |
|   |  |          |                  |  | ADDRES                                | -                           |                  | RDING COVERAGE  |         |             |
| Fre   | sno  |          |                  | CA 93711   | (3)01105                              | Chala Ca                    | mpensation In    |   |         | 35076       |
| INSU  | RED  |          |                  |  | INSURE                                | <u></u>                     |                  |   |         | 33070       |
|   | Safe Passages Inc, DBA: Safe   | Passa    | nae              |  | INSURE                                |                             |                  | <del></del>   |         |             |
|   | 1017 Clay St   |          | .5-              |  | INSURER C:                            |                             |                  |   |         |             |
|   | , o, o.  |          |                  |  | INSURER D:                            |                             |                  |   |         |             |
|   | Oakland  |          |                  | CA 94607   | INSURER E:                            |                             |                  |   |         |             |
|   | COVERAGES CERTIFICATE NUMBER: CL2481314974 REVISION NUMBER:                  |          |                  |  |                                       |                             |                  |   |         |             |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |          |                  |  |                                       |                             |                  |   |         |             |
| INSR<br>LTR   |  | INSD     | SUBR             | POLICY NUMBER  |                                       | POLICY EFF<br>(MM/DD/YYYY)  | (MM/DD/YYYY)     | LIMIT   | s       |             |
|   | COMMERCIAL GENERAL LIABILITY   |          |                  |  | Ţ                                     |                             |                  | EACH OCCURRENCE   | \$      |             |
|   | CLAIMS-MADE OCCUR  |          |                  |  | f                                     |                             |                  | DAMAGE TO RENTED PREMISES (Ea occurrence)                             | \$      |             |
|   |  | .]       | ĺ                |  |                                       |                             |                  | MED EXP (Any one person)  | \$      |             |
|   |  | Y        |                  |  |                                       |                             |                  | PERSONAL & ADV INJURY   | \$      |             |
|   | GENL AGGREGATE LIMIT APPLIES PER:  | 1        | 1                |  |                                       |                             | ·                | GENERAL AGGREGATE   | \$      |             |
|   | POLICY PRO. LOC  |          | l                |  |                                       |                             |                  | PRODUCTS - COMP/OP AGG  | \$      |             |
|   | OTHER  | <u> </u> | <u> </u>         |  |                                       |                             |                  |   | S       |             |
|   | AUTOMOBILE LIABILITY   |          |                  |  |                                       |                             |                  | COMBINED SINGLE LIMIT<br>(Ea accident)                                | \$      |             |
|   | ANYAUTO  |          |                  |  |                                       |                             |                  | BODILY INJURY (Per person)  | \$      | -           |
|   | OWNED SCHEDULED AUTOS  |          |                  |  |                                       |                             |                  | BODILY INJURY (Per accident)  | \$      |             |
|   | HIRED NON-OWNED AUTOS ONLY   | 1        |                  |  |                                       |                             |                  | PROPERTY DAMAGE<br>(Per accident)                                     | \$      |             |
|   |  | <u> </u> | <u> </u>         |  |                                       |                             |                  |   | \$      |             |
|   | UMBRELLA LIAB OCCUR  |          |                  |  |                                       |                             |                  | EACH OCCURRENCE   | s       |             |
|   | EXCESS LIAB CLAIMS-MADE  | _        | 1                |  |                                       |                             |                  | AGGREGATE   | \$      |             |
|   | DED RETENTION \$   |          |                  |  |                                       |                             |                  |   | \$      |             |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                |          |                  |  |                                       |                             |                  | PER OTH-<br>STATUTE ER  |         |             |
| A   | ANY PROPRIETOR/PARTNER/EXECUTIVE N   | N/A      |                  | 9118156  |                                       | 06/01/2024                  | 06/01/2025       | E.L. EACH ACCIDENT  | \$ 1,00 | 0,000       |
|   | (Mandatory in NH)  | 1        |                  | 1 0110100  |                                       | 00/0112024                  | 0010 112025      | E L. DISEASE - EA EMPLOYEE  | \$ 1,00 | 0,000       |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                    |          |                  |  |                                       |                             |                  | E.L. DISEASE - POLICY LIMIT   | s 1,00  | 0,000       |
|   |  |          |                  |  |                                       |                             |                  |   |         |             |
| DESC  | RIPTION OF OPERATIONS / LOCATIONS / VEHICL                                   | ES (AC   | ORD 1            | 01, Additional Remarks Schodule,                           | may bo att                            | ached if more ap            | ace is required) |   |         |             |
|   |  |          |                  |  |                                       |                             |                  |   |         |             |
| CEP   | TIFICATE HOLDER  |          |                  |  | CANC                                  | ELL ATION                   | <del></del>      |   |         |             |
| ven   | Oakland Unified School District<br>1011 Union Street, Suite 440<br>Site 987  | Attent   | ion: R           | isk Management   | SHOU<br>THE E<br>ACCO                 | EXPIRATION D                | H THE POLICY     | SCRIBED POLICIES BE CAN:<br>F, NOTICE WILL BE DELIVER!<br>PROVISIONS. |         | ) BEFORE    |
|   | Oakland  |          |                  | CA 94607   |                                       |                             | 71/              | reformed  |         |             |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/14/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| 500 N Brar  | allagher Risk Management<br>nd Boulevard, Suite 100<br>A 91203  | Serv                  | ices, | 11.0   | CONTA<br>NAME:    | Danielle Do   | nohue                  |  |             |                               |
|---|---|-----------------------|-------|--|-------------------|---|------------------------|--|-------------|-------------------------------|
| 500 N Brar  | nd Boulevard, Suite 100   | Serv                  | ices, | 110  |                   |   |                        |  |             |                               |
|   |   |                       |       | LLC  |                   | E. 0. 818 530   | 8605                   | FA)  | X           |                               |
| 0.0   |   | Glendale CA 91203     |       |  |                   | PHONE (A/C, No, Ext): 818.539.8605 FAX (A/C, No):  E-MAIL ADDRESS: Danielle Donohue@ajg.com |                        |  |             |                               |
|   |   |                       |       |  | ADDICE            |   |                        | DING COVERAGE  |             | NAIC#                         |
|   |   |                       |       | License#: 0D69293                              | INSURE            |   |                        | / Insurance Compar                                   | nv          | 18058                         |
| INSURED   |   |                       |       | SAFEPAS-01                                     |                   | Rв: Lloyds of   |                        |  | ·· <i>y</i> |                               |
| Safe Passa  |   |                       |       |  | INSURE            |   |                        | <u> </u>   |             |                               |
| 1017 Clay Oakland, C  |   |                       |       |  | INSURE            |   |                        |  |             |                               |
| Oaklaria, C   | 71 04001  |                       |       |  | INSURE            |   |                        |  |             |                               |
|   |   |                       |       |  | INSURE            |   |                        |  |             |                               |
| COVERAGE  | S CER   | TIFIC                 | CATE  | NUMBER: 1866955436                             | INOUNE            | KT.   |                        | REVISION NUMBE                                       | ER:         |                               |
| INDICATED<br>CERTIFICA  | O CERTIFY THAT THE POLICIES<br>O. NOTWITHSTANDING ANY RE<br>TE MAY BE ISSUED OR MAY I<br>NS AND CONDITIONS OF SUCH                            | QUIR<br>PERT<br>POLIC | REMEI | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI | OF AN'<br>ED BY   | CONTRACT  | OR OTHER DESCRIBED     | OCUMENT WITH RE                                      | ESPECT TO   | WHICH THIS                    |
| LTR   | TYPE OF INSURANCE   | INSD                  | WVD   | POLICY NUMBER                                  |                   | (MM/DD/YYYY)  | (MM/DD/YYYY)           |  | LIMITS      |                               |
| A X COM   | CLAIMS-MADE X OCCUR   | Y                     |       | PHPK2691203-000                                |                   | 6/30/2024   | 6/30/2025              | DAMAGE TO RENTED PREMISES (Ea occurrent              |             | 00,000                        |
|   |   |                       |       |  |                   |   |                        | MED EXP (Any one person                              |             | 00                            |
|   |   |                       |       |  |                   |   |                        | PERSONAL & ADV INJU                                  |             | 00,000                        |
| GEN'L AG  | GREGATE LIMIT APPLIES PER:  |                       |       |  |                   |   |                        | GENERAL AGGREGATE                                    |             | 00,000                        |
| X <sub>POL</sub>  | DDO D   |                       |       |  |                   |   |                        | PRODUCTS - COMP/OP                                   |             | 00,000                        |
| отн   |   |                       |       |  |                   |   |                        |  | \$          | ,                             |
|   | BILE LIABILITY  |                       |       | PHPK2691203-000                                |                   | 6/30/2024   | 6/30/2025              | COMBINED SINGLE LIM (Ea accident)                    | AIT \$ 1,00 | 00,000                        |
| X ANY   | AUTO  |                       |       |  |                   |   |                        | BODILY INJURY (Per per                               |             |                               |
| OWN   | NED SCHEDULED AUTOS   |                       |       |  |                   |   |                        | BODILY INJURY (Per acc                               | ccident) \$ |                               |
| HIRE  |   |                       |       |  |                   |   |                        | PROPERTY DAMAGE (Per accident)                       | \$          |                               |
| A011  | AUTOS ONET  |                       |       |  |                   |   |                        | (i or addident)                                      | \$          |                               |
| A X UMB   | RELLA LIAB X OCCUR  |                       |       | PHUB913210-000                                 |                   | 6/30/2024   | 6/30/2025              | EACH OCCURRENCE                                      | \$2.0       | 00,000                        |
| EXC   | ESS LIAB CLAIMS-MADE  |                       |       |  |                   |   |                        | AGGREGATE  | \$2,0       | 00,000                        |
| DED   | X RETENTION \$ 10,000   |                       |       |  |                   |   |                        |  | \$          |                               |
| WORKERS   | COMPENSATION  |                       |       |  |                   |   |                        | PER C<br>STATUTE E                                   | OTH-<br>ER  |                               |
| ANYPROP   | LOYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE  |                       |       |  |                   |   |                        | E.L. EACH ACCIDENT                                   | \$          |                               |
| OFFICER/N<br>(Mandator  | MEMBER EXCLUDED?  | N/A                   |       |  |                   |   |                        | E.L. DISEASE - EA EMPL                               | LOYEE \$    |                               |
| If yes, desc<br>DESCRIPT  | cribe under<br>FION OF OPERATIONS below   |                       |       |  |                   |   |                        | E.L. DISEASE - POLICY                                | LIMIT \$    |                               |
| B XS Abuse<br>A Profession                                      |   |                       |       | B0621PSAFE016124<br>PHPK2691203-000            |                   | 8/6/2024<br>6/30/2024   | 6/30/2025<br>6/30/2025 | Each Occurance<br>Each Claim<br>Aggregate            | \$1,        | 000,000<br>000,000<br>000,000 |
| DESCRIPTION O   | OF OPERATIONS / LOCATIONS / VEHICL  | FS (A                 | COPD  | 101 Additional Pemarks Schodul                 | le may h          | attached if more  | snace is require       | od)  |             |                               |
| Policy: Impro<br>Policy Term:<br>Policy #: PH<br>Carrier: Phila | oper Sexual Conduct<br>: 6/30/2024 to 6/30/2025<br>PK2691203-000<br>adelphia Indemnity Insurance C<br>\$1,000,000 / Aggregate: \$1,00<br>erty | ompa                  | any   | .v., Auditoliai Neiridi NS Scriedu             | , may D           | , accorded it more  | opave is require       | ·  |             |                               |
|   | TE HOLDER   |                       |       |  | CANC              | ELLATION  |                        |  |             |                               |
| CERTIFICA   | Oakland Unified School Dis<br>Attn: Risk Management<br>1011 Union Street, Site 98'<br>Oakland CA 94607  |                       |       |  | SHO<br>THE<br>ACC | ULD ANY OF T  | DATE THE               | ESCRIBED POLICIES<br>REOF, NOTICE W<br>Y PROVISIONS. |             |                               |

| AGENCY CUSTOMER ID: | SAFEPAS-01 |
|---------------------|------------|
|---------------------|------------|

LOC #:



## ADDITIONAL REMARKS SCHEDULE

| _    |   | _  |   |
|------|---|----|---|
| Page | 1 | of | 1 |

| AGENCY Arthur J. Gallagher Risk Management Services, LLC |           | NAMED INSURED Safe Passages 1017 Clay St. |  |
|--|-----------|---|--|
| POLICY NUMBER  |           | Oakland, CA 94607                         |  |
|  |           |   |  |
|  |           |   |  |
| CARRIER  | NAIC CODE |   |  |
|  |           | EFFECTIVE DATE:                           |  |

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE 25 FORM NUMBER: \_

Policy Term: 6/30/2024 to 6/30/2025

Policy #: PHPK2691203-000

Carrier: Philadelphia Indemnity Insurance Company

BPP Limit: \$20,000, Deductible: \$250

Policy: Crime

Policy Term: 3/24/2024 to 3/24/2025 Policy #: UC14332375.24-012 Carrier: Underwriters at Lloyd's, London

Employee Theft: Limit: \$500,000; Deductible: \$2,500 ERISA: Limit: \$500,000

Theft of money and securities: Limit: \$500,000; Deductible: \$2,500

Money and Securities: Limit: \$500,000; Deductible: \$2,500 Computer Fraud: Limit: \$500,000; Deductible: \$2,500 Funds transfer Fraud: Limit: \$500,000; Deductible: \$2,500 Clients Property: Limit: \$500,000; Deductible: \$2,500

The Oakland Unified School District, it's officers, employees, volunteers, and/or agents are named as additional insureds with respect to the operations of the named insured per the attached CG 2026 endorsement. Such insurance is primary and noncontributory.

Umbrella liability Provides additional 1,000,000 each occurrence /\$1000000 aggregate over the Professional Liability giving it a Total limit of 2000000 aggregate. Umbrella liability Provides additional 1,000,000 each occurrence /\$1000000 aggregate over the Improper Sexual Conduct Liability giving it a Total limit of 2,000,000 aggregate.

### POLICY NUMBER: PHPK2691203-000

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s):                                 |  |  |  |
|--|--|--|--|
| The Oakland Unified School District, it's officers, employees, volunteers, and/or agents |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - **1.** In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART** 

**SCHEDULE** 

**Effective Date:** 6/30/2024

Name of Person or Organization (Additional Insured):

The Oakland Unified School District, it's officers, employees, volunteers, and/or agents

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

## Exhibit E

# Statement of Qualifications

# **INSERT HERE**

# Safe Passages - Our Mission



**Safe Passages disrupts the cycle of poverty by engaging youth and families to build and drive a continuum of services that supports student success and community development.** We envision a community where all young people have the opportunity to realize their full potential. Safe Passages' work is based on the premises that access to educational opportunity, health services, and family support should not be dictated by race or socio-economic status, and that healthy and supported young people are better prepared to learn and succeed. <a href="https://www.safepassages.org">www.safepassages.org</a>

#### Who We Are

Safe Passages researches, evaluates, develops, and advocates for culturally appropriate, cross-agency strategies designed to improve the lives of vulnerable populations, including young children exposed to violence, youth at risk of school drop-out, gang involvement, or Juvenile Justice system contact. For 27 years, we have worked with public and private partners to leverage resources that strengthen the safety net for poor people, reduce youth violence, and level the playing field for marginalized families.

#### Where We Work

We work with disadvantaged communities in Alameda County, where up to 90% of children live in poverty. These neighborhoods rank the highest in many health disparities including exposure to violence. Through our continuum of services, we reach students who score far below proficiency and have high rates of school suspension, dropouts and truancy. We primarily serve students of color (98%). We currently serve 16 school communities across three school districts.



#### What We Do

Programs and services are woven together to serve the entire age continuum from birth to college/career.

**Early Childhood Initiative –** Promotes collaboration between public systems and non-profit providers to create a citywide safety net for children (birth–5) living in poverty and who are exposed to violence. Services include Baby Learning playgroups and workshops, case management, mental health services and early literacy programs for children and their families at school sites.

**School Linked Services –** Aims to integrate education and social services at school sites in order to make school communities catalysts for social change within the larger neighborhood context. Through multiple funding streams, this collaborative has effectively developed full-service community schools across the Oakland flatlands and expanded to other high need school districts in Alameda County. School staff members work closely with families, case managers, health center staff and other providers to develop a coordinated plan for students. The plan includes health services, literacy and STEAM programs, extended day offerings, youth development

opportunities including small group academic tutoring, dual college enrollment classes for high school students, art classes, Ethnic Studies, leadership skills, dance, music, and sports, to over 1,800 students daily across 10 schools.

**Opportunity Youth Social Justice Initiative –** Brings juvenile courts, school districts, police departments, probation officers, and service providers together to reduce disproportionate minority contact with law enforcement and lower recidivism among juvenile offenders. The programs provide life skills classes, legal services, case management and mentoring, education and training, career exploration and employment.

**Career Development –** Works closely with universities, government entities, and private organizations to develop new job opportunities for youth and adult family members. Participants learn about diverse career tracks, including the arts, education, law enforcement, legal services, social work and the health profession

#### Successes:

- Annually, Safe Passages serves 5,200+ children, youth and families.
- 91% of students in the afterschool academic programs experienced academic success.
- Implemented the Elev8 Initiative, a \$40
   Million full service community school model at five middle schools in Oakland.
- Elev8 school based health centers reach 3,000 students plus their families annually.

- Quality afterschool programs serve over 1,800 students annually.
- Over 700 Safe Passages AmeriCorps members have served over 7000 high need students through intensive academic supports and social emotional learning.
- The Law and Social Justice Program serving adjudicated and system involved youth, achieved 100% of the enrollment goal, and 100 % of participants returned to school
- and remained in school for at least one year after enrollment.
- Community Health Workers provided services to over 68,000 individuals to aid in COVID-19 relief and equitable access to healthcare, vaccine and testing resources, and linkages to community supports.
- Peer Support Specialists provided 27,000+ mental and behavioral health contacts via CalHOPE Connect.

## Exhibit F

# Agency Letter

# **INSERT HERE**



1017 Clay Street Oakland, CA 94607 www.safepassages.org

March 13, 2024

To Whom it May Concern,

This letter serves to certify that all Safe Passages employees, volunteers, and agents working in OUSD after school and summer programs will have fingerprint clearance through the California Department of Justice and the FBI. In addition, all employees, volunteers, and agents will have TB clearance before they begin work on OUSD school sites.

ATI Numbers will appear on all Invoicing and Staff Qualifications Forms submitted to OUSD. Proof of fingerprint clearance and TB test passage of persons working at OUSD will be available to OUSD upon request.

In addition, this letter certifies that Safe Passages employees working in OUSD after school and summer programs will be trained in mandated reporting as required by OUSD.

Respectfully,

Josefina Alvarado Mena, Esq.

Chief Executive Officer

Falvaralopen

Safe Passages

Safe Passages is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code; EIN # 20-4535835.

#### **EXHIBIT G**

## Agreement to Allow Distinct & Separate Employment by OUSD and AGENCY

As set forth in Paragraph 13.3 of the Memorandum of Understanding between AGENCY and Oakland Unified School District ("OUSD"), this Agreement ("Agreement") allows for the employment of the EMPLOYEE, \_\_\_\_\_\_\_\_, for distinct and separate employment roles with OUSD and with AGENCY. These two employment positions do not overlap in duties, hours, or control by the respective employers, OUSD or AGENCY. As used in this Agreement, "Parties" means Employee, OUSD, and AGENCY.

- 1. <u>Employment Position.</u> OUSD shall provide Employee with a written document describing the position that Employee shall perform for OUSD. AGENCY shall provide Employee with a written document describing the position that Employee shall perform for AGENCY. None of the duties performed for either employer shall interfere or conflict with their responsibilities for the other employer.
- 2. <u>Hours of Work.</u> OUSD shall inform Employee of the hours of work for the OUSD employment position. AGENCY shall inform Employee of the hours of work for the AGENCY position. None of the work hours shall be overlapping. Employee shall not work any hours beyond the regular working hours for either OUSD or AGENCY unless express written approval is given by the Employer for whom the extra hours are being worked.
- 3. Control & Supervision OUSD Employment. During the employment position and working hours performed for OUSD, EMPLOYEE will devote their full services to OUSD and shall not engage in any work that conflicts with or compromises EMPLOYEE's best efforts to OUSD. EMPLOYEE shall be supervised by designated OUSD personnel and OUSD will provide the information, tools, and equipment necessary for such employment. OUSD shall control all aspects of the employment relationship for the work performed for OUSD. EMPLOYEE shall not use the information, tools, or equipment of OUSD in performing the work for AGENCY, without OUSD's express permission. All work product of the EMPLOYEE shall belong to the employer for whom the services were being provided at the time the work was created. AGENCY shall not have any control or supervision over EMPLOYEE during the EMPLOYEE's OUSD work hours.
- 4. Control & Supervision AGENCY Employment. During the employment position and working hours performed for AGENCY, EMPLOYEE will devote their full services to AGENCY and shall not engage in any work that conflicts with or compromises EMPLOYEE's best efforts to AGENCY. EMPLOYEE shall be supervised by designated AGENCY personnel and AGENCY will provide the information, tools, and equipment necessary for such employment. AGENCY shall control all aspects of the employment relationship for the work performed for AGENCY. EMPLOYEE shall not use the information, tools, or equipment of AGENCY in performing the work for OUSD, without AGENCY's express permission. All work product of the EMPLOYEE shall belong to the employer for whom the services were being provided at the time the work was created. OUSD shall not have any control or supervision over EMPLOYEE during the EMPLOYEE's AGENCY work hours.
- 5. <u>Workers Compensation Liability Insurance.</u> As required by California and federal law, each employer shall maintain workers compensation liability insurance for Employee's behalf for the employment position for which EMPLOYEE is employed by each of them.
- 6. <u>Wages.</u> OUSD is separately and independently liable for all wages and benefits earned by EMPLOYEE for performance of the OUSD employment position. OUSD shall have no liability for any portion of wages and benefits earned by EMPLOYEE for performance of the AGENCY employment position, and AGENCY agrees to indemnify, defend, and hold harmless OUSD from any such claim. Similarly, AGENCY is separately and independently liable for all wages and benefits earned by EMPLOYEE for performance of the AGENCY employment position. AGENCY shall have no liability for any portion of wages and benefits

- earned by EMPLOYEE for performance of the OUSD employment position, and OUSD agrees to indemnify, defend, and hold harmless OUSD from any such claim.
- 7. No Joint Employer Relationship. The Parties acknowledge and agree that it is not their intent to create any joint employer relationship and, instead, each employment relationship is separate and distinct as set forth in this Agreement. Notwithstanding, EMPLOYEE understands and agrees personnel information may be exchanged between OUSD and AGENCY.
- 8. <u>Termination.</u> Subject to any applicable employment laws, any Party may terminate this Agreement or any employment relationship created under this Agreement with two weeks written notice to the other Parties.
- 9. <u>Litigation</u>. 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.
- 10. <u>Integration/Entire Agreement of Parties</u>: This Agreement and the Master Contract between AGENCY and OUSD from which this Agreement stems, constitute 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 all Parties.
- 11. <u>Counterparts.</u> This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 12. <u>Signature Authority</u>. 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.
- 13. Employment Contingent on Governing Board Approval: OUSD shall not be bound by the terms of this Agreement or employment of EMPLOYEE until it has been formally approved by OUSD's Governing Board, and no payment shall be owed or made to EMPLOYEE absent formal approval. This Agreement shall be deemed to be approved when it has been signed all Parties and employment of EMPLOYEE has been approved by the Governing Board.

| <ul> <li>□ President, Board of Education</li> <li>□ Superintendent or Designee</li> </ul> |
|---|
| Secretary, Board of Education  AGENCY   |
| EMPLOYEE  |

OAKLAND UNIFIED SCHOOL DISTRICT



Request for Proposal #24-148ExLO

EXPANDED LEARNING LEAD AGENCY FOR EXPANDED LEARNING OFFICES

OAKLAND UNIFIED SCHOOL DISTRICT Attention: Procurement Department 900 High Street, 2nd Floor OAKLAND, CA 94601

email: procurement@ousd.org phone: (510) 879-2990

Proposals Due: July 12, 2024

THE TERMS AND CONDITIONS OF THIS SOLICITATION ARE GOVERNED BY THE APPLICABLE STATE AND FEDERAL LAWS.

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# B. Schedule of Events

| Event  | Date                              | Info                             |
|--|-----------------------------------|----------------------------------|
| RFP 2024 Announcement                                  | June 6, 2024                      |                                  |
| RFP Digital Application Released                       | June 7, 2024                      | Link on Procurement Website      |
| RFP Pre-Conference Q & A<br>(Virtual)                  | June 25, 2024<br>at 2:00 p.m. pst | Zoom link on Procurement Website |
| Deadline for Questions                                 | June 28, 2024                     |                                  |
| RFP Submission Due Date                                | July 12, 2024                     |                                  |
| Lead Agency Status Notifications                       | September 6, 2024                 |                                  |
| School Site/Lead Agency<br>Confirmation of Partnership | November 29, 2024                 |                                  |
| OUSD MOU Approval Season                               | May - June 2025                   |                                  |
| Lead Agency Service Contract                           | July 1, 2025 - June 30, 2028      |                                  |

OUSD will use every effort to adhere to the schedule. However, OUSD reserves the right to amend the schedule, as it deems necessary.

The District reserves the right to amend or cancel this proposal at any time. Proposers are responsible for viewing any new changes related to this proposal online at https://www.ousd.org/bidopportunities.

If a proposer desires any clarification or questions of any kind regarding this solicitation, the proposer must make a written request and should be addressed via email to:

# Francisco Flores, Procurement Analyst francisco.flores@ousd.org

NOTE: Contacting Board members and/or any District staff other than the procurement analyst who is outlined above, may disqualify the proposer from the selection process.

What is an RFP? An RFP (Request for Proposals) is a proposal based selection process, in accordance with Public Contracts Code section 20111.5. It is a request by OUSD Expanded Learning Office for non-profit organizations to submit their proposals to be considered an OUSD-approved primary contractor/expanded learning program provider for district school-site based comprehensive expanded learning program services, after which OUSD will determine which providers are qualified based on that determination.

What is a Pre-Conference Q & A? A pre-conference Q & A is an opportunity to ask members of the selection team any questions you may have, and/or clear up any confusion regarding project details/scope of work that is in the RFP. This is an *Optional Online Meeting*.

## C.Introduction and Overview

The mission statement of OUSD's Office of Expanded Learning states: *In community, we cultivate transformative experiences for youth on their journey as they become thriving, productive leaders.* 

The Oakland Unified School District (OUSD) Department of Expanded Learning invites interested nonprofit organizations to respond with their proposals to serve as an Expanded Learning Program Provider in designing, planning, administering, and operating effective, high-quality comprehensive expanded learning programs. Eligible providers will be committed to support OUSD's strategic plan to ensure strong readers by the third grade, support empowered graduates, create joyful schools, and grow a diverse and stable staff. In addition, eligible providers must also support citywide goals.

Lead Agency partners will invest in providing expanded learning supplemental programs that complement the regular school day program and support the OUSD priorities for student achievement, health, and well-being. Oakland Unified School District's (OUSD) mission is to build a Full-Service Community District focused on high academic achievement while serving the whole child, eliminating inequity, and providing each child with excellent teachers daily. Expanded Learning supports this mission while holding our values of equity, joy, and liberation for youth and adults. Select Lead Agencies will commit to working in partnership with school sites and the OUSD Expanded Learning Office (ExLO) to provide comprehensive programming that supports the entire school community.

Through the RFP process, OUSD seeks organizations who demonstrate the capacity to be adaptive, make necessary shifts, and be able to work within the established OUSD model of school and community partnerships through various funding sources' parameters.

Organizations must be fiscally sound with the capacity to leverage other resources to provide students with high quality expanded learning programming: after-school and summer youth development experiences that complement and support school district and city priorities for student success and well-being.

Community organizations that serve as a Lead Agency are an integral part of our OUSD Full Service Community Schools and make an impactful contribution toward strengthening student outcomes.

## Term of the List of Qualified Agencies

This Request for Proposals (RFP) for Expanded Learning & Summer Program Lead Agency will result in a list of OUSD vetted lead agencies with which OUSD will enter three-year master contracts. From the list of contracted agencies, school site administrators may select an OUSD approved expanded learning program provider. An organization being placed on the approved lead agency list and entering a master contract with OUSD does not guarantee an assignment at an OUSD school site.

The selection of the expanded learnings & summer program Lead Agency is at the discretion of the school site administrator (Principal). School site administrators will select a Lead Agency from the list of approved after-school providers by assessing the quality/capacity of the current expanded learning program, identifying program goals, and considering any other factors relevant to the school site. Yearly program plans are created through a collaborative partnership between the Lead Agency and school site administrators to ensure both parties are meeting overall program expectations.

Once selected to serve at a given school, a lead agency will be contracted to serve that school site for three years, subject to continuing annual approval of the school site administrator and District.

## Overview of OUSD Expanded Learning Programs

OUSD Expanded Learning Programs strive to create and sustain "safe haven" environments where Oakland children and youth can access expanded learning opportunities and integrated education, health, cultural, and enrichment programs outside of school hours or the regular school year. OUSD Expanded Learning Programs operate in all elementary, middle, and high schools across the city of Oakland.

When programming is conducted in-person, over 15,000 students across 80+ schools participate in OUSD expanded learning programs that operate Monday - Friday until 6:00 pm. Students who participate in expanded learning programs every day receive an additional 540 hours of learning by the end of the school year, equivalent to 90 additional days of school. In these valuable after-school hours, students engage in youth development activities that foster their physical health, social-emotional learning/well-being, and support their academic

achievement in school. In order to meet these goals, the quality and success of the District's expanded learning programs is critical.

These expanded learning and summer programs are aligned with efforts in Oakland to improve young people's educational outcomes, including Oakland's investment in the Kids First! Legislative initiative goal to "Help Children and Youth Succeed in School and Graduate High School" and the Oakland Unified School District's Full Service Community Schools initiative that seeks to provide health, education, and social services to youth, their families and the community.

OUSD expanded learning and summer programs offer critical support to schools, students, and their families. In addition to providing children and youth with sanctuary, quality expanded learning programs to support students academically and socially, OUSD expanded learning programs serve a large proportion of youth who typically benefit from additional learning support, including students from low-income households (81%) and English Learners (31%). Additionally, approximately 23% of OUSD after-school participants are African American and 46% are Latino.

OUSD seeks community partners whose organization mission and vision closely align and support the District's strategic plan and vision for Full Service Community Schools.

High quality expanded learning programs must satisfy the various grant funding requirements— detailed further below and in the MOU—and provide additional opportunities for youth to practice the academic and social skills they need to succeed. OUSD expanded learning programs provide youth with a mix of academic support, recreational/physical, and enrichment activities. Within these broad categories, expanded learning providers work collaboratively with school partners to develop a balance of activities that meet the unique interests and needs of the student population and support the goals and priorities of the school community for student achievement and well-being. Below are examples of the mix of after-school activities offered in OUSD Expanded Learning Programs.

SAMPLE AFTER-SCHOOL ACTIVITIES BY CATEGORY

| CATEGORY   | ACTIVITIES  |
|--|---|
| Academic Support                                 | Academic Enrichment Learning, Tutoring, Expanded Library Services, Supplementary Education Services, Homework Support, Credit Recovery, Reading & Literacy, Math, Science |
| Recreation/ Physical Activity / Organized Sports | Cooperative Games, Dance, Martial Arts, Yoga, Intramural Sports, Sports Leagues, Mindfulness  |

| Enrichment                            | Arts and Cultural Activities, Health and Nutrition Education, Substance Abuse & Drug Prevention, Violence Prevention, Counseling & Character Education          |
|---------------------------------------|---|
| College and<br>Career                 | Career & Job Training, Entrepreneurial Education, Technology/Telecommunications Training, Community Service & Service Learning, Internships and Apprenticeships |
| Leadership<br>Development             | Peer Mentoring, Peer Tutoring, Youth-Led Community Service  |
| Science Technology Engineering & Math | Gardening, Coding, Robotics, Making, Forensics, Cooking   |
| Outdoor<br>Education                  | Community Mapping, Hiking, Backcountry Camping, Kayaking, Bicycling   |

# D. Funding

OUSD Expanded Learning Programs are currently primarily funded through grants from the California Department of Education (CDE). CDE provides funds to school districts that collaborate with community partners to provide safe and educationally enriching alternatives for children and youth during non-school hours. The base grants that CDE awards to OUSD for after-school programs represent four (4) funding sources:

- After-School Education & Safety (ASES) for elementary, middle, and K-8 schools are state funds. ASES grants are three-year renewable funding sources.
- 21st Century Community Learning Center (21st CCLC) grants for elementary, middle, and K-8 schools are federal funds. 21st CCLC grants are awarded based on a highly competitive application process, and last for five years.
- 21st Century After-School Safety and Enrichment for Teens (ASSETS) grants for high schools are federal funds. 21st Century ASSETS grants are awarded based on a highly competitive application process, and last for five years.
- Expanded Learning Opportunities Program (ELO-P) funding is a universal grant that supports all TK - 6th Grade OUSD's unduplicated students' access to free expanded learning opportunities.

OUSD directly applies for these grant funds from the California Department of

Education, and grant funds are received and managed by the school district. OUSD contracts a portion of grant funds to Lead Agencies to operate expanded learning programs in close partnership with schools.

Additionally, Lead Agency partners leverage other funding and resources to support high quality programs, including private grant dollars, AmeriCorps grants, volunteers, and other in-kind resources. Leveraging additional resources on behalf of the expanded learning programs is an essential function of the Lead Agency partner because of the reality that state and federal expanded learning grant dollars alone are often inadequate to run a high-quality program. ELO-P, ASES, and 21st Century grant dollars are currently awarded at a rate of:

- o ASES: \$10.18/student/day for TK-8th Grade students
- o 21st Century: \$10.18/student/day for TK-8th Grade students
- o 21st Century ASSETS: \$10.10/student/day for high school students
- ELO-P: \$15/student/day for TK-6th Grade students

## Other considerations for the allocations of funds

- OUSD elementary and middle school ASES grants can only be used to provide expanded learning programming daily (180 days) immediately after the school day and facilitate programming for at least 15 hours a week until at least 6:00 pm.
- OUSD High School ASSETS base grants can be used to operate programs before school, after school, weekends and during summer/intersession in accordance with grant guidelines.
- Some sites may also receive 21<sup>st</sup> Century related grants including Supplemental funding (to support summer programming).
- ASES and 21<sup>st</sup> CCLC grant funds are intended to complement, but not supplant, other funding provided by OUSD, school sites, or community partners.
- ASES and 21<sup>st</sup> CCLC Grant funds are inadequate to cover the true cost of running a high quality expanded learning program. OUSD and its Lead Agency community partners are committed to leveraging additional funding and resources to match grants provided by the California Department of Education.
- ASES/21st Century grants are attendance-based grants.
- ELO-P funding must be used to provide expanded learning opportunities during out-of-school time; before school, after-school, summer/intersession at no cost to unduplicated students.

Sites that fail to meet calculated attendance will trigger California Department of Education intervention and funding levels may be reduced. Sites must earn 85% of attendance to be in good standing for full funding. Failure to achieve attendance targets may result in a Lead Agency being removed from the OUSD approved list of Lead Agencies.

# E. OUSD Expanded Learning / Program Operation

In Oakland, approved lead agencies must be equipped and have organizational infrastructure to provide synchronous and asynchronous programming at the discretion of OUSD, as reflected in the MOUs.

In the spirit of OUSD's Full Service Community Schools vision, our approved expanded learning organizations partners work closely with schools and their principals to develop specific programmatic goals to provide holistic support and equitable learning opportunities for all students. As school-day teachers focus on providing high quality instruction in the classroom, expanded learning programs provide high quality enrichment, physical, academic, and SEL opportunities to students during the after school and non-school days when youth are most vulnerable to crime, violence, and risky behavior.

Expanded Learning Lead Agencies are expected to offer programming to all students in TK - 12th grade reflected of the school site's specific grant requirement.

# F. Base-line Expanded Learning Program Requirements

The goal of the expanded learning program is to support student success in school through academic support, social emotional development and educational enrichment. The school site administrator, working in partnership with the Expanded Learning Lead Agency, is an integral part of developing the expanded learning program components that are appropriate to support his/her school site goals articulated in the School Site Plan. All Lead Agencies are selected by Principals to collaborate on the development and implementation of the expanded learning program in compliance with State and Federal guidelines, and District requirements.

OUSD's Expanded Learning Office goals align with grant requirements which aim to provide a comprehensive expanded learning program during the school year and/or summer program which consists of a balance of academic and enrichment activities, including daily physical activity components. The funds cannot be used to supplant school day activities.

An expanded learning program must include the following:

### To satisfy ASES Funding:

- Educational and literacy component to provide tutoring and/or homework assistance.
- Educational enrichment component and,
- Daily physical activity/recreation component and,

 Serve a minimum 83 elementary and 111 middle school students daily and, free to all unduplicated students

### • To satisfy 21st CCLC E/M:

- Educational and literacy components to provide tutoring and/or homework assistance,
- Educational enrichment component,
- Physical activity/recreation component, and
- Serve a minimum ADA contingent on grant allocation and,
- Free to all unduplicated students

### To satisfy ASSETs:

- Educational and literacy component to provide tutoring and/or homework assistance.
- Educational enrichment component,
- Physical activity/recreation component, and
- Serve a minimum of 139 students daily

## To satisfy ELO-P:

- Offer 9 Hours of Programming (School day hours count toward the 9 hours)
- Support TK-6th grade students
- 175 school days & 30 days intersessions (For the purpose of this site plan, the scope of work will be for a total of 60 school days)
- o TK/K staff ratio 10:1
- Must offer the program to all unduplicated TK-6 grade students
- Parallel ASES Compliance Reporting
- ELO-P funding can not be used to provide school day support (CDE Guidance)

## Additional Program Requirements:

- All programs must provide a nutritious snack and track attendance daily.
- Expanded learning lead agencies and school sites are expected to implement reasonable accommodations under Section 504 of the Americans with Disability Act to support OUSD's students with disabilities. The standard for reasonableness must be determined on a case-by-case basis.
- Per federal statute, California Education Code, and Oakland Unified School District policy, any students identified by the OUSD Transitional Student and Family Unit get priority access into the after-school program. If a student/family indicates they are homeless, newcomer, refugee, and/or asylee will have automatic enrollment.
- All programs must adhere and align with all OUSD safety policies and procedures, this
  includes OUSD's George Floyd Resolution which promotes a safe and supportive
  environment.

Please note that the below list of compliance requirements is not exhaustive. Lead Agencies are expected to know and comply with these and other district and state and federal requirements not listed here, including but not limited to state and federal laws and requirements outlined in applicable OUSD Board policies and the Memorandum of Understanding ("MOU") with OUSD which all Lead Agencies selected to serve a school site must sign and have approved by OUSD's Governing Board. A sample MOU is attached as Appendix III. Please note this MOU is subject to change depending on District needs. Applicants are encouraged to review it for more program requirement specifics.

## **Operational Requirements**

- Elementary and Middle School After-School Programs must operate 5 days/week, for at least 15 hours/week, commencing immediately at the end of the regular school day and run until at least 6 p.m.
- High School After-School Programs must operate a minimum of 15 hours/week
- Summer School Programs need only comply with legislative or funder requirements
- OUSD's Expanded Learning Programs Office (ExLO) has established early-release
  policies that must be implemented at each expanded learning and/or summer program.
  Further details of required hours and attendance expectations are located in the MOU.

# G. Staffing

Staff working in OUSD Expanded Learning Programs must meet the minimum requirements to be in compliance with the California Dept of Education Codes. Staff members who directly supervise students must meet the district's Proposal for an instructional aide, paraprofessional, or provide documentation that confirms completing 48 college units or the equivalent of an AA college degree.

Programs must operate with a minimum staff to student ratio of 1:20 for 1-12 grade and 1:10 for TK-K. Unless otherwise advised due to the health and safety of the students. It is required that each expanded learning program have a Site Coordinator who is full-time, salaried with benefits, and present at the school site during their work hours. The California Education Code provides that "selection of the program site [coordinator] shall be subject to the approval of the school site principal." The Lead Agency must notify school principals in writing of any expanded learning staff changes within 24 hours.

Oakland expanded learning programs share a basic staffing pattern across all sites, though specific staff duties may vary somewhat from site to site. The most common staffing plan includes a full-time Site Coordinator, a Quality Support Coach (OUSD Credentialed Teacher), and youth development workers. Many programs also work with additional service providers for specific services, and some may rely on regular volunteer assistance as well. At some sites, certificated teachers provide targeted academic assistance, and academic enrichment activities for expanded learning participants through OUSD extended contracts.

Expanded Learning Lead Agencies should be fully staffed and prepared to provide programming for a total of 180 days. Lead agencies should have contingency plans to ensure that each program is fully staffed and able to meet the school site's enrollment needs.

# H. Enrollment, Attendance and Evaluation Documentation

Approved Lead Agencies will need to consider CDE Guidelines, OUSD Expanded Learning Office expectations, and site-level input (e.g. site administrator) when it comes to student enrollment consideration, attendance protocol, and programmatic evaluation.

- a. Enrollment: Approved Lead Agencies must be familiar with CDE guidelines of ASES, 21st CCLC, ELO-P, and ASSETs Programs when working with a unique population defined as foster youth, McKinney-Vento, and students qualify with free-reduced lunch status. Lead Agencies must prioritize enrollment for any child that is homeless, defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec.1143a), newcomers (refugee, asylee, and unaccompanied minor), or if the child is in foster care. Lead agency will work with the school site administrator to develop a written enrollment policy. The enrollment policy needs to include, but not be limited to, enrollment priorities, application process, and acceptance notification, waitlist procedures, behavior guidelines, parental expectations, student expectations, procedure for removing students from expanded learning programs, and so on. Approved Lead Agencies are required to provide the written enrollment policy to all families who apply for the program.
- b. Fees: Unduplicated students must have access to the program at no cost. Lead Agencies should implement a process for identifying unduplicated students and ensuring that fees are not charged to those families.
- c. Attendance: Approved Lead Agency is required to be aware of all required attendance submission protocol and procedures to ensure good standing status with the Expanded Learning Office and CDE. All attendance documentation shall be closely monitored, and managed for accuracy by the Site Coordinator

and/or occasional audit request by the district and CDE. This includes accurate completion and daily maintenance of student sign in/out sheets, weekly inputting of attendance data into the OUSD online system, and monthly submission of scanned electronic attendance records to OUSD ExLO. Lead Agencies are also responsible for conducting internal audits of attendance records to ensure that program sites maintain accurate, verifiable data on student attendance. All program records must be maintained for five years for auditing purposes.

# I. Contract and Payments

Agencies that are approved through the process described in this RFP must enter a 3-year master contract with the District. They may not begin operating at a school site unless the District and agency have executed a contract on the District's template. The District's Board of Education will likely approve these master contracts during the May-August 2025 Board meetings.

Although the master contract will last for 3 years, note that agencies and sites will be matched in 1-year relationships, as they are currently.

In Spring of each year, all Lead Agencies must initiate and engage in annual program planning with school leadership at each program site. Lead Agencies will submit a program plan and budget for the upcoming school year to the OUSD EXLO and Board of Education for approval, at the beginning of each school year.

Invoices are processed on a cost reimbursement basis for actual expenditures incurred. Due to the timing of OUSD contracting and fiscal procedures, Lead Agency partners must operate with a 4 month reserve covering the full cost of the agency's OUSD expanded learning program implementation. Typically, there are delays to the initial payment of agency invoices at the beginning of each school year.

# J. Guidelines for Charging Fees

The intent of ASES, 21st CCLC, ASSETS, and ELO-P grants, which aligns with OUSD values, is to establish local programs that offers academic support and enrichment to students in need of such services regardless of a family's inability to pay.

CDE and OUSD discourage charging fees as that could exclude students in need from attending and taking advantage of the expanded learning program. ASES, 21st CCLC, ELO-P grants do not prohibit charging fees for expanded learning programs; however, programs that choose to charge fees, will need to collaborate with a Site Administrator to create and submit

the program's fee structure for approval in accordance with the terms in the MOU. In addition, all students that fall under the category of **unduplicated cannot be charged fees.** Sites that receive 21st CCLC and ASSETS grants will be required to report any fees collected (i.e.-registration fees, family fees, application fees, etc.). Programs that opt to charge program fees may not prohibit any family from participating due to financial circumstances. All program materials related to outreach and enrollment must state clearly that no unduplicated child will be denied services. CA EdCode stipulates that a sliding scale must also be offered in a fee schedule.

# K. RFP Process

OUSD Expanded Learning Office is conducting a dual pathway process for new and current organizations. The RFP evaluation rubric will feature some questions that may be differentiated based upon the organizations current approval status and will have the same scoring process. Organizations should go through the appropriate process and provide the necessary documentation.

Organizations interested in serving in the OUSD Expanded Learning Lead Agency role for the 2025 - 28 school year must successfully complete the Lead Agency RFP process and earn the designation of a recommended lead agency. Therefore, an organization that does not successfully complete the Lead Agency RFP process or does not earn a *recommended* status will not be approved to serve as an OUSD lead agency for the 2025-2028 cycle. Organizations that are not selected during this RFP cycle will have the opportunity to reapply for the next RFP process which begins in 2028.

Organizations submitting an RFP proposal by the deadline will be assessed based on their RFP application responses, and any additional supporting materials requested by the RFP Review Team to determine the organization's potential to serve in the Lead Agency role. If additional information is required, organizations will be invited for an interview with the RFP Review Team.

Organizations completing this RFP process will be assessed and scored into one of the following categories:

1) Recommended: Community organization has adequately demonstrated its capacity to serve in a Lead Agency role and to fulfill all comprehensive Lead Agency responsibilities outlined by OUSD and CDE as well as those listed in Section III of this RFP. The organization demonstrates the capacity to collaborate, integrate, and adapt to the community. This recommended status will be valid for up to 3 years, depending on the organization's ability to meet and maintain and/or exceed federal, state, and district compliance requirements, to be assessed annually. 2) **Not Recommended:** Community organization has not adequately demonstrated its capacity to serve in the Lead Agency role and to fulfill most of the Lead Agency responsibilities outlined by OUSD and listed in Section III of this RFP. Organizations receiving this *not-recommended* status will not be included in the list of qualified organizations that will be shared with stakeholders. An organization receiving this *not recommended* status may submit another Lead Agency RFP at a future date when the OUSD opens up a new RFP cycle.

OUSD will notify an agency of its determination before or by September 6, 2024 via email. If OUSD determines that an agency is Not Recommended, the agency shall have the opportunity to contest that determination. Additional details regarding this process are contained in Appendix V.

# L. Minimum Proposals

Applicants may respond to **one or more of the** following Lead Agency categories:

Lead Agency: Elementary School (including K-8)

Lead Agency: Middle School

Lead Agency: High School

OUSD is seeking applications from established community organizations that currently possess 501(c)(3) status and adequate fiscal reserves to cover at least four (4) months of general operating expenses as a Lead Agency partner. Grant funds sub-contracted to Lead Agency partners do not cover the full cost of running a full comprehensive expanded learning program in Oakland; thus, organizations choosing to serve in the Lead Agency role must be financially stable and demonstrate the capacity to leverage other resources in support of youth programming.

A demonstrable experience in operating a comprehensive expanded learning program is strongly preferred, but all organizations must provide acceptable documents demonstrating two (2) years of experience in the following areas:

- Providing program services to the students in the service category (ies). Specific
  evidence of a positive track record of the capacity to effectively coordinate the entirety
  of a school's afterschool and/or expanded learning year-long program as well as
  successful collaboration with the school site administrator, faculty, and staff.
- Agency administrative capacity to comply with compliance and fiscal policies of the OUSD and CDE, including: agency administration manual; fiscal and personnel policies; attendance records; cost allocation plans, etc.

- Hiring, retention, and provision of professional development opportunities for qualified staff to provide services to OUSD students in a culturally and linguistically competent and age appropriate manner with a focus on youth development strategies.
- Capacity to effectively engage a large number of diverse students on an ongoing basis
  who demonstrate the desire and enthusiasm to participate in the program at a very high
  and consistent rate. Additionally, the agency can illustrate specific examples and
  strategies it has developed that actively engage parents and family members
  throughout the school year.
- Maintaining collaborative relationships with school site leadership in the development and implementation of a quality expanded learning program that supports the district's and the school's goals.

Organizations that apply for the Lead Agency role must be able to comply with all requirements outlined in the standard OUSD Expanded Learning Lead Agency MOU (see Appendix IV for sample of current year MOU) should it be chosen as Lead Agency. For example, while a copy of the organization's current insurance coverage is required with this application, should the organization be chosen, it will need to attain the level of insurance outlined in the MOU.

# M. Application Submission Contents

Failure to provide any of the following information or forms may result in an application being disqualified.

A Complete Lead Agency Application will consist of all the following required items:

- 1) **Proposal Cover Sheet** (see Appendix I for sample)
- 2) Letter of Agreement (no more than one (1) page): A one-page letter signed by the person authorized to obligate the proposing agency to perform the commitments contained in the application. The letter should state that the proposing agency is willing and able to perform the commitments contained in the application.
- 3) Written Responses to Application Questions (no more than 8 double-spaced pages in response to the six (6) titled sections that appear in Appendix II Application Questions), signed under penalty of perjury,
- 4) Supporting Documents, listed in (Appendix III).
- 5) Boilerplate Checklist: " Expanded Learning Program and Services

Agreement" - Submission of the Signed Boilerplate Checklist (Appendix IV) will constitute a representation by your firm that it has read all of the clauses contained in the OUSD Lead Agency Memorandum of Understanding. The sample contract for the services detailed in this RFP (Appendix IV, version for Fiscal Year 22-25), and that your firm is willing to comply with OUSD contracting requirements.

6) **Sample Program Schedule and Summary:** Provide a sample program schedule along with a short description of each activity. No more than (2) pages.

# N. Application Submission Instructions

Proposals shall be **emailed** to the Procurement Department at **procurement@ousd.org** no later than July 12, 2024.

Proposal shall be submitted with subject line: "RFP Proposal # 24-148"

\*When submitting your proposal, be sure to get a ticket number or confirmation email.

Proposals submitted via email should be submitted as PDF file format. PDF file size should be sufficient enough to send via email, the District does not assume responsibility if the PDF file is too large to email. If electronic submission is a factor, the District encourages hand delivery of the proposal directly to the Procurement Department, 900 High Street 2<sup>nd</sup> Floor Oakland, CA 94601 between the hours of 9:00am - 3:00pm pst. All proposals delivered after scheduled closing time for receipt of proposals will not be considered. Incomplete proposals may be deemed non-responsive and therefore not considered.

The District reserves the right to reject any or all proposals. The award of this solicitation is conditional on the winning bidder(s) accepting the terms of the MOU contract available to view below. Proposals and any other information submitted by respondents in response to this solicitation shall become the property of the District. Notwithstanding any indication by Contractor of confidential contents, and with the exception of bona fide confidential information, contents of proposals are public documents subject to disclosure under the California Public Records Act after award. The District will not provide compensation to Contractors for any expenses incurred by the Contractors for proposal preparation or for any demonstration that may be made. Contractors submit proposals at their own risk and expense.

### **FORMAT**

All submissions must be on the RFP Application Form, typed using an easy to read 12-point font such as Arial or Times New Roman and one inch margins. All submissions

must be double-spaced. All submissions must answer all six (6) titled sections below in no more than 8 pages total. Organizations may elaborate on specific documents provided in the Required Supporting Documentation (Appendix III)

# O. Evaluation and Selection

For all applications, the completion of the application will be assessed first; applications that do not submit complete documentation will not have the application reviewed.

## OUTLINE THE PROCESS FOR NEW AND CURRENT ORGANIZATIONS

Applications demonstrating the capacity to meet minimum requirements will have their Proposals evaluated and scored by an RFP Review Team made up of individuals with expertise in the relevant subject matter for which the application is submitted. The RFP review team will read and score responses to the application questions in Appendix II.

# **Application Rubric**

| Performance Area  | Expectations for OUSD Recommended Organizations (not an exhaustive list)   |
|---|--|
| Collaborative Partnerships (20 Points)  This performance area focuses on the extent to which organizations develop strong relationships with ExLO, school site, community-based partners, families, and other program stakeholders. | <ul> <li>Organizations establish and maintain clear, open and regular lines of communication with stakeholders</li> <li>Organizations establish and maintain clear, aligned values with stakeholders around supporting and honoring youth</li> <li>Organizations seek and respond to feedback, engage in active listening, shared decision-making, and planning processes with stakeholders</li> <li>Organizations and partners celebrate one another and the unique role each occupies in supporting youth</li> </ul> |
| Empowerment (10 Points)  This performance area focuses on the extent to which organizations promote youth agency, self-actualization, leadership, and liberation.   | <ul> <li>Organizations provide opportunities for youth to own and share their stories and speak their own "truth"</li> <li>Organizations celebrate youth interests, passions, culture, and help them to explore their own growth</li> <li>Organizations provide opportunities for youth to lead and develop projects</li> <li>Organizations encourage youth to consider multiple perspectives</li> </ul>   |
| Safe and Supportive Environment (20 Points)  This performance area focuses on organization's ability and capacity to attend to all facets of safety for participants while cultivating a sense of belonging.                        | <ul> <li>Organizations prioritize and implement systems of support to ensure physical, emotional, cultural, structural, and inclusionary safety for youth and staff</li> <li>Organizations integrate SEL and restorative practices into program culture</li> <li>Organizations establish strong relationships, clear boundaries, and trust between staff, youth, and families</li> <li>Organizations clearly articulate and actualize values and group agreements</li> </ul>   |

# Lifelong Learning (15 Points)

This performance area focuses on the extent to which organization practices help to support youths' academic engagement, cultivation, and transformation.

- Youth engage in activities focused on nurturing fundamental habits for lifelong learning
- Youth participate in diverse enrichment programming that reflect student interests and that promote joy, skill-building, and hands-on experience
- Youth participate in activities that promote mindfulness, practice socio-emotional learning, and developing a growth mindset

### Adaptive Programming (15 Points)

This performance area focuses on organization's adaptive capacity/willingness and that practices reflect values of diversity and inclusion of youth and other stakeholders.

- Organizations offer differentiated services to meet individual student and family needs
- Organizations provide services that are inclusive, responsive, and culturally relevant
- Where applicable, organizations services are trauma-informed
- Organizations demonstrate capacity to adapt to physical, environmental, cultural, and social shifts

### Strong Systems and Structures (20 Points)

This performance area focuses on the efficacy of an organization's program structure, compliance management capacity, infrastructure viability, and a thriving culture to support responsible financial management of programs and services that benefit students.

- Organization services are supported by a strong, stable, and adaptive organizational infrastructure, financial capacity to deliver and sustain services, and the ability to execute compliance expectations and deliverables
- Organizations are purpose- and values-driven and programming is aligned with collaborative vision between the school site and the provider
- Organizations engage in continuous quality improvement processes to ensure transparency of expectations and a culture of accountability, responsibility, compliance, and metrics
- Organizations provide staff with consistent and applicable professional development support and learning opportunities

Applicants must agree to abide by all OUSD policy requirements as outlined in the Appendix IV Boilerplate MOU checklist. The list of "Approved Expanded Learning Lead Agencies" will be utilized by school site administrators for a period of up to three (3) years pending funding availability to select a Lead Agency to administer the expanded learning program on his/her school site.

# P. Terms & Conditions for Receipt of Applications

# Errors and Omissions by Applicant

Applicants are responsible for reviewing all portions of this RFP, and promptly notifying the District, in writing, if they discover any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the District promptly after discovery, but in no event

later than five working days prior to the date for receipt of applications. Modifications and clarifications will be made by addenda as provided below.

## Change Notices

The District may modify the RFP prior to the application due date by issuing Change Notices, which will on the OUSD The applicant shall be responsible for ensuring that its application reflects any and all Change Notices issued by the District prior to the application due date regardless of when the application is submitted.

## Failure to Object to Errors and Omissions in Application

Failure by the District to object to an error, omission, or deviation in the application will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

## Financial Responsibility

The District accepts no financial responsibility for any costs incurred by applicants in responding to this RFP. Submissions of the RFP will become property of the District and may be used by the District in any way deemed appropriate.

## Proposer's Obligations Under the Conflict of Interest Laws and Board Policies

A proposer must be aware that if the proposer will enter into a contract with the District, proposer/contractor shall be responsible to comply with conflict of interest laws and Board policies, which are briefly summarized in Section 11.4 ("Conflict of Interest") of the attached Appendix IV ("OUSD Expanded Learning Lead Agency MOU" sample contract). It is the responsibility of a contractor to comply with the law and OUSD Board policies. Submission of an application signifies that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

## Reservations of Rights by the District

The issuance of this RFP does not constitute an agreement by the District that any contract will actually be entered into by the District. The District expressly reserves the right at any time to:

- Reject any or all applications;
- Reissue a Request for Proposals;
- Prior to submission deadline for applications, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFP, or the requirements for contents or format of the

applications;

- Procure any materials, equipment or services specified in this RFP by any other means;
- Determine that no project will be pursued.

#### No Waiver

No waiver by the District of any provision of this RFP shall be implied from any failure by the District to recognize or take action on account of any failure by a proposer to observe any provision of this RFP.

## Q. Standard Contract Provisions

Any agency selected from the *Expanded Learning Program Lead Agency Qualified List* by a school site administrator, and which chooses to enter into contract with the District, will enter into a contract substantially in the form of the Expanded Learning Lead Agency MOU, attached hereto as Appendix IV. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsements, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The District, in its sole discretion, may select another qualified agency and may proceed against the original selectee for damages.

## APPENDIX I: RFP Application

## 2024 OUSD Request for Proposals Application (Template)

(Email procurement@ousd.org for template)

ASES, 21st CCLC, ELO-P, and ASSETS Expanded Learning Programs

Cover Sheet Template:

| Organization Name          |                              |  |
|----------------------------|------------------------------|--|
| Primary Contact<br>Person: | Secondary Contact<br>Person: |  |
| Email:                     | Email:                       |  |
| Telephone #:               | Telephone #:                 |  |

| Service Categ | gory: Check the grade levels your organization is interested in serving. |
|---------------|--|
|               | Elementary (Grades TK-5)   |
|               | Elementary/Middle (Grades TK-8)  |
|               | Middle (Grades 6-8)  |
|               | High (Grades 9-12)   |

| , ,                                    | ·                                  | ease provide documentation of this |                  | Yes      |
|--|------------------------------------|------------------------------------|------------------|----------|
| status in your supporting docur        | nentation section.                 |                                    |                  | No       |
| Are you currently an OUSD Ap           | proved Lead Agency Partner?        |                                    |                  | Yes      |
|  |                                    |                                    |                  | No       |
| Have you served as an OUSD             | Lead Agency partner before in      | past years?                        |                  | Yes      |
|  |                                    |                                    |                  | No       |
| If so, please identify the years       | and durations served.              |                                    |                  | # Years  |
| Do you currently serve in the L        | ead Agency role for any other s    | school districts besides           |                  | Yes      |
| OUSD?                                  |                                    |                                    |                  | No       |
| If yes, please list all school         | districts you have served.         |                                    | ,                |          |
|  |                                    |                                    |                  |          |
| How many school sites does w           | our organization have the cone     | oity to come on a load             | 1                | # Sites  |
| How many school sites does you agency? | our organization have the capa     | city to serve as a lead            |                  | # Siles  |
| In the box below, please               | briefly explain your rationale for | or this number of sites?           | •                |          |
|  |                                    |                                    |                  |          |
|  |                                    |                                    |                  |          |
|  |                                    |                                    |                  |          |
| On behalf of                           | (Agency), I,                       |                                    |                  | (name)   |
|  | (Position),                        | declare under penalty              | of perjury under | the laws |
| of the State of California tha         | t the foregoing is true and co     | orrect.                            |                  |          |
|  |                                    |                                    |                  |          |
| Signature:                             | Date:                              |                                    |                  |          |

## **APPENDIX II: Application Questions**

After reading the RFP narrative, please respond to all of the prompts within all six (6) titled sections below in no more than 8 double-spaced pages in 12pt Font. Organizations may elaborate on specific documents provided in the Required Supporting Documentation (Appendix III).

The prompts are distinct and differentiated based upon if the applicant is a new or a current organization. See below for the definition of each designation and only respond to the prompts that apply to organizations of that designation or status.

## New Organizations/Applicants:

Organizations applying to be a comprehensive expanded learning provider within OUSD and were not an OUSD-approved lead agency during the 2022-25 RFP cycle.

| Collaborative<br>Partnerships<br>(up to 2 pages)     | <ol> <li>Describe a collaborative partnership that the organization experienced<br/>while engaged in a school and/or or district setting. Site specific<br/>examples.</li> </ol>  |
|--|---|
| (20 Points)  | <ol><li>How does the organization seek and respond to feedback from<br/>stakeholders? Please specify what the organization did to make this<br/>happen.</li></ol>   |
|  | 3. How does the organization and its partners maintain clear and aligned values for supporting and honoring youth?  |
|  | <ol> <li>Please provide specific examples of how the organization collaborates<br/>with a variety of stakeholders to make decisions and ensure a positive<br/>culture and climate in your programs.</li> </ol>          |
| Empowerment (up to 1 page)                           | Describe how the organization honors and celebrates different perspectives and unique roles to support youth.   |
| (10 Points)  | 6. What professional development does your organization provide staff to<br>support student belonging, engagement, and leadership opportunities?  |
| Safe and Supportive<br>Environment<br>(up to 1 page) | 7. Provide examples of strategies your organization implements to ensure youth experience a sense of belonging, are valued, acknowledged, and celebrated in the program.  |
| (20 Points)  | 8. What training is implemented and/or available to support staff in ensuring their programs provide safe and supportive environments? Please share examples of any curriculum and/or resources are available to staff. |

| Lifelong Learning  | What practices and resources within your organization support academic  |  |  |
|--|---|--|--|
| (up to 1 page)   | engagement, confidence, and habits for lifelong learners?   |  |  |
| (15 Points)  | <ol> <li>Lifelong Learning can be formal, nonformal, informal, and self-directed;<br/>describe how your organization supports staff-to-students learning in the<br/>program offering.</li> </ol>  |  |  |
|  | 11. Describe how youth participate in diverse enrichment programming that<br>reflects their interests and promotes joy, skill-building, and hands-on<br>experience. Site Examples.  |  |  |
| Adaptive<br>Programming<br>(up to 1 page)                          | 12. What strategies are in place to support staff and students when the organization has to make unexpected shifts due to physical, environmental, and social contexts? Share how you would communicate that.   |  |  |
| (15 Points)  | 13. How does the organization offer differentiated services to meet school, student, and family needs?  |  |  |
|  | 14. Share an example of how the program will provide inclusive programming to all OUSD students, including students with special needs.   |  |  |
| Strong Systems and<br>Structures<br>(up to 2 pages)<br>(20 Points) | 15. Using the organization's budget and profit and loss statement in the required supporting documentation, create a budget narrative showing how the organization would allocate funds to run a high-quality comprehensive expanded learning program. These budgets must be based on the grant requirements detailed in the Funding description above (Section E.); including a required staffing ratio of 1:20 (or better)  |  |  |
|  | <ul> <li>Elementary/Middle School Funding: (\$10.18 x (65%-total UDS) x 175 days)         <ul> <li>Ex: (100 Unduplicated students x \$10.18 x 175day) x 65%</li> <li>= \$115,797</li> </ul> </li> <li>Your budget must detail:         <ul> <li>Projected Program Fees</li> </ul> </li> <li>Staffing costs for service delivery, staff training, and prep time</li> <li>Full-time salaried site coordinator</li> <li>Any agency management-level staff who grant funds will pay for the support of direct service programming</li> <li>Supplies, materials, curriculum, books, field trips, etc.</li> <li>Agency administrative costs are not to exceed 5% from ASES and 10% from ELO-P of the contracted amount Note:             <ul> <li>The budget does not need to include snack costs</li> <li>Strong practices for staff and program improvement with support from the lead agency.</li> </ul> </li> </ul> |  |  |
|  | 16. The state of California has introduced Expanded Learning Opportunities  |  |  |

| Program (ELO-P) funding, allowing expanded learning programs to grow and adapt to meet the community's needs. ELO-P funds are subject to shift based on state budgeting. How will the organization ensure that current programming levels are sustainable if/when funds are no longer accessible? |
|---|
| 17. What is the organization's experience with implementing ASES/21st CCLC/ASSETS/ELO programs? Share a success and a challenge that the organization faced managing its requirements. In retrospect, what shifts would the organization make to achieve a more successful outcome?               |

## **Current/Returning Organizations:**

Active and contracted comprehensive expanded learning providers that are OUSD-approved for the 2022-2025 cycle. If the applying organization is on this list, it is classified as a returning or current organization and can only respond to the prompts below.

| Collaborative Partnerships (up to 2 pages)           | <ol> <li>During SY 2022-2024, how did the organization and its partners maintain<br/>clear and shared values around supporting and honoring the needs of<br/>youth?</li> </ol>  |
|--|---|
| (20 Points)  | 2. How has the organization sought and responded to feedback from<br>stakeholders, engaged in active listening, and made shared decisions?  |
|  | 3. Share a specific example of a successful collaborative partnership with<br>stakeholders. Share an example of a challenging collaborative<br>partnership and how the organization navigated the situation that did not<br>reach the desired outcome. In retrospect, what shifts would you make to<br>achieve a more successful outcome? |
| Empowerment (up to 1 page)                           | How has the organization supported youth agency and provided youth leadership opportunities?  |
| (10 Points)  | 5. What professional development did the organization provide staff that<br>supported student engagement and leadership opportunities?  |
|  | 6. What shifts did your organization make to create spaces for youth voice<br>and choice?   |
| Safe and Supportive<br>Environment<br>(up to 1 page) | <ol> <li>Provide examples of strategies your organization implemented to ensure<br/>youth experienced a sense of belonging and felt valued, acknowledged,<br/>and celebrated in the program.</li> </ol>   |
| (20 Points)  | <ol> <li>What training was available to support staff in ensuring their programs<br/>provide safe and supportive environments? Please share curriculum,<br/>training, and resources available to staff.</li> </ol>  |
|  | 9. How has the organization aligned with OUSD policy to provide a safe and  |

|   | supportive environment?  |  |  |
|---|--|--|--|
| Lifelong Learning (up to 1 page)                          | What practices and resources within the organization support academic engagement, confidence, and habits for lifelong learners?  |  |  |
| (15 Points)   | 11. Describe how youth participated in diverse enrichment programming that reflected their interests and promoted joy, skill-building, and hands-on experience. Site Examples.   |  |  |
| Adaptive<br>Programming<br>(up to 1 page)                 | 12. What strategies are in place to support students when the organization has to make unexpected shifts due to physical, environmental, and social contexts?  |  |  |
| (15 Points)   | 13. How does the organization offer differentiated services to meet school, student, and family needs?   |  |  |
|   | 14. Share an example of how the program provided inclusive programming to OUSD students, including students with special needs.  |  |  |
| Strong Systems and Structures (up to 2 pages) (20 Points) | 15. Using your organization's budget and profit and loss statement in the required supporting documentation, create a budget narrative showing how your agency allocates funds to run a high-quality comprehensive expanded learning program. These budgets must be based on the grant requirements detailed in the Funding description above (Section E.), including a required staffing ratio of 1:20 (or better).  © Elementary/Middle School Funding: (\$10.18 x (65%-total UDS) x 175days)  ■ Ex: (100 Unduplicated students x \$10.18 x 175day) x 65% = \$115,797  O Your budget must detail:  Projected Program Fees  Staffing costs for service delivery, staff training, and prep time  Full-timeFull time salaried site coordinator  Any agency management-level staff who grant funds will paywill be paid by grant funds for the support of direct service programming  Supplies, materials, curriculum, books, field trips, etc.  Agency administrative costs are not to exceed 5% from ASES and 10% from ELO-P of the contracted amount Note:  ■ The budget does not need to include snack costs  Strong practices for staff and program improvement with support from the lead agency.  16. The state of California has introduced Expanded Learning Opportunities Program (ELO-P) funding, allowing expanded learning programs to grow and adapt to meet the community's needs. ELO-P funds are subject to shift based on state budgeting. How will your organization ensure that current programming levels are sustainable if/when funds are no longer accessible? |  |  |

17. During 2022-2024, what was your organization's success around meeting CDE compliance expectations? Expectations include meeting staff ratio, staffing qualifications, average daily attendance, and serving unduplicated, special needs, and TK/K students. Share a success and a challenge that the organization faced in meeting compliance expectations. In retrospect, what shifts would your organization make to achieve more successful outcomes?

## APPENDIX III. Instructions for RFP Application Submission:

Any documents submitted after the deadline will not be accepted or reviewed.

## Required Supporting Documentation Instructions:

To support RFP responses and verify organizational Proposals, the following documentation is required. The *Application Questions* in Appendix II will directly reference these documents and ask for an elaboration of the information these documents provide. All documents received will be viewed internally and not shared publicly. These documents do not count towards the 8-page limit for the RFP application described in Appendix II. Additionally, please label all supporting documents clearly according to this list:

Any files missing could result in disqualification from the RFP process.

## All files will need to be clearly labeled based on the list below:

- One (1) sample Expanded learning program schedule with activity summary
- A sample budget pertaining to the program schedule and activity summary
- Current Profit and Loss statement from 2022 or 2023
- Copy of 2023 990 Tax Form
- Copy of Monitoring Reports and/or other external evaluations of the program (maximum of 1)
- Organizational chart of agency that illustrates how the OUSD Expanded Learning Program is to be supported administratively and programmatically
- Copy of organization's 501(c)(3) letter
- Bank statements to show proof of operating cash reserves
- Job description for site coordinator and program instructor positions
- Copy of IRS letter certifying tax exempt status
- Proof of "active" status with the office of the California Secretary of State Board roster

and minutes – Include the current board roster indicating officers and affiliations as well as Board approved minutes from the 2022-2023 school year.

- Signed letter of agreement (as elaborated upon in Section N)
- Most recent audited financial statements within 2 years and summary of the audit findings
- Letters of reference (maximum of 2)
- Documents demonstrating fulfillment of minimum Proposals (see Section M)
- Copy of current certificate of current insurance: Commercial/General Liability \$1M per occurrence and Workman's Comp.

The following documents listed below are **not** required upon submission of proposal but will be required upon receiving 'Recommended' status.

1. Statement of Qualifications

A Statement of Qualifications is a paragraph or two on the organization's letterhead that explains why they are qualified to provide this service.

- 2. Commercial General Liability Insurance Coverage via an ACORD sheet.
  - A. Address in the "Certificate Holder" section: Oakland Unified School District, Attn: Risk Management; 1011 Union Street, Oakland CA 94607
  - B. Policy Limits: 1,000,000 per occurrence / \$2,000,000 aggregate
- 2. (a) Policy Endorsement naming OUSD as an additional insured (from the Agent): this is a Separate document from above.
- 3. An ACORD Sheet for Professional Liability or Corporal Punishment insurance: It should have minimum policy limits of \$1MM per occurrence and \$2MM aggregate
- 3. (a) Policy Endorsement naming OUSD as an additional insured on this policy.
- 4. Either one of these two types of coverages are acceptable It should be on an ACORD Sheet
  A) Improper Sexual Conduct & Physical Abuse Liability or
  - B) Sexual Abuse & Molestation. It should have minimum policy limits of \$1MM per occurrence and \$2MM aggregate minimum;
- 4. (a) Policy Endorsement naming OUSD as an additional insured on this policy.
- 5. Agency Letter: This letter states the following: (and should be on your letterhead)
  - (a) All of the employees that work at OUSD have passed fingerprint review by CA DOJ and FBI, TB testing requirements, and mandate reporting.
  - (b) ATI Numbers (from fingerprinting) will need to appear on all invoices submitted to OUSD
  - (c) Proof of fingerprint passage and TB Test passage of staff working at OUSD will be available to OUSD upon demand.

# APPENDIX IV: OUSD Expanded Learning Lead Agency MOU Boilerplate Checklist

- 1. Intent
- 2. Term of MOU
- 3. Termination
- 4. Compensation
  - 4.1. Total Compensation
  - 4.2. Positive Attendance
    - 4.2.1. Reconciliation Process for Positive Attendance-Based Grant Funds
    - 4.2.2. Administrative Charges and Reconciliation
  - 4.3. OUSD Administrative Fees
  - 4.4. Agency Administrative Fees
  - 4.5. Program Budget
  - 4.6. Modifications to Budget
  - 4.7. Program Fees
- 5. Scope of Work
  - 5.1. Student Outcomes
    - 5.1.1. Alignment with Community School Strategic Site Plan
  - 5.2. Oversight
  - 5.3. Enrollment
  - 5.4. Program Requirements
    - 5.4.1. Program Hours
    - 5.4.2. Program Days
    - 5.4.3. Program Components
    - 5.4.4. Staff Ratio
  - 5.5 Data Collection
    - 5.5.1. Accountability Reports
    - 5.5.2. Attendance Reports
    - 5.5.3. Use of Enrollment Packet

- 5.6. Maintain Clean, Safe and Secure Environment
- 5.7. Meeting Participation
- 5.8. Relationships
- 5.9. Licenses
- 6. Field Trip Policy. Field Trips, Off Site Events and Off Site Activities
  - 6.1. 6.13.2., including, but not limited to:
  - 6.1. Licenses Permission Slips/Acknowledgement
    - 6.1.3. Notice of Waiver of All Claims
  - 6.5. Health Conditions/Medication
  - 6.6. Supervision
  - 6.7. Transportation Requirements
  - 6.11. Additional Requirements for High Risk, Overnight, Out of State Trips
  - 6.12. Additional Requirements for Field Trips/Excursions Which Include Swimming or Wading
  - 6.13. Additional Requirements for Trips to East Bay Regional Park District Bodies of Water (swimming pools, lagoons, shoreline parks and lakes) and Related Facilities
- 7. Financial Records
  - 7.1. Accounting Records
  - 7.2. Disputes
- 8. Invoicing
  - 8.1. Billing Structure
  - 8.2. Unallowable Expenses
  - 8.3. Invoice Requirements
  - 8.4. Submission of Invoices
  - 8.5. Submission of Invoices for ASESP and 21st Century Grants
- 9. Ownership of Documents
- 10. Changes
  - 10.1. Agency Changes
  - 10.2. Changing Legislation
- 11. Conduct of Consultant
  - 11.1. Child Abuse and Neglect Reporting Act
  - 11.2. Staff Requirements

- 11.2.1. Tuberculosis Screening
- 11.2.2. Fingerprinting of Agents
- 11.2.3. Minimum Proposals
- 11.3. Removal of Staff
- 11.4. Conflict of Interest
- 11.5. Drug-Free/Smoke Free Policy
- 11.6. Non-Discrimination
- 12. Indemnification
- 13. Insurance
  - 13.1. Commercial General Liability
  - 13.2. Worker's Compensation
  - 13.3. Property and Fire
- 14. Litigation
- 15. Incorporation of Recitals and Exhibits
- 16. Counterparts
- 17. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- 18. All exhibits, with required forms and timelines

## OUSD AFTER-SCHOOL LEAD AGENCY 2022-25 MOU SAMPLE CONTRACT

The contract template that is currently being used by lead agencies can be accessed by clicking the <u>following link</u>. The MOU contract will be a master contract between OUSD and the lead agency that does not specify the school site(s) where the agency is assigned, and that master contract will last for three (3) years (but note that agencies and sites will continue be matched in 1-year relationships, as they are currently).

All applicants are required to review the MOU contract template currently in use, and sign the OUSD Expanded Learning Lead Agency MOU Boilerplate Checklist of the RFP (Appendix IV).

If having a hard time opening the contract template, please email procurement@ousd.org for a copy.

Submission of this Signed Boilerplate Checklist will constitute a representation by your firm that it has read all the clauses listed in the OUSD Expanded Learning Lead Agency MOU contract sample (Appendix IV), is willing and able to comply with OUSD contracting requirements, and understands that the standard OUSD Expanded Learning Lead Agency MOU is subject to change annually.

| Signature                   | Date                 |
|-----------------------------|----------------------|
|                             |                      |
| Name and Title of Signatory | Name of Organization |

## APPENDIX V: Appeals Process for Applicants

Any applicant may appeal to the Oakland Unified School District Procurement Department if the determination that it is not prequalified. An appeal must be based on one or both of two following:

- **Unfair process** (e.g., the appellant's proposal was treated differently than others, conflict of interest by OUSD Department of Expanded Learning staff, etc.)
- Material error (e.g., the appellant's proposal was reviewed under the wrong funding strategy, failure to consider all application materials, incorrect application of evaluation rubric or some other mistake of fact occurred), or

The appellant must submit the appeal by September 13, 2024 (i.e., 5 business days after the Lead Agency Notification Date). If the appellant fails to file an appeal prior to the applicable appeals deadline, the appellant waives any and all rights to challenge the decision of the District.

An appeal must clearly state the facts that establish one of the above-referenced bases for appeal and how, as a result, the appellant's proposal was affected negatively. The appeal will be considered and adjudged by the Senior Manager, Rosaura Altamirano, whose decision will be final. Appellant should submit the appeal and any supporting documents should be sent electronically by email to:

#### Rosaura M. Altamirano

Senior Manager, Supply Chain & Logistics, rosaura.altamirano@ousd.org

Appellants will receive written notice of the outcome of their appeal by September 26, 2024. In the event that an applicant's appeal is successful, the agency will be treated as all other pregualified agencies.

## APPENDIX I: RFP Application

## **2024 OUSD Request for Proposals Application (Template)**

ASES, 21st CCLC, ELO-P, and ASSETS Expanded Learning Programs

Cover Sheet Template:

| Organization Name          | Safe Passages              |                              |                         |
|----------------------------|----------------------------|------------------------------|-------------------------|
| Primary Contact<br>Person: | Josefina Alvarado<br>Mena  | Secondary Contact<br>Person: | Alicia Perez            |
| Email:                     | jalvarado@safepassages.org | Email:                       | aperez@safepassages.org |
| Telephone #:               | (510) 817-4625             | Telephone #:                 | (510) 324-7447          |

| Service Category: Check the grade levels your organization is interested in serving. |                                 |  |
|--|---------------------------------|--|
| X  | Elementary (Grades TK-5)        |  |
| X  | Elementary/Middle (Grades TK-8) |  |
| X  | Middle (Grades 6-8)             |  |
| X  | High (Grades 9-12)              |  |

| X             | Yes            |
|---------------|----------------|
| X             | Yes            |
|               |                |
|               | No             |
| X             | Yes            |
|               | No             |
| X             | Yes            |
|               | No             |
| 16            | # Years        |
| X             | Yes            |
|               | No             |
|               |                |
| County Office | e of Education |
| 15            | # Sites        |
|               | -              |
|               |                |
|               | 16 X           |

| On behalf of   | Safe Passages | (Agency), I, | Josefina Alvarado Mena                 | (name)   |  |  |  |  |  |  |
|--|---------------|--------------|--|----------|--|--|--|--|--|--|
| CEO  |               | (Position),  | declare under penalty of perjury under | the laws |  |  |  |  |  |  |
| of the State of California that the foregoing is true and correct. |               |              |  |          |  |  |  |  |  |  |
| Signature:   | Helvaralshen  | Date:        | 7/5/2024                               |          |  |  |  |  |  |  |



# Signed Letter of Agreement



1017 Clay St. Oakland, CA 94607 **www.safepassages.org** 

#### Letter of Agreement

July 5th, 2024

#### **RE: SAFE PASSAGES RFP #24-148ExLo**

Dear OUSD Expanded Learning Office Staff

Safe Passages, 501(c)(3) corporation based in Alameda County, is submitting the attached responses to the OUSD RFP #24-148ExLo Expanded Learning Lead Agency For Expanded Learning Offices.

The mission of Safe Passages (SP) is to disrupt the cycle of poverty by engaging youth and families to build and drive a continuum of services that supports student success and community development. SP's mission, vision, and work are directly aligned with OUSD's mission to build a Full-Service Community District focused on high academic achievement while serving the whole child, eliminating inequity, and providing each child with excellent teachers every day. Moreover, our mission and vision closely align with OUSD's strategic plan and vision for Full-Service Community Schools.

Over the last 25+ years, SP has collaborated closely with OUSD to design, implement, and leverage resources to provide health, education, and social services to Oakland youth and their families, with a special focus on Oakland's most vulnerable populations (low-income, English Learners, students of color, youth in foster care, immigrants and refugees). Specifically, SP partnered with OUSD on the Safe Passages Middle School, Early Childhood, and Juvenile Justice Initiatives. In addition, SP served as the lead agency for Oakland Elev8 Full-Service Community Schools Initiative at 5 of the highest-need middle schools in Oakland, including the development of new Expanded Learning Programs, School-Based Health Centers, and Family Resource Centers.

Safe Passages has been an OUSD After School Lead Agency since 2008 and has the capacity to serve 15 school sites across the K-12 continuum and meet the match requirements to implement comprehensive after-school programs.

Safe Passages is willing and able to perform the commitments contained in the application.

Signed,

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Josefina Alvarado Mena, Esq. Chief Executive Officer Safe Passages



# Written Responses to Application Questions

## 1. COLLABORATIVE PARTNERSHIPS (up to 2 pages)

Safe Passages (SP) is dedicated to disrupting the cycle of poverty by engaging youth and families in a continuum of services that fosters student success and community development. Our vision aligns seamlessly with Oakland Unified School District's (OUSD) mission to build a Full-Service Community District focused on high academic achievement, serving the whole child, and eliminating inequity. For over 25 years, SP has collaborated closely with OUSD to design, implement, and leverage resources, ensuring our combined efforts effectively support Oakland's most vulnerable populations. Our commitment to OUSD's strategic plan, which aims to cultivate transformative experiences for youth, supports the district's goals to ensure strong readers by third grade, support empowered graduates, create joyful schools, and grow a diverse and stable staff.

A solid commitment to equity, social justice, and integrity is at the core of SPs' work. Our focus on disrupting the cycle of poverty and supporting student success drives every initiative and partnership we undertake. SP engages in regular meetings and strategic planning sessions with OUSD and other key partners to maintain and reinforce these shared values. We adhere to the California Department of Education (CDE) quality standards, ensuring our programs align with OUSD's strategic initiatives. Our professional development and staff training are designed to embed these values consistently across all programs. This is evidenced by the successful development of Expanded Learning programs, School Based Health Centers, and Family Resource Centers, aligning with OUSD's mission to build a Full-Service Community District.

SP employs a robust system for seeking and responding to feedback, ensuring our programs meet the needs of our students and community. Utilizing data management systems, we collect and analyze data to assess program effectiveness. We gather youth and family experiences through pre/post-test surveys and conduct regular program evaluations and assessments. SP engages in active listening and shared decision-making by involving stakeholders through community meetings, focus groups, and advisory boards. This approach ensures that feedback directly informs program improvement, staff training, and program development, creating a positive feedback loop that continually enhances our services.

SP has a proven track record of fostering successful collaborative partnerships. SP has a longstanding collaboration with OUSD on SPs' Middle School, Early Childhood, and Juvenile Justice Initiatives and serves as the lead agency for Oakland's Full-Service Community Schools Initiatives with its AmeriCorps Elev8 Program. SP is engaged in the collaborative leadership of our Expanded Day Partnerships in OUSD, New Haven Unified School District, and Emery Unified School Districts. Other examples include two decades of partnership with schools like UFSA and CCPA. These collaborations resulted in significant positive outcomes in academic achievement and student engagement, underscoring the impact of our aligned goals, regular communication, and shared commitment to student success. SP has navigated challenges such as leadership turnover at particular school sites. By training our staff to work with diverse leadership styles and maintaining a constant and culturally responsive workforce, we ensure minimal disruption to our programs and school communities, demonstrating our nimbleness in the face of change.

#### 2. EMPOWERMENT (up to 1 page)

SP is deeply committed to empowering youth by fostering their leadership skills and providing them with opportunities to shape their futures. Our Urban Arts Get Active program exemplifies our youth leadership model and agency focus. This program engages students in creative activities that promote self-expression, teamwork, and community involvement. Through SPs' Expanded Learning programming, youth receive guidance and support as they navigate their educational journeys, with opportunities to join workforce development pipelines and achieve their goals. This program emphasizes goal setting, personal development, and leadership, equipping students with the tools to become confident, capable community leaders. Many students served have returned to SP as AmeriCorps Members or instructors; after service, some have grown into program management positions at SP.

SP is a learning organization that offers our staff comprehensive professional development opportunities to support student engagement and leadership. These include team training, group supervision, and individual coaching designed to enhance staff capacity to foster youth leadership. Our training topics cover youth development, age-appropriate academic support, social-emotional support, program improvement, cultural and linguistic responsiveness, family engagement, and CPR, ensuring our staff have the skills and knowledge necessary to create environments where youth can thrive and lead.

Creating spaces for youth voice and choice is a core principle at SP. We actively listen to our youth and families through pre/post-test surveys, family visits and interviews, and other informal contact points. This feedback informs our program design and implementation, ensuring our initiatives are responsive to our students' needs and aspirations. For example, we use the Truth, Hope, Change, and Curiosity (THCC) reflection tool to deliver high-quality programming that reflects youth input.

## 3. SAFE AND SUPPORTIVE ENVIRONMENT (up to 1 page)

SP is dedicated to ensuring that every student in our programs experiences a sense of belonging, feels valued, and is celebrated. Our approach to building strong relationships with youth centers on developing positive, supportive connections that foster trust and mutual respect. Our Expanded Learning programs are designed to create inclusive environments where every student feels acknowledged and celebrated, from K/TK through high school. Through various family engagement events, student showcases, award ceremonies, and holiday celebrations, we ensure our youth are recognized for their achievements and contributions.

SP offers various professional development opportunities to support staff in providing safe and supportive environments. Our training programs cover essential topics such as youth development, cultural and linguistic competency, emergency protocols, CPR, and Social Emotional Learning (SEL). The training curriculum expands with additional resources on SEL and restorative justice practices, integral to the program culture. These practices help establish strong relationships, clear boundaries, and trust between staff, youth, and families. SPs' management team is crucial in facilitating effective program implementation and ensuring compliance with safety standards through regular evaluation and feedback.

SP's alignment with OUSD policy is central to our commitment to providing safe and supportive environments. We have established systems to ensure OUSD standards compliance, including regular internal audits and partnering with the Expanded Learning Office on compliance reviews. These processes help us maintain accountability and continuously improve our programs to meet the highest safety and support standards.

#### 4. LIFELONG LEARNING (up to 1 page)

SP provides a range of academic support initiatives, such as tutoring, homework assistance, and targeted reading programs, providing essential resources to students and helping them achieve academic success. The Elev8 AmeriCorps program is crucial in this effort, offering students dedicated academic support and mentorship. Additionally, SP's leadership role in the Oakland ELO-P TK/K implementation underscores our commitment to support for lifelong learning, beginning with our youngest TK/K students.

We emphasize a multi-sensory approach to learning, recognizing that students have diverse learning styles and needs. Our instructors work with children and youth from K/TK through high school and provide them with enrichment and youth development activities, from academic support, arts and crafts, entrepreneurship, and hands-on learning opportunities, to mentorship and supporting students while building their confidence and mastery of skills. Programs such as Get Active provide activities that are designed to be both educational and enjoyable, helping students explore new skills and interests while fostering a love for learning.

Our programming is supported by a team of trained and experienced staff dedicated to providing high-quality, engaging student activities. SP collaborates with local organizations, artists, and experts to enhance our enrichment offerings, bringing diverse perspectives and expertise to benefit our students. Resources are allocated strategically to ensure various enrichment activities are available, reflecting our commitment to student-centered programming and cultural responsiveness.

#### 5. ADAPTIVE PROGRAMMING (up to 1 page)

SP continuously demonstrates its ability to adapt programming to meet the needs of students, families, and schools in response to unexpected shifts due to physical, environmental, and social contexts. During the COVID-19 pandemic, SP swiftly transitioned to virtual learning,

ensuring continuity in learning despite the abrupt and massive disruption in delivery methods.

Our programs were adapted to address learning loss, focusing on maintaining academic engagement and providing additional support for social-emotional well-being. Continuous communication with students, families, and schools was maintained to respond to evolving needs and ensure stakeholders were informed and supported through these transitions.

SP is committed to offering differentiated services, evident in our academic support and culturally responsive programming. We provide personalized academic assistance, addressing the unique needs of each student. Our programs are designed to be inclusive and reflect our students' diverse backgrounds, ensuring that cultural relevance is at the forefront of our efforts. Comprehensive family support services, including immigration training, concrete support, violence prevention, and family engagement activities, further demonstrate our holistic approach to supporting the entire school community.

Our Early Childhood Expanded Learning Unit is an initiative showcasing our inclusive programming, which offers specialized support for TK/K students. This unit has a lower teacher-to-student ratio, ensuring each child receives the attention and resources necessary for development. Additionally, our programs cater to vulnerable populations, including youth in foster care, English Learners, and youth experiencing housing insecurity, all of whom are primarily low-income students of color, providing tailored support to meet their specific needs.

6. STRONG SUPPORT AND SYSTEMS (up to 2 pages)

The sample budget represents our existing work at the Laurel After School Program. It utilizes the 2024-25 OUSD after-school budget planning spreadsheet, providing details and highlighting the allocated leveraged funds and resources.

**Budget Summary** - The budget is designed to serve at least 200 students for 180 school days. It includes an ASES allocation of \$152,612, \$85,000 from OFCY, \$480,339 from ELO-P, and \$14,203 from other lead agency funds for a total budget of \$732,154, with \$717,951 of the total budget contracted to SP.

Budget Narrative - The budget accounts for one FTE Extended Learning Coordinator funded at \$77,175 for a 12-month SP employee with full benefits. The budget allocates 15 instructors to provide academic support and a wide variety of enrichment programming. Eleven instructors are budgeted @ \$30 per hour, including fringe for 23 hours/week for 38 weeks, and one Cultural Enrichment Instructor is budgeted at \$32.50 per hour, including fringe for 23 hours/week for 38 weeks. Instructors are allocated 76 hours of prep time each program year and 30 hours of professional development, including at least 10 hours to participate in Continuous Quality Improvement activities. Three AmeriCorps instructors provide enrichment programming 20 hours/week for 36 weeks. AmeriCorps instructors are funded at \$1000 monthly for ten months of programming. Two FTE Program Assistants are budgeted at \$50,000 plus full benefits and support the program by providing student behavioral support. The instructional staff configuration supports a 1:8 ratio in the TK/K program and a 1:17 ratio in 1st-5th grade programming. Professional development costs (space, trainers, materials, CPR, food) are allocated at about \$1000 per instructor and \$2500 for each manager and supported by leveraged funds. Supplies are budgeted at \$14,272, with \$2,300 funded by OFCY. Finally, SP administrative costs allocated to ASES are \$6,650.03 or less than 4.5%, well below the OUSD maximum of 5%. Administrative costs allocated to ELO-P are \$45,747, or about 9.5%, below the 10% maximum.

SP is committed to sustaining our expanded learning programs regardless of fluctuations in ELO-P funding. To ensure sustainability, SP proactively seeks funding from diverse sources, including state and federal grants, private foundations, corporate partnerships, and individual donors, thereby reducing reliance on any single funding stream. Our longstanding collaboration with OUSD enhances our ability to leverage additional resources, share costs, and secure matching funds. SP has established rigorous financial management practices, including careful budgeting, regular financial reviews, and strategic resource allocation to ensure funds are used efficiently.

During the 2022-2024 school years, SP successfully met the CDE compliance expectation by adhering to staff ratios, staffing qualifications, and average daily attendance requirements. Our efforts to engage unduplicated, special needs, and TK/K students were successful, evidenced by a robust average daily attendance that met CDE benchmarks. A notable success was creating a new Expanded Learning program at Chabot Elementary, which had never provided free programming for unduplicated students. We enrolled over 300 students and met all CDE benchmarks. However, we faced a challenge: becoming the lead agency at another school site that did not previously meet attendance benchmarks. We learned the importance of having a solid team to motivate students and build strong relationships with their families. After SP took over programming at Reach Elementary, we doubled enrollment and met CDE benchmarks regarding attendance and youth development. Prioritizing these shifts has strengthened our ability to meet and exceed OUSD and CDE compliance expectations.



# Appendix III Supporting Documents



# Program Budget

#### 2024-25 AFTER SCHOOL BUIDGET PLANNING SPREADSHEET

| Cit - Nove -                         | Lourel   |   |          |                            |   |                            |             | Program              | Other                | Other Lead      |
|--------------------------------------|--|---|----------|----------------------------|---|----------------------------|-------------|----------------------|----------------------|-----------------|
| Site Name:                           | Laurei   |   |          |                            |   |                            |             | Fees (if applicable) | School Site<br>Funds | Agency<br>Funds |
| Site #:                              |  | % |          |                            | % |                            |             |                      |                      |                 |
| Average # of :<br>(ADA):             | students to be served daily 83.20  |   |          |                            |   |                            |             | Lead Agency          | OUSD                 | Lead Agency     |
|                                      | TOTAL GRANT AWARD  |   | 152,61   | 12.13                      |   | 480,339.00                 | 85000       |                      |                      |                 |
|                                      | OUSD Indirect (5.00%)  |   | 7,267.24 |                            |   | 22,873.29                  |             |                      |                      |                 |
|                                      | OUSD ASPO admin, evaluation, and   |   | 5,590.19 |                            |   | 0.00                       |             |                      |                      |                 |
|                                      | Custodial Staffing and Supplies at 3.5%  |   | 4,726.00 |                            |   | 0.00                       |             |                      |                      |                 |
|                                      | TOTAL SITE ALLOCATION  |   | 135,02   | 28.69                      |   | 457,465.71                 | 85000       |                      |                      |                 |
| 1120                                 | Quality Support Coach/Academic Liaison   |   | 2500     |                            |   | 0                          |             |                      | 0                    |                 |
| 1120                                 | Certificated Teacher Extended Contracts-   |   | 0        |                            |   | 0                          |             |                      | 0                    |                 |
| 1120                                 | Certificated Teacher Extended Contracts- ELL   |   |          |                            |   |                            |             |                      |                      |                 |
| 1120                                 | Certificated Teacher Extended Contracts-   |   |          |                            |   |                            |             |                      |                      |                 |
|                                      |  |   |          |                            |   |                            |             |                      |                      |                 |
|                                      |  |   |          |                            |   |                            |             |                      | 0                    |                 |
|                                      | Total certificated   |   | 2500     | 0                          |   | 0 0                        | 0           | 0                    | 0                    | 0               |
| 2205                                 | Site Coordinator (list here, if district   |   | 0        |                            |   |                            |             |                      | 0                    | 0               |
| 2225                                 | Culture Keeper (optional)  |   | 0        |                            |   |                            |             |                      | 0                    | Ü               |
|                                      |  |   |          |                            |   |                            |             |                      |                      |                 |
|                                      |  |   | 0        |                            |   |                            |             |                      |                      |                 |
|                                      | Total classified   |   | 0        | 0                          |   | 0 0                        | 0           | 0                    | 0                    | 0               |
| 3000's                               | Employee Benefits for Certificated Teachers  |   | 612.50   |                            |   | 0                          |             |                      |                      |                 |
| 3000's                               | Employee Benefits for Classified Staff on  |   | 0        |                            |   | 0                          |             |                      |                      |                 |
| 3000's                               | Employee Benefits for Salaried Employees Total benefits  |   | 0        | •                          |   | 0<br><b>0 0</b>            | •           | 0                    | 0                    | 0               |
|                                      | Total beliefits  |   | 612.50   | 0                          |   | 0 0                        | 0           | 0                    | 0                    | 0               |
| 4310                                 | Supplies   |   | 0        | 166.17                     |   | \$11,805.52                | \$2,300.00  |                      | 0                    | -               |
| 4310<br>5829                         | Curriculum<br>Field Trips  |   | 0        | 0                          |   |                            |             |                      | 0                    | <b>0</b><br>0   |
| 4420                                 | Equipment (including computers - OUSD  |   | 0        |                            |   |                            |             |                      | 0                    | 0               |
|                                      |  |   |          |                            |   |                            |             |                      |                      |                 |
|                                      |  |   |          |                            |   |                            |             |                      |                      |                 |
|                                      | Bus tickets for students   |   |          |                            |   |                            |             |                      |                      |                 |
|                                      | Total books and supplies   |   | 0        | 166.17                     |   | 0 \$11,805.52              | \$2,300.00  | 0                    | 0                    | 0               |
| E03E                                 | Site Coordinator /1 ETE @ \$77 175 + 20  |   | 0        | Ć4F 720 00                 |   | ¢52 210 50                 |             |                      |                      | 8452.5          |
| 5825<br>5825                         | Site Coordinator (1 FTE @ \$77,175 + .38<br>Literacy/Academic Enrichment Instructor (1 x   |   | U        | \$45,728.00<br>\$26,220.00 |   | \$52,319.50                |             |                      |                      | 8452.5          |
| 5825                                 | Literacy/Academic Enrichment Instructor (1 x   |   |          |                            |   | \$26,220.00                |             |                      |                      |                 |
| 5825<br>5825                         | Literacy/Academic Enrichment Instructor (1 x Enrichment Instructors/AmeriCorps Mentors   |   |          |                            |   | \$26,220.00<br>\$12.000.00 | \$18,000.00 |                      |                      |                 |
| 5825                                 | Cultural Enrichment Instructor (1 x \$26/hr +  |   |          |                            |   | \$28,405.00                | , -,        |                      |                      |                 |
| 5825<br>5825                         | STEAM Enrichment Instructors (( 1 x \$23/hr + STEAM Enrichment Instructors (( 1 x \$23/hr +  |   |          |                            |   | \$25,127.50<br>\$25,127.50 |             |                      |                      |                 |
| 5825                                 | STEAM Enrichment Instructors ((1 x \$23/hr +   |   |          |                            |   | \$25,127.50                |             |                      |                      |                 |
| 5825                                 | STEAM Enrichment Instructors ((1 x \$23/hr +   |   |          |                            |   | \$25,127.50                | ¢16 750 00  |                      |                      |                 |
| 5825                                 | FSCS Director/Program Support .20 FTE TK/Kindergarten Instructor (1 x \$24/hr +  |   |          |                            |   | \$16,803.48                | \$16,750.00 |                      |                      |                 |
| 5825                                 | \$6/hr (fringe benefits) = \$30 x 23 hrs x 38  |   |          | \$26,220.00                |   |                            |             |                      |                      |                 |
| 5825                                 | wks = \$26,220, includes CQI time ) TK/Kindergarten Instructor (1 x \$24/hr +  |   |          |                            |   | \$26.220.00                |             |                      |                      |                 |
|                                      | TK/Kindergarten Instructor (1 x \$24/hr +  |   |          |                            |   | \$26,220.00<br>\$26,220.00 |             |                      |                      |                 |
| 5825                                 | TK/Kindergarten Instructor (1 x \$26/hr +  |   |          |                            |   | \$28,405.00                |             |                      |                      |                 |
| 5825                                 |  |   |          |                            |   | \$26,496.00                |             |                      |                      |                 |
| 5825<br>5825                         | Early Learning Mental Health consultant @  |   |          |                            |   |                            |             |                      |                      |                 |
| 5825<br>5825<br>5825<br>5825         | Early Learning Mental Health consultant @<br>Professional develpment stipends @ \$1000 x<br>Program Assistant ( 1 FTE @ \$50,000 + .38                       |   | 0        | \$13,932.00                |   | \$13,000.00                | \$36,904.35 |                      |                      | 5750.46         |
| 5825<br>5825<br>5825<br>5825<br>5825 | Early Learning Mental Health consultant @<br>Professional develpment stipends @ \$1000 x<br>Program Assistant ( 1 FTE @ \$50,000 + .38<br>Vivo Contare Choir |   | 0        | \$13,932.00<br>\$1,000.00  |   | \$13,000.00                | \$36,904.35 |                      |                      | 5750.46         |
| 5825<br>5825<br>5825<br>5825         | Early Learning Mental Health consultant @<br>Professional develpment stipends @ \$1000 x<br>Program Assistant ( 1 FTE @ \$50,000 + .38                       |   | 0        |                            |   | \$13,000.00                | \$36,904.35 |                      |                      | 5750.46         |

| Total services  |   | 0   | ###########  |   | 0  | \$384,482.63   | 71654.35  | 0   | 0   | 14202.96   |
|---|---|---|--|---|--|--|---|---|---|--|
|   |   |   |  |   |  |  |   |   |   |  |
|   |   |   |  |   |  |  |   |   | 0   | 0  |
|   |   |   |  |   |  |  |   |   | 0   |  |
|   |   |   |  |   |  |  |   |   |   |  |
| Total value of in kind direct convices                        |   |   |  |   |  |  |   |   | 0   | 0  |
| Total value of III-killu ullect services                      |   |   |  |   |  |  |   |   | U   | U  |
| - ·   |   |   | 6,650.03   |   |  | 45,746.57  |   |   |   | 0.00   |
| contracted \$ - 10% for ELOP)                                 |   |   |  |   |  |  |   |   |   |  |
|   | ##                                      |   |  |   | 0.00   | 396,288.15   | 73,954.35   | 0.00  | 0.00  | 14,202.96  |
| Subtotals Admin/Indirect                                      | ##                                      | 16,241.79   | 6,650.03   | ###   | 22,873.29  | 45,746.57  | 11,045.65   |   |   | 0.00   |
| Total budgeted per column                                     |   | 20,695.94   | 119,916.20   |   | 22,873.29  | 442,034.72   | 85,000.00   | 0.00  | 0.00  | 14,202.96  |
|   | ##                                      |   |  | ###   | ,  |  | 85,000.00   | 0.00  | 0.00  | 14,202.96  |
| -   |   |   |  |   |  |  |   |   |   |  |
| TOTAL GRANT AWARD/ALLOCATION TO SHE                           |   | 152,61  | 12.13  |   | 400,33   | 55.00  |   |   |   |  |
|   |   |   |  |   |  |  |   |   |   |  |
|   |   |   |  |   |  |  |   |   |   |  |
|   |   |   |  |   |  |  |   |   |   |  |
|   |   |   |  |   |  |  |   |   |   |  |
| a 3:1 match for every grant award dollar                      |   |   |  |   |  |  |   |   |   |  |
| Total Match amount required for this grant:                   |   | 50,870.71   |  |   |  |  |   |   |   |  |
| Facilities count toward 25% of this match requirement:        |   | 12,717.68   |  |   |  |  |   |   |   |  |
| Remaining match amount required:                              |   |   |  |   |  |  |   |   |   |  |
| be met by combined OFCY funds, other site mount left to meet: |   | -46,846.97  |  |   |  |  |   |   |   |  |
|   | t toward 25% of this match requirement: | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE  Subtotals Admin/Indirect  ##  Total budgeted per column  Total BUDGETED ##  BALANCE remaining to allocate  TOTAL GRANT AWARD/ALLOCATION TO SITE  a 3:1 match for every grant award dollar mount required for this grant:  It toward 25% of this match requirement:  atch amount required: | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE ## 4,454.15 Subtotals Admin/Indirect ## 16,241.79  Total budgeted per column 20,695.94 Total BUDGETED ## 140,6: BALANCE remaining to allocate 12,00 TOTAL GRANT AWARD/ALLOCATION TO SITE 152,6:  a 3:1 match for every grant award dollar mount required for this grant: 50,870.71 at toward 25% of this match requirement: 12,717.68 atch amount required: 38,153.03 | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE ## 4,454.15 113,266.17 Subtotals Admin/Indirect ## 16,241.79 6,650.03  Total budgeted per column | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE ## 4,454.15 113,266.17 ###  Subtotals Admin/Indirect ## 16,241.79 6,650.03 ###  Total budgeted per column | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE Subtotals Admin/Indirect  ## 4,454.15 113,266.17 ### 0.00 22,873.29  Total budgeted per column Total BUDGETED ## 140,612.13 ### 464,90 BALANCE remaining to allocate 12,000.00 15,43 TOTAL GRANT AWARD/ALLOCATION TO SITE  a 3:1 match for every grant award dollar mount required for this grant: 50,870.71 it toward 25% of this match requirement: 12,717.68 atch amount required: 38,153.03 | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE ## 4,454.15 113,266.17 ### 0.00 396,288.15 16,241.79 6,650.03 ### 22,873.29 45,746.57  Total budgeted per column 20,695.94 119,916.20 22,873.29 45,746.57  Total BUDGETED ## 140,612.13 ### 464,908.01  BALANCE remaining to allocate 12,000.00 15,430.99  TOTAL GRANT AWARD/ALLOCATION TO SITE 152,612.13 480,339.00  a 3:1 match for every grant award dollar mount required for this grant: 50,870.71 tit toward 25% of this match requirement: 12,717.68 atch amount required: 38,153.03 | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE ## 4,454.15 113,266.17 ### 0.00 396,288.15 73,954.35 Subtotals Admin/Indirect ## 16,241.79 6,650.03 ### 22,873.29 45,746.57 11,045.65  Total budgeted per column | Total value of in-kind direct services  Lead Agency admin (5% max of total contracted \$ - 10% for ELOP)  Subtotals DIRECT SERVICE ## 4,454.15 113,266.17 ### 0.00 396,288.15 73,954.35 0.00  Subtotals Admin/Indirect ## 16,241.79 6,650.03 ### 22,873.29 45,746.57 11,045.65  Total budgeted per column | Total value of in-kind direct services    Contracted \$ - 10% for ELOP |

## Required Signatures for Budget Approval:

Principal: Lead Agency:



## 2022 900 Tax Form

## Form **990**

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 2023 Check if applicable: C Name of organization SAFE PASSAGES D Employer identification number Address change Doing business as 20-4535835 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 1017 CLAY STREET Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return OAKLAND, CA 94607-3697 15,102,273 Application pending F Name and address of principal officer: JOSEFINA ALVARADO MENA H(a) Is this a group return for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.SAFEPASSAGES.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2006 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO DEVELOP CHARITABLE AND EDUCATIONAL PROGRAMS FOR HIGH NEED CHILDREN AND FAMILIES. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ............. 3 10 4 9 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . . . . . . . 232 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . . 7b 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) ...... 12,547,686 13,886,351 Revenue 1,047,663 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ...... 29,521 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 138,738 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,547,686 15,102,273 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ........ 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 6,486,727 8,924,784 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,523,289 3,342,492 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,010,016 12,267,276 2,537,670 2,834,997 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 10,405,562 13,706,734 21 Total liabilities (Part X, line 26) ...... 3,826,636 4,292,811 Net assets or fund balances. Subtract line 21 from line 20 6,578,926 9,413,923 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge JOSEFINA ALVARADO MENA 04-05-2024 Sign Signature of officer Date Here JOSEFINA ALVARADO MENA, CEO Type or print name and title Print/Type preparer's name Preparer's signature Date X Check **Paid** CHRISTOPHER CHIME OGBODO 05-02-2024 P01440017 self-employed Preparer Firm's name CHRISTOPHER CHIME OGBODO, Firm's EIN **Use Only** 4225 TELEGRAPH AVENUE Firm's address Phone no. OAKLAND CA 94609 510-652-6213 X No May the IRS discuss this return with the preparer shown above? See instructions Yes

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

**4e** Total program service expenses 11,508,099

) (Revenue \$

# Form 990 (2022) SAFE PASSAGES Part IV Checklist of Required Schedules

|     |  |          | Yes | No |
|-----|--|----------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                    |          |     |    |
|     | complete Schedule A  | 1        | Х   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2        | Х   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                 |          |     |    |
|     | candidates for public office? If "Yes," complete Schedule C, Part I  | 3        |     | х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                                    |          |     |    |
| _   | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4        |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                                     | _        |     |    |
| _   | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5        |     | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |          |     |    |
|     | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6        |     | v  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | -        |     | X  |
| '   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |     | x  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"                       | <u> </u> |     | Λ  |
|     | complete Schedule D, Part III  | 8        |     | x  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                                  |          |     |    |
|     | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or                                     |          |     |    |
|     | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9        |     | x  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                     |          |     |    |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10       |     | х  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                     |          |     |    |
|     | VII, VIII, IX, or X as applicable.   |          |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |          |     |    |
|     | complete Schedule D, Part VI   | 11a      | х   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more                                  |          |     |    |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b      |     | х  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more                                   |          |     |    |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |     | х  |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets                                |          |     |    |
|     | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |     | Х  |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                            | 11e      | Х   |    |
| f   | , , , , , , , , , , , , , , , , , , ,  | 445      |     |    |
| 120 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                           | 11f      |     | Х  |
| 128 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII | 12a      | .,  |    |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year? If                                     | IZa      | Х   |    |
| b   | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                               | 12b      |     | x  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |     | x  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |     | x  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |          |     |    |
|     | fundraising, business, investment, and program service activities outside the United States, or aggregate  |          |     |    |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |     | x  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                |          |     |    |
|     | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15       |     | x  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                                       |          |     |    |
|     | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     | х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                   |          |     |    |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions   | 17       |     | х  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                      |          |     |    |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       |     | х  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                     |          |     |    |
|     | If "Yes," complete Schedule G, Part III  | 19       |     | х  |
|     | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>  | 20a      |     | х  |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                     | 20b      |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                      |          |     |    |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21       |     | Х  |

Part IV Checklist of Required Schedules (continued)

|     |  |           | Yes       | No |
|-----|--|-----------|-----------|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |           |           |    |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |           | х  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |           |           |    |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated  |           |           |    |
|     | employees? If "Yes," complete Schedule J   | 23        | х         |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |           |           |    |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |           |           |    |
|     | through 24d and complete Schedule K. If "No," go to line 25a   | 24a       |           | х  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |           |    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |           |           |    |
|     | to defease any tax-exempt bonds?   | 24c       |           |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |           |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |           |    |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |           | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |           |           |    |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |           |           |    |
|     | If "Yes," complete Schedule L, Part I  | 25b       |           | Х  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |           |           |    |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  | 00        |           |    |
| 07  | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II   | 26        |           | X  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee |           |           |    |
|     | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these   |           |           |    |
|     | persons? If "Yes," complete Schedule L, Part III   | 27        |           | x  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L,  |           |           | Λ  |
|     | Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):  |           |           |    |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |           |           |    |
|     | "Yes," complete Schedule L, Part IV  | 28a       |           | x  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b       |           | х  |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |           |           |    |
|     | "Yes," complete Schedule L, Part IV  | 28c       |           | х  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        |           | х  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |           |           |    |
|     | conservation contributions? If "Yes," complete Schedule M  | 30        |           | х  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31        |           | х  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |           |           |    |
|     | complete Schedule N, Part II   | 32        |           | Х  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |           |           |    |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |           | Х  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |           |           |    |
|     | or IV, and Part V, line 1  | 34        |           | Х  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |           | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | 254       |           |    |
| 36  | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       |           |    |
| 30  | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36        |           | v  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30        |           | X  |
| ٥.  | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>   | 37        |           | x  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and   |           |           |    |
| -   | 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O  | 38        | х         |    |
| Par |  |           |           |    |
|     | Check if Schedule O contains a response or note to any line in this Part V   | <u></u> . | <u></u> . |    |
|     | · · · · · · · · · · · · · · · · · · ·  |           | Yes       | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |           |           |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |           |           |    |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and   |           |           |    |
|     | reportable gaming (gambling) winnings to prize winners?  | 1c        |           |    |

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| Pai     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            | Yes | No |
|---------|--|------------|-----|----|
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |     |    |
|         | Statements, filed for the calendar year ending with or within the year covered by this return 2a 232                               |            |     |    |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b         | х   |    |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a         |     | х  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        | 3b         |     |    |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |            |     |    |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4a         |     | х  |
| b       | If "Yes," enter the name of the foreign country  |            |     |    |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |            |     |    |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a         |     | x  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b         |     | х  |
| С       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с         |     |    |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             |            |     |    |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6a         |     | x  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |            |     |    |
|         | gifts were not tax deductible?   | 6b         |     |    |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |            |     |    |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |            |     |    |
|         | and services provided to the payor?  | 7a         |     | х  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b         |     |    |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |            |     |    |
|         | required to file Form 8282?  | 7c         |     | х  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |    |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e         |     | х  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | <b>7</b> f |     | х  |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     | х  |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h         |     | х  |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |            |     |    |
|         | sponsoring organization have excess business holdings at any time during the year?   | 8          |     |    |
| 9       | Sponsoring organizations maintaining donor advised funds.  |            |     |    |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |    |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b         |     |    |
| 0       | Section 501(c)(7) organizations. Enter:  |            |     |    |
| а       | Initiation fees and capital contributions included on Part VIII, line 12   |            |     |    |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |     |    |
| 1       | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |            |     |    |
| a       |  |            |     |    |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   |            |     |    |
| ٠       | against amounts due or received from them.)  | 40-        |     |    |
| 2a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a        |     |    |
| b<br>13 | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |    |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |    |
| u       | Note: See the instructions for additional information the organization must report on Schedule O.                                  | 134        |     |    |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which                                       |            |     |    |
| -       | the organization is licensed to issue qualified health plans   |            |     |    |
| С       | Enter the amount of reserves on hand   |            |     |    |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | х  |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q                          | 14b        |     |    |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |            |     |    |
|         | excess parachute payment(s) during the year?   | 15         |     | x  |
|         | If "Yes," see the instructions and file Form 4720, Schedule N.   |            |     |    |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16         |     | x  |
|         | If "Yes," complete Form 4720, Schedule O.  |            |     |    |
| 17      | Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities                  |            |     |    |
|         | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17         |     |    |
|         | If "Yes " complete Form 6069   |            |     |    |

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| Se       | ction A. Governing Body and Management  |     |     |    |
|----------|---|-----|-----|----|
|          |   |     | Yes | No |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   |     |     |    |
|          | If there are material differences in voting rights among members of the governing body, or  |     |     |    |
|          | if the governing body delegated broad authority to an executive committee or similar  |     |     |    |
|          | committee, explain on Schedule O.   |     |     |    |
| b        | Enter the number of voting members included in line 1a, above, who are independent  |     |     |    |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |     |     |    |
|          | any other officer, director, trustee, or key employee?  | 2   |     | х  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct                           |     |     |    |
|          | supervision of officers, directors, trustees, or key employees to a management company or other person?                             | 3   |     | х  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4   |     | х  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5   |     | х  |
| 6        | Did the organization have members or stockholders?  | 6   |     | х  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                             |     |     |    |
|          | one or more members of the governing body?  | 7a  |     | Х  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |     |     |    |
|          | stockholders, or persons other than the governing body?   | 7b  |     | Х  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during                              |     |     |    |
|          | the year by the following:  |     |     |    |
| а        | The governing body?   | 8a  | х   |    |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b  | х   |    |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |     |     |    |
|          | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q   | 9   |     | Х  |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |     |     |    |
|          |   |     | Yes | No |
| 10a      | Did the organization have local chapters, branches, or affiliates?  | 10a |     | Х  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      |     |     |    |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b |     |    |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a | Х   |    |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |     |     |    |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | X   |    |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х   |    |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           | 40- |     |    |
| 40       | describe on Schedule O how this was done  | 12c | X   |    |
| 13       | Did the organization have a written whistleblower policy?   | 13  | X   |    |
| 14<br>15 | Did the organization have a written document retention and destruction policy?  | 14  | Х   |    |
| 13       | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |     |     |    |
| •        | The organization's CEO, Executive Director, or top management official  | 15a | v   |    |
| a<br>b   | Other officers or key employees of the organization   | 15b | X   |    |
| D        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | 130 | Х   |    |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      |     |     |    |
|          | with a taxable entity during the year?  | 16a |     | х  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      | 100 |     | Λ  |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |     |     |    |
|          | organization's exempt status with respect to such arrangements?   | 16b |     |    |
| Sec      | tion C. Disclosure  |     |     |    |
| 17       | List the states with which a copy of this Form 990 is required to be filed California   |     |     |    |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)        |     |     |    |
| -        | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                            |     |     |    |
|          | Own website  Another's website  Upon request  Other (explain on Schedule O)   |     |     |    |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,         |     |     |    |
| -        | and financial statements available to the public during the tax year.   |     |     |    |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records.                     |     |     |    |
|          | SAFE PASSAGES (510)238-4914, 561 11TH STREET, OAKLAND, CA 94607   |     |     |    |

Form 990 (2022) SAFE PASSAGES 20-4535835 Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ......

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| Check this box if neither the organization nor any rela    |   | ion co   | mper  | nsate          | ed a  | ny curi  | rent  | officer, director, or                 | trustee.                                  |  |
|--|---|--|-------|----------------|---|--|---|---------------------------------------|---|--|
|  |   |  |       | (              | (C)   |  |   |                                       |   |  |
| (A) Name and title   | (B) Average hours per week  | box  | unles | eck m<br>s per | son is  | han one<br>s both ar<br>/trustee)              |   | (D)  Reportable compensation from the | (E)  Reportable compensation from related | (F) Estimated amount of other compensation |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director |       | Former         | organization (W-2/<br>1099-MISC/<br>1099-NEC) | organizations (W-2/<br>1099-MISC/<br>1099-NEC) | from the<br>organization and<br>related organizations |                                       |   |  |
| (1) JOSEFINA ALVARADO MENA                                 | 40.00   |  |       |                |   |  |   |                                       |   |  |
| CEO  |   | х  |       | Х              |   | Х  |   | 283,493                               | 0   | 0  |
| (2) DEVONE BOGGAN OFFICER                                  | 40.00   |  |       |                | x   |  |   | 264,796                               | 0   | 0  |
| (3) ALICIA PEREZ   | 40.00   |  |       |                |   |  |   |                                       |   |  |
| LEGISLATIVE DIRECTOR                                       |   |  |       |                | x   |  |   | 191,921                               | 0   | 0  |
| (4) KHAALID A MUTTAQI                                      | 40.00   |  |       |                |   |  |   |                                       |   |  |
| CHIEF OPERATING OFFICER                                    |   |  |       |                | х   |  |   | 185,457                               | 0   | 0  |
| (5) KIMIKO TAHARA  | 40.00   |  |       |                |   |  |   |                                       |   |  |
| OPERATION AND SYSTEMS INTERGRATION                         |   |  |       |                |   | х  |   | 161,000                               | 0   | 0  |
| (6) JONATHAN BRUMFIELD YOUTH AND WORKFORCE DEVELOPMENT DIR | 40.00   |  |       |                |   | x  |   | 149,221                               | 0   | 0  |
| (7) REBECCA ALVARADO                                       | 40.00   |  |       |                |   |  |   |                                       |   |  |
| CLINICAL DIRECTOR  |   |  |       |                |   | x  |   | 145,065                               | 0   | 0  |
| (8) CARMEN GONZALEZ  | 40.00   |  |       |                |   |  |   |                                       |   |  |
| CONTROLLER   |   |  |       |                |   | х  |   | 132,497                               | 0   | 0  |
| (9) JOEL BAUM  | 40.00   |  |       |                |   |  |   |                                       |   |  |
| DIRECTOR LEARNING DESIGN                                   |   |  |       |                |   | х  |   | 104,082                               | 0   | 0  |
| (10)DAN SIEGEL   | 1.00  |  |       |                |   |  |   |                                       |   |  |
| BOARD MEMBER   |   | х  |       |                |   |  |   | 0                                     | 0   | 0  |
| (11)LEWIS S COHEN  | 1.00  |  |       |                |   |  |   |                                       |   |  |
| BOARD MEMBER   |   | х  |       |                |   |  |   | 0                                     | 0   | 0  |
| (12)MELISSA HOOVER   | 1.00  |  |       |                |   |  |   |                                       |   |  |
| BOARD MEMBER   |   | х  |       |                |   |  |   | 0                                     | 0   | 0  |
| (13)JOHN O'TOOLE   | 1.00  |  |       |                |   |  |   |                                       |   |  |
| BOARD MEMBER   |   | x  |       |                |   |  |   | 0                                     | 0   | 0  |
| (14)NAMITA BROWN   | 1.00  |  |       |                |   |  |   |                                       |   |  |
| BOARD MEMBER   |   | х  |       |                |   |  |   | 0                                     | 0   | 0  |

EEA Form **990** (2022)

| Part        | VII Section A. Officers, Directors, T  | rustees,                 | Key I                             | Emp                | oloy    | yee          | s, an                        | d F    | lighest Comp                         | ensated Emplo                     | oyees   | (conti         | inued)   |
|-------------|--|--------------------------|-----------------------------------|--------------------|---------|--------------|------------------------------|--------|--------------------------------------|-----------------------------------|---------|----------------|----------|
|             |  |                          |                                   |                    | (       | (C)          |                              |        |                                      |                                   |         |                |          |
|             | (A)  | (B)                      |                                   |                    | Pos     | sition       |                              |        | (D)                                  | (E)                               |         | (F)            |          |
|             | Name and title   | Average                  | ١, ١                              |                    |         |              | han one                      |        | Reportable                           | Reportable                        | Ectim   | ated am        | ount     |
|             | Name and the   | hours                    | 1                                 |                    |         |              | s both ar<br>r/trustee)      |        | compensation                         | compensation                      | LSuiii  | of other       | Juni     |
|             |  | per week                 |                                   |                    |         |              | ,                            |        | from the                             | from related                      |         | npensati       | on       |
|             |  | (list any                | 9 5                               | ,<br>,             | đ       | Ke           | en H                         | Fo     | organization (W-2/<br>1099-MISC/     | organizations (W-2/<br>1099-MISC/ |         | om the         | and      |
|             |  | hours for                | direc                             | ă t                | Officer | y en         | ghes<br>nploy                | Former | 1099-NEC)                            | 1099-NEC)                         | -       | l organiz      |          |
|             |  | related<br>organizations | ctor                              | iona               |         | Key employee | /ee                          |        |                                      |                                   |         |                |          |
|             |  | below                    | Individual trustee<br>or director | nstitutional trust |         | /ee          | nper                         |        |                                      |                                   |         |                |          |
|             |  | dotted line)             | Ф                                 | tee                |         |              | Highest compensated employee |        |                                      |                                   |         |                |          |
|             |  |                          |                                   |                    |         |              | ă                            |        |                                      |                                   |         |                |          |
| (15)TO      | MAS MAGANA   | 1.00                     |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             | ) MEMBER   |                          | x                                 |                    |         |              |                              |        | 0                                    | 0                                 |         |                | 0        |
|             | ERRY BEELER YOUNG  | 1.00                     |                                   |                    |         |              |                              |        | -                                    |                                   |         |                |          |
|             | TREASURER  |                          | x                                 |                    | x       |              |                              |        | 0                                    | 0                                 |         |                | 0        |
|             | LIN LACON  | 1.00                     | _                                 |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             | CHAIRMAN   |                          | x                                 |                    | x       |              |                              |        | 0                                    | 0                                 |         |                | 0        |
|             |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| ·           |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (19)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (20)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| <u>(21)</u> |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (22)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (00)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (23)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (24)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| <u>\</u>    |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| (25)        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| · -/        |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| 1b          | Subtotal   |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| С           | Total from continuation sheets to Part VII, Sect   | ion A .                  |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| d           | Total (add lines 1b and 1c)  |                          |                                   |                    |         |              |                              |        | 1,617,532                            | 0                                 |         |                | 0        |
| 2           | Total number of individuals (including but not limit   |                          |                                   |                    |         |              |                              |        | ore than \$100,000                   | of                                |         |                |          |
|             | reportable compensation from the organization  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                | 9        |
|             |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         | Yes            | No       |
| 3           | Did the organization list any former officer, direct   | tor, trustee,            | key en                            | nploy              | /ee,    | or h         | ighest                       | con    | npensated                            |                                   |         |                |          |
|             | employee on line 1a? If "Yes," complete Schedu   | le J for such            | individ                           | dual.              |         |              |                              |        |                                      |                                   | 3       |                | X        |
| 4           | For any individual listed on line 1a, is the sum of re   | •                        |                                   |                    |         |              |                              | •      |                                      |                                   |         |                |          |
|             | organization and related organizations greater th  |                          |                                   |                    |         | •            |                              |        |                                      |                                   |         |                |          |
|             | individual   |                          |                                   |                    |         |              |                              |        |                                      |                                   | 4       | х              |          |
| 5           | Did any person listed on line 1a receive or accrue   |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             | for services rendered to the organization? If "Yes   | s," complete             | Sched                             | lule J             | J for   | suc          | h pers                       | on     |                                      |                                   | 5       |                | <u> </u> |
|             | on B. Independent Contractors  | ta d'adanas              |                                   |                    |         |              |                              |        |                                      | 10 - f                            |         |                |          |
| 1           | Complete this table for your five highest compensa   |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
|             | compensation from the organization. Report comp  | ensation for             | tne cai                           | enda               | ar ye   | are          | enaing                       | with   |                                      | ization's tax year.               | (0)     |                |          |
| (A) (B) (C) |  |                          |                                   |                    |         |              |                              |        | otion                                |                                   |         |                |          |
| СОММІ       | Name and business addres  NITY NETWORK SOLUTIONS, 1714 FR  |                          | r sti                             | 3 10               | 00-     | 1            |                              | דנזכ   | Description of service PREACH AND EI |                                   | Compens | L <b>64</b> ,5 |          |
|             | COMMUNITY NETWORK SOLUTIONS, 1714 FRANKLIN ST STE 100-1 OUTREACH AND EDUC  JASON CORBURN, 1310 HASKELL ST STE B BERKELEY CA 94702 EVALUATION SERVICE |                          |                                   |                    |         |              |                              |        | 232,9                                |                                   |         |                |          |
|             |  |                          |                                   |                    |         |              |                              |        | 118,2                                |                                   |         |                |          |
|             | , , ,  | - <del>-</del> ·         | -                                 |                    |         |              |                              |        |                                      |                                   | _       |                |          |
|             |  |                          |                                   |                    |         |              |                              |        |                                      |                                   |         |                |          |
| 2           | Total number of independent contractors (includin  | g but not lim            | ited to                           | thos               | e lis   | ted a        | above)                       | wh     | 10                                   |                                   |         |                |          |
|             | received more than \$100,000 of compensation fro   | m the organi             | zation                            |                    |         |              |                              |        |                                      | 3                                 |         |                |          |

20-4535835

| Form 990 (20 |                 | PASSA |
|--------------|-----------------|-------|
| Part VIII    | Statement of Re | venue |

|   |     | Check if Schedule O co                                | ontains a respons  | e or no  | ote to any line in thi | (A)           | (B)                                | (C)                        | (D)  |
|---|-----|---|--------------------|--|------------------------|---------------|------------------------------------|----------------------------|--|
|   |     |   |                    |  |                        | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded<br>from tax under<br>sections 512–514 |
|   | 1a  | Federated campaigns .                                 |                    | 1a   |                        |               |                                    |                            | Sections 512-514                                       |
|   | b   | Membership dues                                       |                    | 1b   |                        |               |                                    |                            |  |
| ints<br>nts   | C   | Fundraising events                                    |                    | 1c   |                        |               |                                    |                            |  |
| Gra<br>Dou  | d   | Related organizations .                               |                    | 1d   |                        |               |                                    |                            |  |
| ifts,<br>r An   | e   | Government grants (contr                              |                    | 1e   | 13,481,281             |               |                                    |                            |  |
| nig<br>Big  | f   | All other contributions, gif                          |                    |  |                        |               |                                    |                            |  |
| ig .  |     | and similar amounts not in                            | -                  | 1f   | 405,070                |               |                                    |                            |  |
| ibut<br>Athe  | g   | Noncash contributions inc                             | cluded in          |  |                        |               |                                    |                            |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |     | lines 1a-1f   |                    | 1g   | \$                     |               |                                    |                            |  |
|   | h   | Total. Add lines 1a-1f                                |                    |  |                        | 13,886,351    |                                    |                            |  |
|   |     |   |                    |  | Business Code          |               |                                    |                            |  |
| Φ   | 2a  | AFTER SCHOOL PROG                                     | ERAM               |  | 611710                 | 1,047,663     | 1,047,663                          |                            |  |
| <u>ه ځ</u>  | b   |   |                    |  |                        |               |                                    |                            |  |
| Ser   | C   |   |                    |  |                        |               |                                    |                            |  |
| ram Serv<br>Revenue                                       | d   |   |                    |  |                        |               |                                    |                            |  |
| Program Service<br>Revenue                                | e   | All ather are are a series.                           |                    |  |                        |               |                                    |                            |  |
| _   |     | All other program service Total. Add lines 2a-2f .    |                    |  |                        | 1 047 663     |                                    |                            |  |
|   |     |   |                    |  |                        | 1,047,663     |                                    |                            |  |
|   | 3   | Investment income (includi other similar amounts) .   |                    |  |                        | 29,521        | 29,521                             |                            |  |
|   | 4   | Income from investment of                             |                    |  |                        | 23,321        | 23,321                             |                            |  |
|   | 5   | Royalties   |                    | •  |                        |               |                                    |                            |  |
|   |     | •   | (i) Real           |  | (ii) Personal          |               |                                    |                            |  |
|   | 6a  | Gross rents   | 6a 138             | 738  |                        |               |                                    |                            |  |
|   | b   | Less: rental expenses                                 | 6b                 |  |                        |               |                                    |                            |  |
|   | l l | Rental income or (loss)                               | 6c 138             | 738  |                        |               |                                    |                            |  |
|   | d   | Net rental income or (loss)                           | )                  |  |                        | 138,738       | 138,738                            |                            |  |
|   | 7a  | Gross amount from                                     | (i) Securitie      | es   | (ii) Other             |               |                                    |                            |  |
|   |     | sales of assets                                       |                    |  |                        |               |                                    |                            |  |
|   |     | other than inventory                                  | 7a                 |  |                        |               |                                    |                            |  |
| -   | b   | Less: cost or other basis                             | 7.                 |  |                        |               |                                    |                            |  |
| venue   |     | and sales expenses Gain or (loss)                     |                    |  |                        |               |                                    |                            |  |
|   |     | Net gain or (loss)                                    |                    |  |                        |               |                                    |                            |  |
| Other Re  |     | Gross income from fundra                              |                    | · <u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u> | <u> </u>               |               |                                    |                            |  |
| )<br>Th   |     | events (not including \$                              | 9                  |  |                        |               |                                    |                            |  |
|   |     | of contributions reported o                           | on line            | •  |                        |               |                                    |                            |  |
|   |     | 1c). See Part IV, line 18                             |                    | 8a   |                        |               |                                    |                            |  |
|   | b   | Less: direct expenses .                               |                    | 8b   |                        |               |                                    |                            |  |
|   | С   | Net income or (loss) from t                           | fundraising event  | s  |                        |               |                                    |                            |  |
|   | 9a  | Gross income from gaming                              | -                  |  |                        |               |                                    |                            |  |
|   |     | activities, See Part IV, line                         |                    | 9a   |                        |               |                                    |                            |  |
|   | l l | Less: direct expenses .                               |                    | 9b   |                        |               |                                    |                            |  |
|   | С   | Net income or (loss) from                             | gaming activities  | <u> </u>                                       | <b></b>                |               |                                    |                            |  |
|   | 10a | Gross sales of inventory, le                          |                    | 40   |                        |               |                                    |                            |  |
|   |     | returns and allowances .                              |                    | 10a  |                        |               |                                    |                            |  |
|   | 1   | Less: cost of goods sold  Net income or (loss) from s |                    | 10b  |                        |               |                                    |                            |  |
|   |     | THE INCOME OF (1055) HOTHS                            | sales of inventory |  | Business Code          |               |                                    |                            |  |
| w   | 11a |   |                    |  | Dusiness Code          |               |                                    |                            |  |
| Miscellanous<br>Revenue                                   | b   | -   |                    |  |                        |               |                                    |                            |  |
| scellanor<br>Revenue                                      | C   |   |                    |  |                        | <u> </u>      |                                    |                            |  |
| isce<br>Re  |     | All other revenue                                     |                    |  |                        |               |                                    |                            |  |
| Σ   | е   | Total. Add lines 11a-11d                              |                    |  |                        |               |                                    |                            |  |
|   |     | Total revenue. See instru                             |                    |  |                        | 15,102,273    | 1,215,922                          | 0                          | 0  |

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, trustees, and key employees ...... 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 1,617,532 1,485,035 132,497 7 Other salaries and wages . . . . . . . . . . . . . . 37,336 126,434 5,587,013 5,423,243 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 131,773 120,813 10,960 9 1,033,715 1,007,660 8,130 17,925 10 554,751 537,186 9,059 8,506 11 Fees for services (nonemployees): b Legal...... 14,910 14,910 179,195 27,000 152,195 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,265,981 1,265,981 12 13 272,467 192,414 79,540 513 14 100,240 8,530 91,710 15 16 279,874 195,912 55,975 27,987 17 281,770 281,770 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 250,238 250,238 20 21 22 Depreciation, depletion, and amortization . . . . . . 64,288 47,339 11,299 5,650 23 50,945 28,144 22,801 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PARTICIPANT INCENTIVES 210,477 209,220 1,257 MATERIALS AND SUPPLIES 298,460 291,972 6,116 372 c PRINTING AND PUBLICATIONS 11,650 953 12,603 d OTHER EXPENSES 23,627 23,427 200 e All other expenses 37,417 17,385 15,032 5,000 Total functional expenses. Add lines 1 through 24e. . 25 12,267,276 11,508,099 566,790 192,387 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

| Ган                         |          | Check if Schedule O contains a response or note to any line in this Part X   |                          |     |                                      |
|-----------------------------|----------|--|--------------------------|-----|--------------------------------------|
|                             |          |  | (A)<br>Beginning of year |     | (B)<br>End of year                   |
|                             | 1        | Cash - non-interest-bearing  | 1,649,728                | 1   | 1,156,087                            |
|                             | 2        | Savings and temporary cash investments                                       |                          | 2   | 2,841,635                            |
|                             | 3        | Pledges and grants receivable, net   | 5,445,356                | 3   | 6,135,757                            |
|                             | 4        | Accounts receivable, net   |                          | 4   | •                                    |
|                             | 5        | Loans and other receivables from any current or former officer, director,    |                          |     |                                      |
|                             |          | trustee, key employee, creator or founder, substantial contributor, or 35%   |                          |     |                                      |
|                             |          | controlled entity or family member of any of these persons                   |                          | 5   |                                      |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined      |                          |     |                                      |
|                             |          | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                          | 6   |                                      |
|                             | 7        | Notes and loans receivable, net  |                          | 7   |                                      |
| ets                         | 8        | Inventories for sale or use  |                          | 8   |                                      |
| Assets                      | 9        | Prepaid expenses and deferred charges  | 91,338                   | 9   | 117,100                              |
| ٩                           | 10a      | Land, buildings, and equipment: cost or other                                | 91,330                   |     | 117,100                              |
|                             | 100      | basis. Complete Part VI of Schedule D 10a 3,579,964                          |                          |     |                                      |
|                             | b        | Less: accumulated depreciation 10b 123,809                                   | 3,219,140                | 10c | 3,456,155                            |
|                             | 11       | Investments - publicly traded securities                                     | 3,219,140                | 11  | 3,430,133                            |
|                             | 12       | Investments - other securities. See Part IV, line 11                         |                          | 12  |                                      |
|                             | 13       | •  |                          | 13  |                                      |
|                             | 14       | Investments - program-related. See Part IV, line 11                          |                          | 14  |                                      |
|                             | 15       |  |                          | 15  |                                      |
|                             |          | Other assets. See Part IV, line 11   | 10 405 560               |     | 12 506 524                           |
|                             | 16<br>17 | Total assets. Add lines 1 through 15 (must equal line 33)                    | 10,405,562               | 16  | 13,706,734                           |
|                             | 18       | Accounts payable and accrued expenses  | 166,315                  | 17  | 362,332                              |
|                             |          | Grants payable   | 201 240                  | 18  | 400 013                              |
|                             | 19       | Deferred revenue   | 381,349                  | 19  | 409,213                              |
|                             | 20       | Tax-exempt bond liabilities  |                          | 20  |                                      |
|                             | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D        |                          | 21  |                                      |
| ies                         | 22       | Loans and other payables to any current or former officer, director,         |                          |     |                                      |
| Liabilities                 |          | trustee, key employee, creator or founder, substantial contributor, or 35%   |                          | 00  |                                      |
| Lial                        |          | controlled entity or family member of any of these persons                   |                          | 22  |                                      |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties               | 2,685,164                | 23  | 2,588,926                            |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties                 |                          | 24  |                                      |
|                             | 25       | Other liabilities (including federal income tax, payables to related third   |                          |     |                                      |
|                             |          | parties, and other liabilities not included on lines 17-24). Complete Part X |                          |     |                                      |
|                             |          | of Schedule D  | 593,808                  | 25  | 932,340                              |
|                             | 26       | Total liabilities. Add lines 17 through 25                                   | 3,826,636                | 26  | 4,292,811                            |
|                             |          | Organizations that follow FASB ASC 958, check here                           |                          |     |                                      |
| es                          |          | and complete lines 27, 28, 32, and 33.                                       |                          |     |                                      |
| anc                         | 27       | Net assets without donor restrictions  | 3,953,559                | 27  | 5,511,817                            |
| 3ak                         | 28       | Net assets with donor restrictions   | 2,625,367                | 28  | 3,902,106                            |
| nd E                        |          | Organizations that do not follow FASB ASC 958, check here                    |                          |     |                                      |
| 교                           |          | and complete lines 29 through 33.  |                          |     |                                      |
| o                           | 29       | Capital stock or trust principal, or current funds                           |                          | 29  | -                                    |
| sets                        | 30       | Paid-in or capital surplus, or land, building, or equipment fund             |                          | 30  | -                                    |
| As                          | 31       | Retained earnings, endowment, accumulated income, or other funds             |                          | 31  |                                      |
| Net Assets or Fund Balances | 32       | Total net assets or fund balances  | 6,578,926                | 32  | 9,413,923                            |
| EA                          | 33       | Total liabilities and net assets/fund balances                               | 10,405,562               | 33  | 13,706,734<br>Form <b>990</b> (2022) |

EEA Form **990** (2022)

Form 990 (2022) SAFE PASSAGES 20-4535835 Page 12 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . 15,102,273 2 2 12,267,276 3 Revenue less expenses. Subtract line 2 from line 1 2,834,997 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ........ 4 6,578,926 5 5 6 6 7 7 Investment expenses 8 8 9 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line .....<u>.....</u> 10 9,413,923 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Х If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b х If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Х If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a х

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3b

х

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A** (Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection Employer identification number

| SAFI       | FE PASSAGES 20-4535835   |   |                               |                                |                   |               |                                |                    |  |  |  |
|------------|--|---|-------------------------------|--------------------------------|-------------------|---------------|--------------------------------|--------------------|--|--|--|
| Par        | t I  | Reason for Public Cha                     | rity Status. (Al              | I organizations mus            | t comple          | ete this p    | art.) See instruction          | ons.               |  |  |  |
| The c      | rgai   | nization is not a private foundation be   | ecause it is: (For lin        | nes 1 through 12, check of     | nly one bo        | x.)           |                                |                    |  |  |  |
| 1          |  | A church, convention of churches,         | or association of c           | hurches described in se        | ction 170(        | b)(1)(A)(i)   |                                |                    |  |  |  |
| 2          | П  | A school described in section 170         | ( <b>b)(1)(A)(ii).</b> (Attac | h Schedule E (Form 990         | )).)              | ,,,,,,,,      |                                |                    |  |  |  |
| 3          | П  | A hospital or a cooperative hospital      |                               |                                |                   | (A)(iii).     |                                |                    |  |  |  |
| 4          | П  | A medical research organization of        | •                             |                                |                   |               | b)(1)(A)(iii). Enter the       |                    |  |  |  |
| •          |  | hospital's name, city, and state:         |                               | a noophal dood.                |                   | ••.           |                                |                    |  |  |  |
| 5          | П  | An organization operated for the be       | nefit of a college o          | r university owned or one      | erated by a       | anvernme      | ental unit described in        |                    |  |  |  |
| Ů          | ш  | section 170(b)(1)(A)(iv). (Complete       | ŭ                             | i university owned or opt      | natou by t        | govornin      | orital ariit accombca iii      |                    |  |  |  |
| 6          |  |   | ,                             | Lunit described in coatio      | n 170/h\/-        | 1\(\A\(\\)    |                                |                    |  |  |  |
|            | U<br>▼   | A federal, state, or local governme       | J                             |                                | ` ' '             | ,, ,, ,       | rom the general nublic         |                    |  |  |  |
| 7          | Λ  | An organization that normally received    | •                             |                                | overnmen          | al unit of it | om the general public          |                    |  |  |  |
|            | described in section 170(b)(1)(A)(vi). (Complete Part II.)   |   |                               |                                |                   |               |                                |                    |  |  |  |
| 8          | H  | A community trust described in <b>sec</b> |                               |                                |                   |               | 20b Tanad                      |                    |  |  |  |
| 9          | Ш  | An agricultural research organization     |                               |                                |                   | -             | _                              | ege                |  |  |  |
|            |  | or university or a non-land-grant co      | llege of agriculture          | (see instructions). Enter      | the name,         | city, and st  | ate of the college or          |                    |  |  |  |
|            |  | university:                               |                               |                                |                   |               |                                |                    |  |  |  |
| 10         | Ш  | An organization that normally receive     |                               |                                |                   |               |                                | S                  |  |  |  |
|            | receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses |   |                               |                                |                   |               |                                |                    |  |  |  |
|            |  | acquired by the organization after        |                               |                                |                   |               | ,                              |                    |  |  |  |
| 11         | Ш  | An organization organized and ope         | •                             |                                |                   | . , .         | •                              |                    |  |  |  |
| 12         |  | An organization organized and ope         | rated exclusively fo          | or the benefit of, to perform  | n the funct       | tions of, or  | to carry out the purpos        | es of              |  |  |  |
|            |  | one or more publicly supported org        | anizations describ            | ed in <b>section 509(a)(1)</b> | or <b>section</b> | 509(a)(2)     | . See <b>section 509(a)(</b> 3 | 3). Check          |  |  |  |
|            |  | the box on lines 12a through 12d th       | at describes the typ          | oe of supporting organiza      | ation and c       | omplete lin   | es 12e, 12f, and 12g.          |                    |  |  |  |
| а          |  | Type I. A supporting organizat            | ion operated, supe            | rvised, or controlled by i     | ts support        | ed organiz    | ation(s), typically by gi      | ving               |  |  |  |
|            |  | the supported organization(s) to          | he power to regula            | rly appoint or elect a maj     | ority of the      | directors     | or trustees of the             |                    |  |  |  |
|            |  | supporting organization. You r            | nust complete Pa              | rt IV, Sections A and B        |                   |               |                                |                    |  |  |  |
| b          |  | Type II. A supporting organiza            | tion supervised or            | controlled in connection       | with its su       | pported or    | ganization(s), by havin        | g                  |  |  |  |
|            |  | control or management of the s            | upporting organiza            | tion vested in the same p      | ersons tha        | at control o  | r manage the supporte          | d                  |  |  |  |
|            |  | organization(s). You must cor             | nplete Part IV, Se            | ctions A and C.                |                   |               |                                |                    |  |  |  |
| С          |  | Type III functionally integrate           | ed. A supporting or           | ganization operated in c       | onnection         | with, and     | functionally integrated        | with,              |  |  |  |
|            |  | its supported organization(s) (s          | •                             | •                              |                   |               |                                |                    |  |  |  |
| d          |  | Type III non-functionally inte            | ,                             | •                              |                   |               |                                | ion(s)             |  |  |  |
|            |  | that is not functionally integrate        | -                             |                                |                   |               |                                |                    |  |  |  |
|            |  | requirement (see instructions).           | -                             | • •                            |                   | •             |                                |                    |  |  |  |
| е          |  | Check this box if the organization        | -                             |                                |                   |               | I. Type II. Type III           |                    |  |  |  |
|            |  | functionally integrated, or Type          |                               |                                |                   |               | ., .,,,,,,                     |                    |  |  |  |
| f          | F  | nter the number of supported organ        | •                             |                                | •                 |               |                                |                    |  |  |  |
| g          | _  | rovide the following information abo      |                               |                                |                   |               |                                |                    |  |  |  |
|            |  | ame of supported organization             | (ii) EIN                      | (iii) Type of organization     | (iv) Is the o     | rganization   | (v) Amount of monetary         | (vi) Amount of     |  |  |  |
|            | (,,  | g   | (, =                          | (described on lines 1-10       | listed in you     | -             | support (see                   | other support (see |  |  |  |
|            |  |   |                               | above (see instructions))      | docum             | ent?          | instructions)                  | instructions)      |  |  |  |
|            |  |   |                               |                                | Yes               | No            |                                |                    |  |  |  |
|            |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| (A)        |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| <b>(D)</b> |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| (B)        |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| (C)        |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| (C)        |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| (D)        |  |   |                               |                                |                   |               |                                |                    |  |  |  |
|            |  |   |                               |                                |                   |               |                                |                    |  |  |  |
| (E)        |  |   |                               |                                |                   |               |                                |                    |  |  |  |
|            |  |   |                               |                                |                   |               |                                |                    |  |  |  |

**Total** 

 Schedule A (Form 990) 2022
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 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

|       | on A. Public Support                         |                    |                  |                     | 1                     |                 |             |
|-------|--|--------------------|------------------|---------------------|-----------------------|-----------------|-------------|
| Calen | dar year (or fiscal year beginning in)       | (a) 2018           | <b>(b)</b> 2019  | (c) 2020            | (d) 2021              | (e) 2022        | (f) Total   |
| 1     | Gifts, grants, contributions, and            |                    |                  |                     |                       |                 |             |
|       | membership fees received. (Do not            |                    |                  |                     |                       |                 |             |
|       | include any "unusual grants.")               | 4,688,668          | 6,609,201        | 7,276,0231          | 2,547,6861            | 5,102,273       | 46,223,851  |
| 2     | Tax revenues levied for the                  |                    |                  |                     |                       |                 |             |
|       | organization's benefit and either paid to    |                    |                  |                     |                       |                 |             |
|       | or expended on its behalf                    |                    |                  |                     |                       |                 |             |
| 3     | The value of services or facilities          |                    |                  |                     |                       |                 |             |
|       | furnished by a governmental unit to the      |                    |                  |                     |                       |                 |             |
|       | organization without charge                  |                    |                  |                     |                       |                 |             |
| 4     | <b>Total.</b> Add lines 1 through 3          | 4,688,668          | 6,609,201        | 7,276,0231          | 2,547,686 1           | 5,102,273       | 46,223,851  |
| 5     | The portion of total contributions by        |                    |                  |                     |                       |                 |             |
|       | each person (other than a                    |                    |                  |                     |                       |                 |             |
|       | governmental unit or publicly                |                    |                  |                     |                       |                 |             |
|       | supported organization) included on          |                    |                  |                     |                       |                 |             |
|       | line 1 that exceeds 2% of the amount         |                    |                  |                     |                       |                 |             |
|       | shown on line 11, column (f)                 |                    |                  |                     |                       |                 | 6,188,803   |
| 6     | Public support. Subtract line 5 from line 4. |                    |                  |                     |                       |                 | 40,035,048  |
| Secti | on B. Total Support                          |                    |                  |                     |                       | •               |             |
| Calen | dar year (or fiscal year beginning in)       | (a) 2018           | <b>(b)</b> 2019  | (c) 2020            | (d) 2021              | (e) 2022        | (f) Total   |
| 7     | Amounts from line 4                          | 4,688,668          | 6,609,201        | 7,276,0231          | 2,547,686 1           | 5,102,273       | 46,223,851  |
| 8     | Gross income from interest, dividends,       |                    |                  |                     |                       |                 |             |
|       | payments received on securities loans,       |                    |                  |                     |                       |                 |             |
|       | rents, royalties, and income from            |                    |                  |                     |                       |                 |             |
|       | similar sources                              |                    |                  |                     |                       |                 |             |
| 9     | Net income from unrelated business           |                    |                  |                     |                       |                 |             |
|       | activities, whether or not the business      |                    |                  |                     |                       |                 |             |
|       | is regularly carried on                      |                    |                  |                     |                       |                 |             |
| 10    | Other income. Do not include gain or         |                    |                  |                     |                       |                 |             |
|       | loss from the sale of capital assets         |                    |                  |                     |                       |                 |             |
|       | (Explain in Part VI.)                        |                    |                  |                     |                       |                 |             |
| 11    | <b>Total support.</b> Add lines 7 through 10 |                    |                  |                     |                       |                 | 46,223,851  |
| 12    | Gross receipts from related activities, etc  | . (see instruction | ons)             |                     |                       | 12              |             |
| 13    | First 5 years. If the Form 990 is for the o  | rganization's fi   | rst, second, thi | ird, fourth, or fif | th tax year as        | a section 501(  | c)(3)       |
|       | organization, check this box and stop he     | re                 |                  |                     |                       |                 |             |
| Secti | on C. Computation of Public Suppo            | rt Percentag       | je               |                     |                       |                 |             |
| 14    | Public support percentage for 2022 (line     | 6, column (f), c   | livided by line  | 11, column (f))     |                       | 14              | 86.61 %     |
| 15    | Public support percentage from 2021 Sch      | nedule A, Part     | II, line 14      |                     |                       | 15              | 86.52 %     |
| 16a   | 33 1/3% support test - 2022. If the organ    | nization did not   | check the box    | on line 13, and     | d line 14 is 33       | 1/3% or more,   | check this  |
|       | box and stop here. The organization qua      | alifies as a pub   | licly supported  | organization.       |                       |                 | <u>x</u>    |
| b     | 33 1/3% support test - 2021. If the organ    | nization did not   | check a box o    | on line 13 or 16    | a, and line 15 i      | is 33 1/3% or r | nore, check |
|       | this box and stop here. The organization     | qualifies as a     | publicly suppo   | rted organization   | on                    |                 |             |
| 17a   | 10%-facts-and-circumstances test - 20        | 22. If the organ   | nization did not | t check a box o     | n line 13, 16a,       | or 16b, and lin | ne 14 is    |
|       | 10% or more, and if the organization mee     | ets the facts-an   | d-circumstance   | es test, check t    | his box and <b>st</b> | op here. Expla  | ain in      |
|       | Part VI how the organization meets the fa    | acts-and-circun    | nstances test.   | The organization    | on qualifies as       | a publicly supp | oorted      |
|       | organization                                 |                    |                  | -                   |                       |                 |             |
| b     | 10%-facts-and-circumstances test - 20        | 21. If the organ   | nization did not | t check a box o     | n line 13, 16a,       | 16b, or 17a, a  | nd line     |
|       | 15 is 10% or more, and if the organization   | -                  |                  |                     |                       |                 |             |
|       | in Part VI how the organization meets the    |                    |                  |                     |                       | -               | •           |
|       | organization                                 |                    |                  | _                   |                       | -               |             |
| 18    | Private foundation. If the organization d    | id not check a     | box on line 13,  | , 16a, 16b, 17a     | , or 17b, check       | this box and    | see         |
|       | instructions                                 |                    | <u></u>          |                     | <u> </u>              |                 |             |

EEA Schedule A (Form 990) 2022

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti      | on A. Public Support  |                         | _                 |                   |                   |                 |              |
|------------|---|-------------------------|-------------------|-------------------|-------------------|-----------------|--------------|
| Calen      | dar year (or fiscal year beginning in)  | (a) 2018                | <b>(b)</b> 2019   | (c) 2020          | (d) 2021          | (e) 2022        | (f) Total    |
| 1          | Gifts, grants, contributions, and membership fees                                 |                         |                   |                   |                   |                 |              |
|            | received. (Do not include any "unusual grants.")                                  |                         |                   |                   |                   |                 |              |
| 2          | Gross receipts from admissions, merchandise                                       |                         |                   |                   |                   |                 |              |
|            | sold or services performed, or facilities   |                         |                   |                   |                   |                 |              |
|            | fumished in any activity that is related to the organization's tax-exempt purpose |                         |                   |                   |                   |                 |              |
| 3          | Gross receipts from activities that are not an                                    |                         |                   |                   |                   |                 |              |
|            | unrelated trade or business under section 513                                     |                         |                   |                   |                   |                 |              |
| 4          | Tax revenues levied for the   |                         |                   |                   |                   |                 |              |
| 7          | organization's benefit and either paid to   |                         |                   |                   |                   |                 |              |
|            | or expended on its behalf   |                         |                   |                   |                   |                 |              |
| 5          | The value of services or facilities   |                         |                   |                   |                   |                 |              |
| J          | furnished by a governmental unit to the   |                         |                   |                   |                   |                 |              |
|            | , ,   |                         |                   |                   |                   |                 |              |
| e          | organization without charge   |                         |                   |                   |                   |                 |              |
| 6          | <b>Total.</b> Add lines 1 through 5   |                         |                   |                   |                   |                 |              |
| <i>r</i> a | Amounts included on lines 1, 2, and 3   |                         |                   |                   |                   |                 |              |
|            | received from disqualified persons .  |                         |                   |                   |                   |                 |              |
| b          | Amounts included on lines 2 and 3   |                         |                   |                   |                   |                 |              |
|            | received from other than disqualified   |                         |                   |                   |                   |                 |              |
|            | persons that exceed the greater of \$5,000  |                         |                   |                   |                   |                 |              |
|            | or 1% of the amount on line 13 for the year                                       |                         |                   |                   |                   |                 |              |
| С          | Add lines 7a and 7b   |                         |                   |                   |                   |                 |              |
| 8          | Public support. (Subtract line 7c from  |                         |                   |                   |                   |                 |              |
|            | line 6.)  |                         |                   |                   |                   |                 |              |
|            | on B. Total Support   |                         | T                 | T                 | T                 |                 |              |
|            | dar year (or fiscal year beginning in)  | <b>(a)</b> 2018         | <b>(b)</b> 2019   | (c) 2020          | (d) 2021          | (e) 2022        | (f) Total    |
| 9          | Amounts from line 6   |                         |                   |                   |                   |                 |              |
| 10a        | Gross income from interest, dividends, .  |                         |                   |                   |                   |                 |              |
|            | payments received on securities loans, rents,                                     |                         |                   |                   |                   |                 |              |
|            | royalties, and income from similar sources .                                      |                         |                   |                   |                   |                 |              |
| b          | Unrelated business taxable income (less   |                         |                   |                   |                   |                 |              |
|            | section 511 taxes) from businesses  |                         |                   |                   |                   |                 |              |
|            | acquired after June 30, 1975  |                         |                   |                   |                   |                 |              |
| С          | Add lines 10a and 10b   |                         |                   |                   |                   |                 |              |
| 11         | Net income from unrelated business  |                         |                   |                   |                   |                 |              |
|            | activities not included on line 10b, whether                                      |                         |                   |                   |                   |                 |              |
|            | or not the business is regularly carried on                                       |                         |                   |                   |                   |                 |              |
| 12         | Other income. Do not include gain or  |                         |                   |                   |                   |                 |              |
|            | loss from the sale of capital assets  |                         |                   |                   |                   |                 |              |
|            | (Explain in Part VI.)   |                         |                   |                   |                   |                 |              |
| 13         | Total support. (Add lines 9, 10c, 11,   |                         |                   |                   |                   |                 |              |
|            | and 12.)  |                         |                   |                   |                   |                 |              |
| 14         | First 5 years. If the Form 990 is for the or                                      | ganization's fi         | rst, second, thi  | rd, fourth, or fi | fth tax year as   | a section 501(  | c)(3)        |
|            | organization, check this box and stop her   | e                       |                   |                   |                   |                 |              |
| Secti      | on C. Computation of Public Suppor  | t Percentag             | e                 |                   |                   |                 |              |
| 15         | Public support percentage for 2022 (line 8  | s, column (f), d        | livided by line ' | 13, column (f))   |                   | 15              | %            |
| 16         | Public support percentage from 2021 Sch   | edule A, Part           | III, line 15 .    |                   |                   | 16              | %            |
| Secti      | on D. Computation of Investment Inc   | come Perce              | ntage             |                   |                   |                 |              |
| 17         | Investment income percentage for 2022 (I  | ine 10c, colun          | nn (f), divided b | y line 13, colu   | mn (f))           | 17              | %            |
| 18         | Investment income percentage from 2021  |                         |                   |                   |                   | 18              | %            |
| 19a        | 33 1/3% support tests - 2022. If the orga   | nization did no         | ot check the bo   | x on line 14, a   | nd line 15 is mo  | ore than 33 1/3 | 3%, and line |
|            | 17 is not more than 33 1/3%, check this be  |                         |                   |                   |                   |                 |              |
| b          | 33 1/3% support tests - 2021. If the organizati                                   | on did not chec         | k a box on line 1 | 4 or line 19a, an | d line 16 is more | than 33 1/3%, a | and          |
|            | line 18 is not more than 33 1/3%, check this bo                                   | x and <b>stop her</b> e | e. The organizati | on qualifies as a | publicly support  | ed organization |              |
| 20         | Private foundation. If the organization die                                       | d not check a           | box on line 14.   | 19a, or 19b, o    | heck this box a   | ind see instruc | ctions       |

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#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### S

| ecti | on A. All Supporting Organizations   |     |     |    |
|------|--|-----|-----|----|
|      |  |     | Yes | No |
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing                   |     |     |    |
|      | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by               |     |     |    |
|      | class or purpose, describe the designation. If historic and continuing relationship, explain.                          | 1   |     |    |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status                 |     |     |    |
|      | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported        |     |     |    |
|      | organization was described in section 509(a)(1) or (2).  | 2   |     |    |
| 3a   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer       |     |     |    |
|      | lines 3b and 3c below.   | 3a  |     |    |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and       |     |     |    |
|      | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the             |     |     |    |
|      | organization made the determination.   | 3b  |     |    |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)       |     |     |    |
|      | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.                 | 3с  |     |    |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If               |     |     |    |
|      | "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a  |     |    |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign            |     |     |    |
|      | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion             |     |     |    |
|      | despite being controlled or supervised by or in connection with its supported organizations.                           | 4b  |     |    |
| С    | Did the organization support any foreign supported organization that does not have an IRS determination                |     |     |    |
|      | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used        |     |     |    |
|      | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)         |     |     |    |
|      | purposes.  | 4c  |     |    |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"             |     |     |    |
|      | answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN |     |     |    |
|      | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;          |     |     |    |
|      | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action      |     |     |    |
|      | was accomplished (such as by amendment to the organizing document).  | 5a  |     |    |
| b    | Type I or Type II only. Was any added or substituted supported organization part of a class already                    |     |     |    |
|      | designated in the organization's organizing document?  | 5b  |     |    |
| С    | Substitutions only. Was the substitution the result of an event beyond the organization's control?                     | 5c  |     |    |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to     |     |     |    |
|      | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited    |     |     |    |
|      | by one or more of its supported organizations, or (iii) other supporting organizations that also support or            |     |     |    |
|      | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.         | 6   |     |    |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor        |     |     |    |
|      | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity        |     |     |    |
|      | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                          | 7   |     |    |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line           |     |     |    |
|      | 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8   |     |    |
| 9a   | Was the organization controlled directly or indirectly at any time during the tax year by one or more                  |     |     |    |
|      | disqualified persons, as defined in section 4946 (other than foundation managers and organizations                     |     |     |    |
|      | described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                   | 9a  |     |    |
| b    | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which        |     |     |    |
|      | the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                              | 9b  |     |    |
| С    | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit        |     |     |    |
| _    | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9с  |     |    |
| I0a  | Was the organization subject to the excess business holdings rules of section 4943 because of section                  |     |     |    |
|      | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated              |     |     |    |
|      | supporting organizations)? If "Yes," answer 10b below.   | 10a |     |    |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to                 |     |     |    |

10b

determine whether the organization had excess business holdings.)

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| Part I  | V Supporting Organizations (continued)   |         |               |      |
|---------|--|---------|---------------|------|
|         |  |         | Yes           | No   |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?  |         |               |      |
| а       | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |         |               |      |
|         | 11c below, the governing body of a supported organization?   | 11a     |               |      |
| b       | A family member of a person described on line 11a above?   | 11b     |               |      |
| С       | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,  |         |               |      |
|         | provide detail in <b>Part VI</b> .   | 11c     |               |      |
| Section | on B. Type I Supporting Organizations  |         |               |      |
|         |  |         | Yes           | No   |
| 1       | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |         |               |      |
|         | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |         |               |      |
|         | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)   |         |               |      |
|         | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |         |               |      |
|         | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |         |               |      |
|         | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1       |               |      |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported  |         |               |      |
|         | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>   |         |               |      |
|         | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | _       |               |      |
| 0       | supervised, or controlled the supporting organization.   | 2       |               |      |
| Section | on C. Type II Supporting Organizations   |         |               |      |
|         | Management of the committee of the character of the chara |         | Yes           | No   |
| 1       | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |         |               |      |
|         | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |         |               |      |
|         | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1       |               |      |
| Section | on D. All Type III Supporting Organizations  |         |               |      |
| Section | on b. An Type in Supporting Organizations  |         | Yes           | No   |
| 1       | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |         | 163           | 140  |
| •       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |         |               |      |
|         | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |         |               |      |
|         | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1       |               |      |
| 2       | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | -       |               |      |
|         | organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>  |         |               |      |
|         | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2       |               |      |
| 3       | By reason of the relationship described in line 2, above, did the organization's supported organizations have  |         |               |      |
|         | a significant voice in the organization's investment policies and in directing the use of the organization's   |         |               |      |
|         | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |         |               |      |
|         | supported organizations played in this regard.   | 3       |               |      |
| Section | on E. Type III Functionally Integrated Supporting Organizations  |         |               |      |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | e inst  | ructio        | ns). |
| а       | ☐ The organization satisfied the Activities Test. Complete line 2 below.   |         |               |      |
| b       | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |         |               |      |
| С       | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc   | ctions) | $\overline{}$ |      |
| 2       | Activities Test. Answer lines 2a and 2b below.   |         | Yes           | No   |
| а       | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |         |               |      |
|         | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |         |               |      |
|         | those supported organizations and explain how these activities directly furthered their exempt purposes,   |         |               |      |
|         | how the organization was responsive to those supported organizations, and how the organization determined  | 0-      |               |      |
| L       | that these activities constituted substantially all of its activities.   | 2a      |               |      |
| b       | Did the activities described on line 2a, above, constitute activities that, but for the organization's   |         |               |      |
|         | involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would  |         |               |      |
|         | have engaged in these activities but for the organization's involvement.   | 2b      |               |      |
| 3       | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  | 20      |               |      |
| о<br>a  | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |         |               |      |
| а       | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>  | 3a      |               |      |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | Ju      |               |      |
| ~       | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |               |      |

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| Part  | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  |        |                              |                  |  |
|-------|---|--------|------------------------------|------------------|--|
| 1     |   |        |                              |                  |  |
|       | instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |        |                              |                  |  |
| Socti | on A - Adjusted Net Income  |        | (A) Prior Year               | (B) Current Year |  |
| Secu  | Section A - Adjusted Net Income   |        | (A) FIIOI Teal               | (optional)       |  |
| 1_    | Net short-term capital gain   | 1      |                              |                  |  |
| 2     | Recoveries of prior-year distributions  | 2      |                              |                  |  |
| 3     | Other gross income (see instructions)   | 3      |                              |                  |  |
| 4     | Add lines 1 through 3.  | 4      |                              |                  |  |
| 5     | Depreciation and depletion  | 5      |                              |                  |  |
| 6     | Portion of operating expenses paid or incurred for production or collection   |        |                              |                  |  |
|       | of gross income or for management, conservation, or maintenance of  |        |                              |                  |  |
|       | property held for production of income (see instructions)   | 6      |                              |                  |  |
| 7     | Other expenses (see instructions)   | 7      |                              |                  |  |
| 8     | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8      |                              |                  |  |
| Secti | on B - Minimum Asset Amount   |        | (A) Prior Year               | (B) Current Year |  |
|       |   |        | ` ,                          | (optional)       |  |
| 1     | Aggregate fair market value of all non-exempt-use assets (see   |        |                              |                  |  |
|       | instructions for short tax year or assets held for part of year):   |        |                              |                  |  |
|       | Average monthly value of securities   | 1a     |                              |                  |  |
|       | Average monthly cash balances   | 1b     |                              |                  |  |
|       | Fair market value of other non-exempt-use assets  | 1c     |                              |                  |  |
|       | Total (add lines 1a, 1b, and 1c)  | 1d     |                              |                  |  |
| е     | Discount claimed for blockage or other factors  |        |                              |                  |  |
|       | (explain in detail in <b>Part VI</b> ):   |        |                              |                  |  |
| 2     | Acquisition indebtedness applicable to non-exempt-use assets  | 2      |                              |                  |  |
| 3_    | Subtract line 2 from line 1d.   | 3      |                              |                  |  |
| 4     | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |        |                              |                  |  |
|       | see instructions).  | 4      |                              |                  |  |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5      |                              |                  |  |
| 6     | Multiply line 5 by 0.035.   | 6      |                              |                  |  |
| 7     | Recoveries of prior-year distributions  | 7      |                              |                  |  |
| 8     | Minimum Asset Amount (add line 7 to line 6)   | 8      |                              |                  |  |
| Secti | on C - Distributable Amount   |        |                              | Current Year     |  |
| 1     | Adjusted net income for prior year (from Section A, line 8, column A)   | 1      |                              |                  |  |
| 2     | Enter 0.85 of line 1.   | 2      |                              |                  |  |
| 3     | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3      |                              |                  |  |
| 4     | Enter greater of line 2 or line 3.  | 4      |                              |                  |  |
| 5     | Income tax imposed in prior year  | 5      |                              |                  |  |
| 6     | Distributable Amount. Subtract line 5 from line 4, unless subject to  |        |                              |                  |  |
|       | emergency temporary reduction (see instructions).   | 6      |                              |                  |  |
| 7     | Check here if the current year is the organization's first as a non-functiona   | lly ir | ntegrated Type III supportin | g organization   |  |

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(see instructions).

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| Part | V Type III Non-Functionally Integrated 509(a)(3              | <ol><li>Supporting Organ</li></ol> | <b>izations</b> (continue | ed) |              |
|------|--|------------------------------------|---------------------------|-----|--------------|
| Sect | ion D - Distributions  |                                    |                           |     | Current Year |
| 1    | Amounts paid to supported organizations to accomplish e      | xempt purposes                     |                           | 1   |              |
| 2    | Amounts paid to perform activity that directly furthers exer | mpt purposes of support            | ed                        |     |              |
|      | organizations, in excess of income from activity             |                                    |                           | 2   |              |
| 3    | Administrative expenses paid to accomplish exempt purpo      | oses of supported organ            | izations                  | 3   |              |
| 4    | Amounts paid to acquire exempt-use assets                    |                                    |                           | 4   |              |
| 5    | Qualified set-aside amounts (prior IRS approval required)    | - provide details in Part          | VI)                       | 5   |              |
| 6    | Other distributions (describe in Part VI). See instructions. |                                    |                           | 6   |              |
| 7    | Total annual distributions. Add lines 1 through 6.           |                                    |                           | 7   |              |
| 8    | Distributions to attentive supported organizations to which  | the organization is resp           | onsive                    |     |              |
|      | (provide details in Part VI). See instructions.              |                                    |                           | 8   |              |
| 9    | Distributable amount for 2022 from Section C, line 6         |                                    |                           | 9   |              |
| 10   | Line 8 amount divided by line 9 amount                       |                                    |                           | 10  |              |
|      |  |                                    | (ii)                      |     | (iii)        |

| 10   | Line o amount divided by line 9 amount                       |                             | 10                                     |   |
|------|--|-----------------------------|--|---|
| Sect | ion E - Distribution Allocations (see instructions)          | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
| 1    | Distributable amount for 2022 from Section C, line 6         |                             |  |   |
| 2    | Underdistributions, if any, for years prior to 2022          |                             |  |   |
|      | (reasonable cause required - explain in Part VI). See        |                             |  |   |
|      | instructions.  |                             |  |   |
| 3    | Excess distributions carryover, if any, to 2022              |                             |  |   |
| а    | From 2017  |                             |  |   |
| b    | From 2018  |                             |  |   |
| С    | From 2019  |                             |  |   |
| d    | From 2020  |                             |  |   |
| е    | From 2021  |                             |  |   |
| f    | Total of lines 3a through 3e                                 |                             |  |   |
| g    | Applied to underdistributions of prior years                 |                             |  |   |
| h    | Applied to 2022 distributable amount                         |                             |  |   |
| i    | Carryover from 2017 not applied (see instructions)           |                             |  |   |
| j_   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       |                             |  |   |
| 4    | Distributions for 2022 from                                  |                             |  |   |
|      | Section D, line 7: \$  |                             |  |   |
| а    | Applied to underdistributions of prior years                 |                             |  |   |
| b    | Applied to 2022 distributable amount                         |                             |  |   |
| С    | Remainder. Subtract lines 4a and 4b from line 4.             |                             |  |   |
| 5    | Remaining underdistributions for years prior to 2022, if     |                             |  |   |
|      | any. Subtract lines 3g and 4a from line 2. For result        |                             |  |   |
|      | greater than zero, explain in Part VI. See instructions.     |                             |  |   |
| 6    | Remaining underdistributions for 2022. Subtract lines 3h     |                             |  |   |
|      | and 4b from line 1. For result greater than zero, explain in |                             |  |   |
|      | Part VI. See instructions.                                   |                             |  |   |
| 7    | Excess distributions carryover to 2023. Add lines 3j         |                             |  |   |
|      | and 4c.  |                             |  |   |
| 8    | Breakdown of line 7:   |                             |  |   |
| а    | Excess from 2018   |                             |  |   |
| b    | Excess from 2019   |                             |  |   |
| С    | Excess from 2020   |                             |  |   |
| d    | Excess from 2021   |                             |  |   |
| е    | Excess from 2022   |                             |  |   |

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Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

**2022** 

Name of the organization **Employer identification number** SAFE PASSAGES 20-4535835 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |   |  |  |
|------------|--|----------------------------|---|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| _1_        | ALAMEDA COUNTY OFFICE OF EDUCATION  313 WEST WINTON AVENUE  HAYWARD CA 94544                   | \$240,046                  | Person 🛣 Payroll 🔲 Noncash 🗍  (Complete Part II for noncash contributions.) |  |  |
| (a)        | (b)  | (c)                        | (d)   |  |  |
| No.        | Name, address, and ZIP + 4   | Total contributions        | Type of contribution  |  |  |
| 2_         | CALIFORNIA ENDOWMENT  1000 N ALAMEDA ST  LOS ANGELES CA 90012                                  | \$750,000                  | Person X Payroll Complete Part II for noncash contributions.)               |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 3          | ALAMEDA COUNTY PROBATION DEPARTMENT  1111 JACKSON STREET 7TH FLOOR  OAKLAND CA 94604-2059      | \$107,500                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)     |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 4          | CALIFORNIA COMMUNITY REINVESTMENT  1325 J STREET, 18TH. FLOOR  SACRAMENTO CA 95814             | \$378,841                  | Person X Payroll Complete Part II for noncash contributions.)               |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 5_         | CALIFORNIA MENTAL HEALTH SERVICES  1812 9TH. STREET  SACRAMENTO CA 95811                       | \$59,396                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)     |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 6          | EMERY UNIFIED SCHOOL DISTRICT  4727 SAN PABLO AVE  EMERYVILLE CA 94608                         | \$36,000                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)     |  |  |
|            |  |                            |   |  |  |

Name of organization Employer identification number SAFE PASSAGES 20-4535835

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
|            | SUNLIGHT GIVING  855 EL CAMINO REAL BLDG 4                            | \$65,000                   | Person 🛣 Payroll 🔲 Noncash 🗍 (Complete Part II for                       |
|            | PALO ALTO CA 94301  |                            | noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          | KAISER FOUNDATION HEALTH  1950 FRANKLIN ST, FL 19  OAKLAND CA 94612   | \$30,000                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 9_         | US CORP FOR NATL SERVICE  1400 10TH. STREET  SACRAMENTO CA 95814      | \$587,95 <u>7</u>          | Person x Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 10         | CALIFORNIA BSCC  2590 VENTURE OAKS WAY STE 200  SACRAMENTO CA 95833   | \$330,663                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| _11_       | CITY OF FORTH WORTH  200 TEXAS STREET  FORT WORTH TX 76102-6314       | \$35,000                   | Person  Payroll  Noncash   (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution   |
| 12         | GOLDEN STATE WORRIORS FOUNATION  1011 BROADWAY  OAKLAND CA 94607-4027 | \$20,000                   | Person  Reproll  Noncash  (Complete Part II for noncash contributions.)  |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.    |                            |  |  |  |
|------------|---|----------------------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _13_       | LOCAL INITIATIVE SUPPORT CORPORATIO  28 LIBERTY STREET FLOOR 34  NEW YORK NY 10005                | \$173,78 <u>7</u>          | Person   |  |  |
| (a)<br>No. | (b)   | (c) Total contributions    | (d)  |  |  |
| _14        | Name, address, and ZIP + 4  CITY OF OAKLAND  150 FRANK H OGAWA PLAZA SUITE 4216  OAKLAND CA 94612 | \$ <b>48,566</b>           | Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |  |  |
| _15_       | COUNTY OF ALAMEDA  1000 SAN LEANDRO BLVD., SUITE 300  SAN LEANDRO CA 94577                        | \$25,910                   | Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)                       |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _16_       | OAKLAND UNIFIED SCHOOL DISTRICT  1000 BROADWAY, SUITE 150  OAKLAND CA 94607                       | \$3,480,029                | Person 🗶 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)                       |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _17_       | QUEST FOUNDATION  P O BOX 399  DANVILLE CA 94526  | \$17,500                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                          |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _18_       | SIERRA HEALTH FOUNDATION  1321 GARDEN HIGHWAY SUITE 210  SACRAMENTO CA 95833                      | \$30,000                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                          |  |  |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |  |  |
|------------|--|----------------------------|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
| _19_       | CA DEPARTMENT OF PUBLIC HEALTH  1616 CAPITOL AVENUE, MS 0022  SACRAMENTO CA 95814              | \$369,749                  | Person X Payroll Complete Part II for noncash contributions.)              |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
| _20_       | CITY OF SACRAMENTO GRANT  915 STREET 5TH FLOOR  SACRAMENTO CA 95814                            | \$250,000                  | Person X Payroll   |  |
| (a)        | (b)  | (c)                        | (d)  |  |
| No.        | Name, address, and ZIP + 4   | Total contributions        | Type of contribution   |  |
| _21_       | FRESNO ECONOMIC OPPORTUNITIES COMMI  1920 MARIPOSA ST SUITE 300  FRESNO CA 93702               | \$                         | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)    |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |  |
| 22         | LANGELOTH FOUNDATION  275 MADISON AVENUE SUITE 2102  NEW YORK NY 10016                         | \$31,750                   | Person   Payroll   Noncash   (Complete Part II for noncash contributions.) |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
| _23_       | NEW VENTURE  1201 CONNECTICUT AVE NW STE 300  WASHINGTON DC 20026                              | \$                         | Person  Rayroll  Noncash  (Complete Part II for noncash contributions.)    |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
| 24         | ALAMEDA COUNTY COMMUNITY BANK  7900 EDGEWATER DRIVE  OAKLAND CA 94621                          | \$188,965                  | Person  Noncash  (Complete Part II for noncash contributions.)             |  |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |  |  |  |
|------------|--|----------------------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 25         | COUNTY OF ALAMEDA  1000 SAN LEANDRO BLVD  SAN LEANDRO CA 94577                                 | \$15,000                   | Person  Payroll  Noncash   (Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _26_       | ALAMEDA COUNTY SOCIAL SERVICES AGEN  1221 OAK STREET  OAKLAND CA 94612                         | \$145,666                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |  |  |
| (a)        | (b)  | (c)                        | (d)  |  |  |
| No.        | Name, address, and ZIP + 4   | Total contributions        | Type of contribution   |  |  |
| _27        | BAY AREA COMMUNITY SERVICES INC  390 40TH STREET  OAKLAND CA 94609                             | \$121,000                  | Person  Payroll  Noncash   (Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 28         | BELLA VISTA FOUNDATION  1660 BUSH STREET SUITE 300  SAN FRANCISCO CA 94109                     | \$ 50,000                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _29_       | CDSS CENTRO LEGAL DE LA RAZA  3400 E 12TH STREET  OAKLAND CA 94601                             | \$52,500                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |  |  |
| _30_       | CALIFORNIA FAMILY RESOURES ACCOC  1390 66TH AVENUE  OAKLAND CA 94621                           | \$ 121,699                 | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |  |  |

Name of organization Employer identification number SAFE PASSAGES 20-4535835

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| _31        | CITY OF OAKLAND WORKFOURCE DEV 250 FRANK OGAWA PLAZA 3RD FLOOR OAKLAND CA 94612       | \$326,122                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 32         | CITY OF OAKLANDCOMMUNITY DEV  250 FRANK OGAWA PLAZA 5TH FLOOOR  OAKLAND CA 94612      | \$43,667                   | Person X Payroll Complete Part II for noncash contributions.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| _33_       | CITY OF ROCHESTER DEPT OF RECREATIO  57 ST PAUL STREET  ROCHESTER NY 14604            | \$85,000                   | Person X Payroll Complete Part II for noncash contributions.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| _34        | INGHAM COUNTY BOARD OF COMMISSIONER  341 S JEFFERSON STREET  MASON MI 48854           | \$192,500                  | Person x Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 35         | CDSS FAMILY AND COMMUNITY SUPPORT  744 P STREET MS 8 11 544  SACRAMENTO CA 95814      | \$46,911                   | Person x Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 36_        | ANDRUS FAMILY FUND SURDNA FOUNDATIO  200 MADISON AVENUE 25TH FLOOR  NEW YORK NY 10016 | \$5,000                    | Person x Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number SAFE PASSAGES 20-4535835

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 37_        | CAPITOL IMPACT LLC  1107 9TH STREE SUITE 500  SACRAMENTO CA 95814                      | \$120,000                  | Person  Rayroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 38_        | CITY OF VALLEJO  555 SANTA CLARA STREET  VALLEJO CA 94590                              | \$                         | Person X Payroll Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 39         | P O BOX 4184  NEW YORK NY 10163  | \$50,000                   | Person  Payroll  Noncash   (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 40         | KAISER PERMANENTE COMMUNITY BENEFIT  1800 HARRISON STREET 25TH FLOOR  OAKLAND CA 94612 | \$100,000                  | Person X Payroll Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 41         | MICHIGAN PUBLIC HEALTH INSTITUTE  2436 WOOD LAKE CIRCLE SUITE 300  OKEMOS MI 48864     | \$6,750                    | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| _42_       | MULTNOMA COUNTY  501 SE HOWTHORNE BLVD SUITE 125  PORTLAND OR 97214                    | \$185,000                  | Person X Payroll Complete Part II for noncash contributions.)            |

| Part I     | Contributors (see instructions). Use duplicate copies of                                 | Part I if additional space is n | eeded.   |
|------------|--|---------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 43_        | RISE INC  17317 FREMONT ST  ESPARTO CA 95627   | \$164,334                       | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 44_        | BOARD OF STATE AND COMMUNITY CORREC  2590 VENTURA OAKS WY SUITE 200  SACRAMENTO CA 95833 | \$ <u>758,654</u>               | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| <u>45</u>  | THE HARRY AND JEANETTE WEINBERG FOU  7 PARK CENTER COURT  OWINGS MILLS MD 21117-4200     | \$                              | Person   Payroll   Noncash   (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 46         | CITY OF ORLANDO  595 NRIMROSE DRIVE  ORLANDO FL 32803                                    | \$185,000                       | Person  Payroll  Noncash   (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| _47        | SUTTER HEALTH VALLEY AREA  P O BOX 619110  ROSEVILLE CA 95661                            | \$                              | Person X Payroll Complete Part II for noncash contributions.)              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 48         | HEALTH RESOURCES AND SERVICES ADMIN  SUPERIOR PUBLIC HEALTH ANALYST  SACRAMENTO CA 95833 | \$                              | Person  Rayroll  Noncash  (Complete Part II for noncash contributions.)    |

Name of organization Employer identification number SAFE PASSAGES 20-4535835

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |  |  |
|------------|---|----------------------------|--|--|--|
| 49_        | THE WILLIAM G IRWIN CHARITY FOUNDAT  1660 BUSH STREET SUITE 300  SAN FRANCISCO CA 94109 | \$75,000                   | Person X Payroll Concash Complete Part II for noncash contributions.)    |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 50         | OAKLAND FOUND FOR CHILDREN AND YOUT  150 FRANK OGAWA PLAZA  OAKLAND CA 94612            | \$1,567,683                | Person X Payroll Complete Part II for noncash contributions.)            |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _51_       | LOTY BLOOM  2800 PARK BLVD  OAKLAND CA 94606  | \$15,000                   | Person  Rayroll  Noncash  (Complete Part II for noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 52         | MORGAN STANLEY  1585 BROADWAY  NEW YORK NY 10036  | \$5,000                    | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| _53_       | MUFG UNION BANK  1251 AVENUE OF THE AMERICA  NEW YORK NY 10020-1104                     | \$10,000                   | Person  Payroll  Noncash   (Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 54         | OAKLAND PUBLIC EDUCATION FUND  P O BOX 71005  OAKLAND CA 94612                          | \$ <u>456,556</u>          | Person X Payroll Complete Part II for noncash contributions.)            |  |  |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                             |   |  |  |  |  |  |
|------------|--|-----------------------------|---|--|--|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions  | (d)<br>Type of contribution   |  |  |  |  |  |
| 55_        | THE LOWELL BERRY FOUNDATION  3685 MT DIABLO BLVD SUITE 351  LAFAYETTE CA 94549                 | \$5,000                     | Person X Payroll Complete Part II for noncash contributions.)                                   |  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions  | (d)<br>Type of contribution   |  |  |  |  |  |
| 56         | BERNAL E 7 ALBA WITKIN CHARITABLE F  P O BOX 7190  BERKELEY CA 94707                           | \$20,000                    | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                         |  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions     | (d)<br>Type of contribution   |  |  |  |  |  |
| 57         | SF FOUNATION SUMMER HEAL AMERICA  4201 WILSON BLVD STE 800  ARLINGTON VA 22203                 | \$35,000                    | Person X Payroll Oncash Complete Part II for noncash contributions.)                            |  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions  | (d)<br>Type of contribution   |  |  |  |  |  |
| 58         | CITY OF ANTIOCH  P O BOX 5007  ANTIOCH CA 94531-5007   | \$40,000                    | Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)                      |  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions     | (d)<br>Type of contribution   |  |  |  |  |  |
|            |  | \$                          | Person Payroll Complete Part II for noncash contributions.)                                     |  |  |  |  |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions  \$ | (d) Type of contribution  Person Payroll Noncash  (Complete Part II for noncash contributions.) |  |  |  |  |  |

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Employer identification number

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| SAFE | PASSAGES  | 20-4535835                            |
|------|---|---------------------------------------|
| Pai  | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco                                       | ounts.                                |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 6.   |                                       |
|      | (a) Donor advised funds   | (b) Funds and other accounts          |
| 1    | Total number at end of year   |                                       |
| 2    | Aggregate value of contributions to (during year)   |                                       |
| 3    | Aggregate value of grants from (during year)  |                                       |
| 4    | Aggregate value at end of year  |                                       |
| 5    | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised              |                                       |
|      | funds are the organization's property, subject to the organization's exclusive legal control?                           |                                       |
| 6    | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used            | <del>-</del>                          |
|      | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose            |                                       |
|      | conferring impermissible private benefit?   |                                       |
| Part | II Conservation Easements.  |                                       |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   |                                       |
| 1    | Purpose(s) of conservation easements held by the organization (check all that apply).                                   |                                       |
|      | Preservation of land for public use (for example, recreation or education)  | istorically important land area       |
|      | Protection of natural habitat   | ertified historic structure           |
|      | Preservation of open space  |                                       |
| 2    | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a            | conservation                          |
|      | easement on the last day of the tax year.   | Held at the End of the Tax Year       |
| а    | Total number of conservation easements  | . 2a                                  |
| b    | Total acreage restricted by conservation easements  | . 2b                                  |
| С    | Number of conservation easements on a certified historic structure included in (a)                                      |                                       |
| d    | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a                             |                                       |
|      | historic structure listed in the National Register  | . 2d                                  |
| 3    | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization       | ganization during the                 |
|      | tax year  |                                       |
| 4    | Number of states where property subject to conservation easement is located   |                                       |
| 5    | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of                  |                                       |
|      | violations, and enforcement of the conservation easements it holds?   |                                       |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva             | tion easements during the year        |
|      |   |                                       |
| 7    | $Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing\ conservation$ | easements during the year             |
|      |   |                                       |
| 8    | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(                 | (4)(B)(i)                             |
|      | and section 170(h)(4)(B)(ii)?   |                                       |
| 9    | In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta               |                                       |
|      | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements to       | that describes the                    |
|      | organization's accounting for conservation easements.   |                                       |
| Par  |   | ther Similar Assets.                  |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.   |                                       |
| 1a   | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and                |                                       |
|      | of art, historical treasures, or other similar assets held for public exhibition, education, or research in further     | erance of public                      |
|      | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.          |                                       |
| b    | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala               |                                       |
|      | art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera       | nce of public service,                |
|      | provide the following amounts relating to these items:  | •                                     |
|      | (i) Revenue included on Form 990, Part VIII, line 1   |                                       |
| _    | (ii) Assets included in Form 990, Part X  | · · · · · · · · · · · · · · · · · · · |
| 2    | If the organization received or held works of art, historical treasures, or other similar assets for financial ga       | ain, provide the                      |
|      | following amounts required to be reported under FASB ASC 958 relating to these items:                                   | •                                     |
| а    | Revenue included on Form 990, Part VIII, line 1   | · · · · · · · · · · · · · · · · · · · |
| h    | Assets included in Form 990 Part X  | <b>\$</b>                             |

| Par   | t III Organizations Maintaining                   | Collections of A        | Art, Hist     | orical T      | reasures,        | or Ot      | her Similar A        | ssets (c    | contir   | nued)    |
|-------|---|-------------------------|---------------|---------------|------------------|------------|----------------------|-------------|----------|----------|
| 3     | Using the organization's acquisition, access      | ion, and other records  | s, check a    | ny of the fo  | llowing that n   | nake sig   | nificant use of its  |             |          |          |
|       | collection items (check all that apply):          |                         |               |               |                  |            |                      |             |          |          |
| а     | ☐ Public exhibition                               |                         | d             | Loan or       | exchange p       | rogram     |                      |             |          |          |
| b     | b ☐ Scholarly research e ☐ Other                  |                         |               |               |                  |            |                      |             |          |          |
| С     | Preservation for future generations               |                         |               |               |                  |            |                      |             |          |          |
| 4     | Provide a description of the organization's of    | collections and explain | n how they    | further the   | organization     | n's exem   | npt purpose in Par   | t           |          |          |
|       | XIII.   |                         |               |               |                  |            |                      |             |          |          |
| 5     | During the year, did the organization solicit of  | or receive donations of | of art, histo | rical treas   | ures, or other   | similar    |                      |             |          |          |
|       | assets to be sold to raise funds rather than      |                         | oart of the   | organizatio   | on's collection  | 1?         |                      | . Te        | es       | No       |
| Par   |   | •                       |               |               |                  |            |                      |             |          |          |
|       | Complete if the organization                      | answered "Yes"          | on Forn       | n 990, Pa     | art IV, line     | 9, or 1    | eported an an        | nount or    | For      | m        |
|       | 990, Part X, line 21.                             |                         |               |               |                  |            |                      |             |          |          |
| 1a    | Is the organization an agent, trustee, custod     |                         | -             |               |                  |            |                      | _           | _        | _        |
|       | included on Form 990, Part X?                     |                         |               |               |                  |            |                      | ∐ Y€        | es       | No       |
| b     | If "Yes," explain the arrangement in Part XII     | I and complete the fol  | llowing tab   | ole:          |                  |            |                      |             |          |          |
|       |   |                         |               |               |                  |            | Ar                   | mount       |          |          |
| С     | Beginning balance                                 |                         |               |               |                  |            |                      |             |          |          |
| d     | Additions during the year                         |                         |               |               |                  |            |                      |             |          |          |
| е     | Distributions during the year                     |                         |               |               |                  |            |                      |             |          |          |
| f     | Ending balance                                    |                         |               |               |                  |            |                      |             |          | <b>-</b> |
| 2a    | Did the organization include an amount on F       |                         |               |               |                  |            |                      |             |          | No       |
| b     | If "Yes," explain the arrangement in Part XII     | I. Check here if the e  | xplanation    | has been      | provided on F    | Part XIII  |                      | <u> </u>    |          |          |
| Par   |   |                         | an Farn       | - 000 D       | out IV / Ii.o.o. | 10         |                      |             |          |          |
|       | Complete if the organization                      |                         |               |               |                  |            |                      |             |          |          |
| 4.    | Designing of year belongs                         | (a) Current year        | (b) Prid      | or year       | (c) Two years    | back       | (d) Three years back | (e) For     | ur years | back     |
| 1a    | Beginning of year balance                         |                         |               |               |                  |            |                      |             |          |          |
| b     | Contributions                                     |                         |               |               |                  |            |                      |             |          |          |
| С     |   |                         |               |               |                  |            |                      |             |          |          |
| ٨     | losses  |                         |               |               |                  |            |                      |             |          |          |
| a     | Other expenditures for facilities and             |                         |               |               |                  |            |                      |             |          |          |
| е     | programs  |                         |               |               |                  |            |                      |             |          |          |
| f     | Administrative expenses                           |                         |               |               |                  |            |                      |             |          |          |
| g     | End of year balance                               |                         |               |               |                  |            |                      |             |          |          |
| 2     | Provide the estimated percentage of the cur       | rent vear end halance   | e (line 1a    | column (a)    | ) held as:       |            |                      |             |          |          |
| a     | Board designated or quasi-endowment               | %                       | o (iiilo 1g,  | oolalliii (a) | ) Hold do.       |            |                      |             |          |          |
| b     | Permanent endowment %                             |                         |               |               |                  |            |                      |             |          |          |
| c     | Term endowment %                                  |                         |               |               |                  |            |                      |             |          |          |
| ·     | The percentages on lines 2a, 2b, and 2c sho       | ould equal 100%         |               |               |                  |            |                      |             |          |          |
| 3a    | Are there endowment funds not in the poss         |                         | ation that a  | re held an    | d administere    | ed for the | 9                    |             |          |          |
|       | organization by:                                  |                         |               |               |                  |            |                      |             | Yes      | No       |
|       | (i) Unrelated organizations                       |                         |               |               |                  |            |                      | . 3a(i)     |          |          |
|       | (ii) Related organizations                        |                         |               |               |                  |            |                      |             |          |          |
| b     | If "Yes" on line 3a(ii), are the related organize |                         |               |               |                  |            |                      | <del></del> |          |          |
| 4     | Describe in Part XIII the intended uses of the    | •                       |               |               |                  |            |                      |             | -        |          |
| Par   |   |                         |               |               |                  |            |                      |             |          |          |
|       | Complete if the organization                      |                         | on Forn       | n 990, Pa     | art IV, line     | 11a. S     | See Form 990         | , Part X,   | line     | 10.      |
|       | Description of property                           | (a) Cost or other       | er basis      | (b) Cost or   | other basis      | (c)        | Accumulated          | (d) Bo      | ok value | )        |
|       |   | (investme               | nt)           | (0            | other)           | d          | epreciation          |             |          |          |
| 1a    | Land  | 96                      | 0,000         |               |                  |            |                      |             | 960,     | 000      |
| b     | Buildings   | 2,51                    | 4,392         |               |                  |            | 84,744               | 2,          | 429,     | 648      |
| С     | Leasehold improvements                            | 2                       | 7,548         |               |                  |            |                      |             | 27,      | 548      |
| d     | Equipment   | 7                       | 8,024         |               |                  |            | 39,065               |             | 38,      | 959      |
| е     | Other   |                         |               |               |                  |            |                      |             |          |          |
| Total | Add lines 1a through 1e. (Column (d) must         | egual Form 990 Par      | t X colum     | n (R) line    | 10c)             |            |                      | 3           | 456      | 155      |

| 0.1.1.5.75       |  |                             | - 1    |
|------------------|--|-----------------------------|--------|
| Schedule D (Form | 1990) 2022 SAFE PASSAGES   | 20-4535835                  | Page 3 |
| Part VII         | Investments - Other Securities.  |                             |        |
|                  | Complete if the organization answered "Yes" on Form 990, Part IV, line 11b | . See Form 990, Part X, lin | ıe 12. |

| (e) Report of reactive or reactive statements of Reactive areason (processes) (f) Financial derhatitives (Cost or end-drywer mether solute (E)  |                | Complete if the organization answered "Y | es" on For <u>r</u> | n 990, Part | : IV, line 1 | lb. See Form  | 990, Part X, line 12. |
|---|----------------|--|---------------------|-------------|--------------|---------------|-----------------------|
| 2  Closely-held equity interests  |                |  |                     | (b) Book va | lue          |               |                       |
| (3) Other   (A)   (B)   (B) | (1) Financial  | derivatives                              |                     |             |              |               |                       |
| A   | (2) Closely-he | eld equity interests                     |                     |             |              |               |                       |
| B   | (3) Other      |  |                     |             |              |               |                       |
| C    C    C    C    C    C    C    C  | (A)            |  |                     |             |              |               |                       |
| (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G  | (B)            |  |                     |             |              |               |                       |
| E    (F)   (G)   (G)   (H)   (F)   (G)   (G)   (H)   (F)   (G)   (H)   (F)   (G)   (H)   (F)   (G)   (H)   (F)   (G)   (H)   (H)  | (C)            |  |                     |             |              |               |                       |
| Fig.   G    G    G    G    G    G    G  |                |  |                     |             |              |               |                       |
| GS   Column (b) must equal Form 990, Part X, col. (B) line 12.)   | (E)            |  |                     |             |              |               |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  | (F)            |  |                     |             |              |               |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)   |                |  |                     |             |              |               |                       |
| Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment   (b) Book value   (c) Method of valuation: Coast of end-d-year market value   (d)   |                |  |                     |             |              |               |                       |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or exci-d-year market value (d) (e) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) Description (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (c) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g   |                |  |                     |             |              |               |                       |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PATROLL LIABILITIES (40,547) (3) (1) Federal income taxes (2) PATROLL LIABILITIES (40,547) (3) (1) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 932,340  | Part VIII      |  | ∕es" on Forr        | n 990, Part | IV, line 1   | lc. See Form  | 990, Part X, line 13. |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (9) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2Patrool_Liabilities) (2Patrool_Liabilities) (2Patrool_Liabilities) (2Patrool_Liabilities) (3Patrool_Liabilities) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                | (a) Description of investment            |                     | (b) Book va | lue          |               |                       |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).   Part IX   Other Assets.   |                |  |                     |             |              |               |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |                |  |                     |             |              |               |                       |
| Part IX   |                |  |                     |             |              |               |                       |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640, 547 (3PTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).  932,340  |                |  |                     |             |              |               |                       |
| (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3DTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 932,340   | Part IX        |  |                     |             |              |               |                       |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3DTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . 932,340   |                | Complete if the organization answered "Y | es" on Forr         | n 990, Part | IV, line 1   | ld. See Form  | 990, Part X, line 15. |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3OTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 932,340   |                | (a) Descrip                              | otion               |             |              |               | (b) Book value        |
| (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3DTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 932,340   |                |  |                     |             |              |               |                       |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3pTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340   |                |  |                     |             |              |               |                       |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  |                |  |                     |             |              |               |                       |
| (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3OTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3PTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3PTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2PAYROLL LIABILITIES 640,547  (3DTHER LIABILITIES 291,793  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340   |                |  |                     |             |              |               |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).   Part X  |                |  |                     |             |              |               |                       |
| Part X   Other Liabilities.   |                |  |                     |             |              |               |                       |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2payroll liabilities 640,547 (3pther liabilities 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340   |                |  |                     |             |              |               |                       |
| Iine 25.  | Part X         |  |                     | 000 5       | D / P 4.     | 446.0         | E 000 B ()/           |
| (1) Federal income taxes (2PAYROLL LIABILITIES 640,547 (3pTHER LIABILITIES 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340   |                |  | res" on Forr        | n 990, Pari | IV, line 1   | e or 11f. See | e Form 990, Part X,   |
| (2PAYROLL LIABILITIES       640,547         (3DTHER LIABILITIES       291,793         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).       932,340   |                |  | (b) Book va         | alue        |              |               |                       |
| (3pther Liabilities 291,793 (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 932,340   |                |  |                     |             |              |               |                       |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . 932,340   |                | LIABILITIES                              | 2                   | 91,793      |              |               |                       |
| (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340  |                |  |                     |             |              |               |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 932,340   |                |  |                     |             |              |               |                       |
|   |                |  |                     |             |              |               |                       |
|   |                |  |                     |             |              |               |                       |

| Part    | •  | •                            | Return     | •          |
|---------|--|------------------------------|------------|------------|
|         | Complete if the organization answered "Yes" on Form 990, Part  | IV, line 12a.                |            |            |
| 1       | Total revenue, gains, and other support per audited financial statements $\dots \dots$               |                              | 1          | 15,102,273 |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |                              |            |            |
| а       | Net unrealized gains (losses) on investments   | 1                            |            |            |
| b       | Donated services and use of facilities   | )                            |            |            |
| С       | Recoveries of prior year grants  | :                            |            |            |
| d       | Other (Describe in Part XIII.)   | t                            |            |            |
| е       | Add lines 2a through 2d  |                              | 2e         |            |
| 3       | Subtract line 2e from line 1   |                              | 3          | 15,102,273 |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |                              |            |            |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                  | 1                            |            |            |
| b       | Other (Describe in Part XIII.)   | )                            |            |            |
| С       | Add lines 4a and 4b  |                              | 4c         |            |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                      |                              | 5          | 15,102,273 |
| Part    |  |                              | r Retu     | rn.        |
|         | Complete if the organization answered "Yes" on Form 990, Part  | IV, line 12a.                |            |            |
| 1       | Total expenses and losses per audited financial statements   |                              | 1          | 12,267,276 |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                    |                              |            |            |
| а       | Donated services and use of facilities   | 1                            |            |            |
| b       | Prior year adjustments   | )                            |            |            |
| C       | Other losses   | :                            |            |            |
| d       | Other (Describe in Part XIII.)   | t                            |            |            |
| е       | Add lines 2a through 2d  |                              | 2e         |            |
| 3       | Subtract line 2e from line 1   |                              | 3          | 12,267,276 |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                   |                              |            |            |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                  | 1                            |            |            |
| b       | Other (Describe in Part XIII.)   |                              |            |            |
| C       | Add lines 4a and 4b  |                              | 4c         |            |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                     |                              | 5          | 12,267,276 |
| Part    |  |                              |            |            |
| Provide | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines | 1b and 2b; Part V, line 4; F | art X, lin | е          |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac        | lditional information.       |            |            |
|         |  |                              |            |            |
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|         |  |                              |            |            |

Schedule D (Form 990) 2022

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

20-4535835

Department of the Treasury
Internal Revenue Service
Name of the organization

SAFE PASSAGES

Employer identification number

| Part             | Questions Regarding Compensation  |                |     | 1           |
|------------------|---|----------------|-----|-------------|
| 1a               | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel  |                | Yes | No          |
| b                | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b             |     |             |
| 2                | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | 2              |     |             |
| 3                | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee Independent compensation consultant Tompensation consultant Approval by the board or compensation committee  |                |     |             |
| 4<br>a<br>b<br>c | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4a<br>4b<br>4c |     | x<br>x<br>x |
| 5<br>a<br>b      | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  | 5a<br>5b       |     | x           |
| 6<br>a<br>b      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?   | 6a<br>6b       |     | x<br>x      |
| 7<br>8           | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III   | 7              |     | x           |
| 9                | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  | q              |     |             |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title          |      | (B) Breakdown of W-2 ar | nd/or 1099-MISC and/or              | 1099-NEC compensation                     | (C) Retirement and          | (D) Nontaxable | (E) Total of columns | (F) Compensation   |  |
|-----------------------------|------|-------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|--|
|                             |      | (i) Base compensation   | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |  |
| JOSEFINA ALVARADO MENA      | (i)  | 283,493                 | 0                                   | 0   | 0                           | 0              | 283,493              | 0  |  |
| 1 CEO                       | (ii) | 0                       | 0                                   | 0   | 0                           | 0              | 0                    | 0  |  |
| ALICIA PEREZ                | (i)  | 191,921                 | 0                                   | 0   | 0                           | 0              | 191,921              | 0  |  |
| 2 LEGISLATIVE DIRECTOR      | (ii) | 0                       | 0                                   | 0   | 0                           | 0              | 0                    | 0  |  |
| DEVONE BOGGAN               | (i)  | 264,796                 | 0                                   | 0   | 0                           | 0              | 264,796              | 0  |  |
| 3 OFFICER                   | (ii) | 0                       | 0                                   | 0   | 0                           | 0              | 0                    | 0  |  |
| KHAALID A MUTTAQI           | (i)  | 185,457                 | 0                                   | 0   | 0                           | 0              | 185,457              | 0  |  |
| 4 CHIEF OPERATING OFFICER   | (ii) | 0                       | 0                                   | 0   | 0                           | 0              | 0                    | 0  |  |
| KIMIKO TAHARA               | (i)  | 161,000                 | 0                                   | 0   | 0                           | 0              | 161,000              | 0  |  |
| 5 OPERATION AND SYSTEMS INT |      | 0                       | 0                                   | 0   | 0                           | 0              | 0                    | 0  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 6                           | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 7                           | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 8                           | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 9                           | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 10                          | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 11                          | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 12                          | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 13                          | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 14                          | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 15                          | (ii) |                         |                                     |   |                             |                |                      |  |  |
|                             | (i)  |                         |                                     |   |                             |                |                      |  |  |
| 16                          | (ii) |                         |                                     |   |                             |                |                      |  |  |

Schedule J (Form 990) 2022

## SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

202

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** SAFE PASSAGES 20-4535835 01. Form 990 governing body review (Part VI, line 11) MANAGEMENT HAS REVIEWED THE FORM 990 AND PROVIDED A FULL COPY TO THE BOARD PRIOR TO FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) FORM 990, PART VI, SECTION B, LINE 12C - BOARD MEMBERS AND OFFICERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. THE BOARD DETERMINES WHETHER A CONFLICT EXISTS AND WILL REVIEW ANY CONFLICTS IN ACCORDANCE WITH THE POLICY. THE INDIVIDUAL WITH THE CONFLICT IS RESTRICTED FROM DISCUSSIONS AND DECISIONS REGARDING THE CONFLICT 03. CEO, executive director, top management comp (Part VI, line 15a) COMPARABLE COMPENSATION STATISTICS FOR ALL KEY POSITIONS, INCLUDING CEO, COO/CFO, DEPUTY DIRECTOR ETC, ANALYZED WITH PURCHASED DATA FROM THE COMPREHENSIVE GUIDESTAR SECTOR SURVEY UPDATED EACH YEAR 04. Other officer or key employee compensation (Part VI, line 15b THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE CEO AND KEY EMPLOYEES.COMPARABILITY DATA IS UTILIZED TO DETERMINE APPROPRIATE COMPENSATION AMOUNTS. THIS PROCESS IS DOCUMENTED AND WAS LAST COMPLETED IN FY 2017 FOR THE CEO AND FY 2016 FOR OTHER KEY EMPLOYEES

### 05. Governing documents, etc, available to public (Part VI, line 19)

ALL PUBLIC DOCUMENTS AVAILABLE ELECTRONICALLY UPON REQUEST OR VIA DOWNLOAD DIRECTLY FROM

GUIDESTAR.COM, AS WELL AS ON THE WEBSITE OF THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF

CHARITABLE TRUSTS.

## Eorm 8879-TE

Department of the Treasury

## IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07-01 , 2022, and ending 06-30 , 2023

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2022

OMB No. 1545-0047

Internal Revenue Service Name of filer EIN or SSN SAFE PASSAGES 20-4535835 Name and title of officer or person subject to tax JOSEFINA ALVARADO MENA, CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . . x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... 15,102,273 Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . . 4a Form 8868 check here . . . . **b** Balance due (Form 8868, line 3c).......... 6a Form 990-T check here . . . . Form 4720 check here . . . . 7a Form 5227 check here . . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . 8a Form 5330 check here . . . . 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize CHRISTOPHER CHIME OGBODO, C 35835 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 04-05-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 948142 06926 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05-02-2024 ERO's signature Date **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

## Form 990 Worksheet

## Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

SAFE PASSAGES

Tax ID Number 20-4535835

924,477

| Name                                | (a)<br>2018 | (b)<br>2019 | (c)<br>2020 | (d)<br>2021 | (e)<br>2022 | (f)<br>Total | (g) Excess contributions (col. (f) minus the 2% limitation) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---|
| ALAMEDA COUNTY OFFICE OF EDUCATION  |             |             | 28,800      |             | 240,046     | 268,846      | <u>, , , , , , , , , , , , , , , , , , , </u>               |
| CALIFORNIA ENDOWMENT                | 656,408     | 600,000     | 150,000     |             | 750,000     | 2,156,408    | 1,231,931   |
| ALAMEDA COUNTY PROBATION DEPARTMENT |             |             | 87,623      |             | 107,500     | 195,123      |   |
| CALIFORNIA COMMUNITY REINVESTMENT   |             |             | 205,617     |             | 378,841     | 584,458      |   |
| CALIFORNIA MENTAL HEALTH SERVICES   |             |             | 150,020     |             | 59,396      | 209,416      |   |
| EMERY UNIFIED SCHOOL DISTRICT       |             |             | 30,000      |             | 36,000      | 66,000       |   |
| SUNLIGHT GIVING                     | 56,000      | 250,000     | 260,000     |             | 65,000      | 631,000      |   |
| KAISER FOUNDATION HEALTH            | 5,000       | 30,000      | 15,000      |             | 30,000      | 80,000       |   |
| US CORP FOR NATL SERVICE            |             |             | 860,245     |             | 587,957     | 1,448,202    | 523,725   |
| CALIFORNIA BSCC                     |             |             | 167,404     |             | 330,663     | 498,067      |   |
| CITY OF FORTH WORTH                 |             |             | 30,000      |             | 35,000      | 65,000       |   |
| GOLDEN STATE WORRIORS FOUNATION     |             |             | 45,000      |             | 20,000      | 65,000       |   |
| LOCAL INITIATIVE SUPPORT CORPORATIO |             |             | 33,514      |             | 173,787     | 207,301      |   |
| CITY OF OAKLAND                     |             |             | 1,134,618   |             | 48,566      | 1,183,184    | 258,707   |
| COUNTY OF ALAMEDA                   |             |             | 17,703      |             | 25,910      | 43,613       |   |
| OAKLAND UNIFIED SCHOOL DISTRICT     |             |             | 975,682     |             | 3,480,029   | 4,455,711    | 3,531,234   |
| QUEST FOUNDATION                    |             |             | 24,128      |             | 17,500      | 41,628       |   |
| SIERRA HEALTH FOUNDATION            |             |             | 357,475     |             | 30,000      | 387,475      |   |
| CA DEPARTMENT OF PUBLIC HEALTH      |             |             | 226,599     |             | 369,749     | 596,348      |   |
| CITY OF SACRAMENTO GRANT            |             |             | 250,000     |             | 250,000     | 500,000      |   |
| FRESNO ECONOMIC OPPORTUNITIES COMMI |             |             | 90,000      |             | 90,000      | 180,000      |   |
| LANGELOTH FOUNDATION                |             |             | 475,000     |             | 31,750      | 506,750      |   |
| NEW VENTURE                         |             |             | 50,000      |             | 75,000      | 125,000      |   |
| ALAMEDA COUNTY COMMUNITY BANK       |             |             |             |             | 188,965     | 188,965      |   |
| COUNTY OF ALAMEDA                   |             |             |             |             | 15,000      | 15,000       |   |
| ALAMEDA COUNTY SOCIAL SERVICES AGEN |             |             |             |             | 145,666     | 145,666      |   |
| BAY AREA COMMUNITY SERVICES INC     |             |             |             |             | 121,000     | 121,000      |   |
| BELLA VISTA FOUNDATION              |             |             |             |             | 50,000      | 50,000       |   |
| CDSS CENTRO LEGAL DE LA RAZA        |             |             |             |             | 52,500      | 52,500       |   |

## Form 990 Worksheet

## Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2022 Tax ID Number

Name(s) as shown on return

SAFE PASSAGES

20-4535835

924,477

| Name                                | (a)<br>2018 | (b)<br>2019 | (c)<br>2020 | (d)<br>2021 | (e)<br>2022 | (f)<br>Total | (g) Excess contributions (col. (f) minus the 2% limitation) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---|
| CALIFORNIA FAMILY RESOURES ACCOC    |             |             |             |             | 121,699     | 121,699      | ,                     |
| CITY OF OAKLAND WORKFOURCE DEV      |             |             |             |             | 326,122     | 326,122      |   |
| CITY OF OAKLANDCOMMUNITY DEV        |             |             |             |             | 43,667      | 43,667       |   |
| CITY OF ROCHESTER DEPT OF RECREATIO |             |             |             |             | 85,000      | 85,000       |   |
| INGHAM COUNTY BOARD OF COMMISSIONER |             |             |             |             | 192,500     | 192,500      |   |
| CDSS FAMILY AND COMMUNITY SUPPORT   |             |             |             |             | 46,911      | 46,911       |   |
| ANDRUS FAMILY FUND SURDNA FOUNDATIO |             |             |             |             | 5,000       | 5,000        |   |
| CAPITOL IMPACT LLC                  |             |             |             |             | 120,000     | 120,000      |   |
| CITY OF VALLEJO                     |             |             |             |             | 472,500     | 472,500      |   |
| EVERYTOWN FOR GUN SAFETY SUPPORT FU |             |             |             |             | 50,000      | 50,000       |   |
| KAISER PERMANENTE COMMUNITY BENEFIT |             |             |             |             | 100,000     | 100,000      |   |
| MICHIGAN PUBLIC HEALTH INSTITUTE    |             |             |             |             | 6,750       | 6,750        |   |
| MULTNOMA COUNTY                     |             |             |             |             | 185,000     | 185,000      |   |
| RISE INC                            |             |             |             |             | 164,334     | 164,334      |   |
| BOARD OF STATE AND COMMUNITY CORREC |             |             |             |             | 758,654     | 758,654      |   |
| THE HARRY AND JEANETTE WEINBERG FOU |             |             |             |             | 200,000     | 200,000      |   |
| CITY OF ORLANDO                     |             |             |             |             | 185,000     | 185,000      |   |
| SUTTER HEALTH VALLEY AREA           |             |             |             |             | 200,000     | 200,000      |   |
| HEALTH RESOURCES AND SERVICES ADMIN |             |             |             |             | 273,756     | 273,756      |   |
| THE WILLIAM G IRWIN CHARITY FOUNDAT |             |             |             |             | 75,000      | 75,000       |   |
| OAKLAND FOUND FOR CHILDREN AND YOUT |             |             |             |             | 1,567,683   | 1,567,683    | 643,206   |
| LOTY BLOOM                          |             |             |             |             | 15,000      | 15,000       |   |
| MORGAN STANLEY                      |             |             |             |             | 5,000       | 5,000        |   |
| MUFG UNION BANK                     |             |             |             |             | 10,000      | 10,000       |   |
| OAKLAND PUBLIC EDUCATION FUND       |             |             |             |             | 456,556     | 456,556      |   |
| THE LOWELL BERRY FOUNDATION         |             |             |             |             | 5,000       | 5,000        |   |
| BERNAL E 7 ALBA WITKIN CHARITABLE F |             |             |             |             | 20,000      | 20,000       |   |
| SF FOUNATION SUMMER HEAL AMERICA    |             |             |             |             | 35,000      | 35,000       |   |
| CITY OF ANTIOCH                     |             |             |             |             | 40,000      | 40,000       |   |

# Tax Exempt Diagnostic Summary Employer Identification # 2022 2022 2024 2024 2025 2026 202

**Demographics** 

Mailing Address: Phone:

1017 CLAY STREET

OAKLAND, CA 94607-3697

Resident State: CA

**Diagnostics** 

Preparer: CHRISTOPHER CHIME Invoice: Date: 05-02-2024

#### **Return Information**

| Item on Return       | 2022       | 2021 Federal   |
|----------------------|------------|----------------|
|                      | Federal    | (If available) |
| Total Revenue        | 15,102,273 | 12,547,686     |
| Total Expenses       | 12,267,276 | 10,010,016     |
| Net Excess (Deficit) | 2,834,997  | 2,537,670      |
| Net Assets or Fund   |            |                |
| Balances             | 9,413,923  | 6,578,926      |

#### State/City Information

| State/City | <u>Taxable</u> | <u>Total</u> | Change Fund    | <u>UBIT</u> | <u>Total</u> | Refund/       |
|------------|----------------|--------------|----------------|-------------|--------------|---------------|
|            | Revenue        | Expenses     | <b>Balance</b> |             | <u>Tax</u>   | (Balance Due) |
| CA         | 15,102,273     | 2,834,997    |                |             |              |               |

## TAXABLE YEAR 2022

## California Exempt Organization Annual Information Return

FORM

199

| Calenda   | ar Year 2022 or fiscal year beginning (mm/dd/yyyy) $07-01-2022$ , and ending (mm/dd  | d/yyyy) (  | 06-30-2  | 023  |       |
|---|--|--|--|--|-------|
| Corporat  | ion/Organization name  | California c   | corporation num  | ber  | 5/4   |
| SAFE  | PASSAGES   | 28683  | 332  |  |       |
| Additiona   | al information. See instructions.  | FEIN   |  |  |       |
| **  |  | 20-45  | 535835   |  |       |
|   | Idress (suite or room)   |  | PMB no.  |  |       |
| - Commence of the Commence of | CLAY STREET  | Transcourage Communication Com | - Pompania de Pomp |  |       |
| City  | AND  | State  | Zip code   | 2607   |       |
| OAKL  |  | CA   | 94607-   | Approximation of the second se |       |
| Foreign (   | country name Foreign province/state/county   |  | Foreign posta  | II COGO  |       |
| A First re  | eturn · · · · · · · · · · · · · · · · · · ·  | to its guideli   | nes  | 100 000 000  |       |
| B Amend   | ded return • • • • • • • • • • • • • • • • • • •   | ıs• • • • •  |  | • Yes X  | No    |
| C IRC Se  | ection 4947(a)(1) trust • • • • • • • • • • • • • • • • • • •  | has the orga   | anization  |  |       |
| D Final in  | nformation return? engaged in political activities? See instru   | uctions • •  |  | • Yes X  | No    |
| • 🗌 [   | Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC   | Section 237  | 701g?• • •   | • Yes X  | No    |
|   | ate: (mm/dd/yyyy)  |  |  | •\$  |       |
|   | accounting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited liability com  |  |  | • Yes X  | No    |
| 27 <u>4 2</u> 7   | al return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 100 or Fol  |  |  | - T  | a     |
|   | Other 990 series taxable income? • • • • • • • • • • • • • • • • • • •   |  |  | • Yes X  | . No  |
|   | a group filing? See instructions • • • • Yes X No N Is the organization under audit by the IR organization in a group exemption • • • • Yes X No audited in a prior year? • • • • •  |  |  | ● Yes X  | A     |
|   | organization in a group exemption • • • • • • Yes X No audited in a prior year? • • • • • • • • • • • • • • • • • • •  |  |  |  | No    |
| 11 108  | Date filed with IRS  |  |  | les M  | . 140 |
| 10  | Date med with the  |  |  |  |       |
| Part I  | Complete Part I unless not required to file this form. See General Information B and C.  |  |  |  |       |
|   | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8- · · · · · · · · · · · · · · · · · ·  |  | 1 15,  | 102,273  | 00    |
|   | 2 Gross dues and assessments from members and affiliates • • • • • • • • • • • • • • • • • • •   |  | 2  | 1.7  | 00    |
| Receipts  | 3 Gross contributions, gifts, grants, and similar amounts received • • • • • • • • • • • • • • • • • • •   |  | 3  |  | 00    |
| and<br>Revenues   | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.   |  |  |  |       |
|   | This line must be completed. If the result is less than \$50,000, see General Information B  | • • • •  | 4 15,  | 102,273  | 00    |
|   | 5 Cost of goods sold 5   | 0  | 0  |  |       |
|   | 6 Cost or other basis, and sales expenses of assets sold • • • • • • • • • • • • • • • 6   | 0  | 0  |  | 1     |
|   | 7 Total costs. Add line 5 and line 6   | • • • •  | 7  |  | 00    |
| -   | 8 Total gross income. Subtract line 7 from line 4  |  |  | 102,273  | 00    |
| Expenses  | 9 Total expenses and disbursements. From Side 2, Part II, line 18  |  |  | 267,276  | 00    |
|   | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | ENSTOR I   |  | 834,997  | 00    |
|   | 11 Total payments  |  | 11   |  | 00    |
| Filing<br>Fee   | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.   |  | 13   |  | 00    |
| 100   | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.  |  | 14   |  | 00    |
|   | 15 Penalties and interest. See General Information J   |  | 15   |  | 00    |
|   | 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result   |  | 16   |  | 00    |
| -   | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle | est of my know   | vledge and belief,   | it is  |       |
| Sign<br>Here  | ı Title ı Date   | ugu.   | <ul><li>Telephone</li></ul>  |  |       |
| _   | Signature of officer JOSEFINA ALVARADO MENA CEO 04/05  | /2024  |  |  |       |
|   | Preparer's Date Check if se  | 000  | ●PTIN  |  |       |
|   | signature ► 05/02/2024 employed  | ► X  | P01440   | 017  |       |
| Paid<br>Preparer's  | Firm's name (or yours,   |  | ●Firm's FEIN   |  |       |
| Use Only  | if self-employed)  CHRISTOPHER CHIME OGBODO, CPA   |  | 94-300   | 6926   |       |
|   | 4225 TELEGRAPH AVENUE  |  | •Telephone   | 0 6615   |       |
| <del></del>   | OAKLAND, CA 94609  |  | 510-65   |  |       |
| 57  | May the FTB discuss this return with the preparer shown above? See instructions • • • • • • • • • • • • • • • • • • •  |  | • Yes X  | No   |       |

Part II Organizations with gross receipts of more than \$50,000 and private foundations 20-4535835 regardless of amount of gross receipts - complete Part II or furnish substitute information. Gross sales or receipts from all business activities. See instructions 1 15,102,273 00 2 00 3 00 Receipts 4 00 from Other 5 00 Sources Gross amount received from sale of assets (See instructions) 6 00 7 7 00 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. . . . 8 15,102,273 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 10 10 00 11 Compensation of officers, directors, and trustees. Attach schedule 11 00 12 00 7,204,545 Expenses 13 00 and 14 554,751 00 Disburse 15 15 00 279,874 ments 16 00 64,288 Other expenses and disbursements. Attach schedule 17 00 4,163,818 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line-9. 18 12,267,276 00 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (c) (d) 1,649,728 3,997,722 • 5,445,356 6,135,757 • Federal and state government obligations · · · · • Investments in other bonds . . . . . . . . . . . . ۰ ۰ Other investments. Attach schedule . . . . . 2,318,661 2,619,964 **b** Less accumulated depreciation . . . . . . 123,809 59,521 2,259,140 2,496,155 **11** Land............. 960,000 960,000 91,338 117,100 10,405,562 13,706,734 Liabilities and net worth 166,315 362,332 Contributions, gifts, or grants payable ۰ • • 2,685,164 2,588,926 **18** Other liabilities. Attach schedule . . . . . . . 975,157 1,341,553 • 19 • 20 Paid-in or capital surplus. Attach reconciliation . • 21 Retained earnings or income fund . . . . . . . 6,578,926 9,413,923 22 Total liabilities and net worth 10,405,562 13,706,734 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 7 Income recorded on books this year not included in this return. Attach schedule 3 Excess of capital losses over capital gains . . . 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. Attach schedule . . . . . . . . . . . . . . . . . Total. Add line 7 and line 8 · · · · · · · 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5 . . . . . . . . Subtract line 9 from line 6 . . . . . . . .

Side 2 Form 199 2022 043 3652224

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE

RRF-1 (Rev. 02/2021)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

| SAFE PASSAGES Name of Organization   |  | Check if:  Change of address                 |                                       |      |         |  |  |
|--|--|--|---------------------------------------|------|---------|--|--|
| List all DBAs and names the organization uses or   | has used   | - Amended report                             |                                       |      |         |  |  |
| 1017 CLAY STREET Address (Number and Street)   |  | State Charity Registration Number CT-0160539 |                                       |      |         |  |  |
| OAKLAND, CA 94607-3697   |  |  |                                       |      |         |  |  |
| City or Town, State, and ZIP Code  |  |  | ion or Organization No. 2868332       |      |         |  |  |
| Telephone Number E-mail Address Federal  |  |  | Employer ID No. <u>20-4535835</u>     |      |         |  |  |
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice  |  |  |                                       |      |         |  |  |
| Total Revenue Fee  | Total Revenue  | <u>Fee</u>                                   | Total Revenue                         |      | Fee     |  |  |
| Less than \$50,000 \$25  | Between \$250,001 and \$1 milion   | \$100  | Between \$20,000,001 and \$100 millio | n \$ | \$800   |  |  |
| Between \$50,000 and \$100,000 \$50  | Between \$1,000,001 and \$5 million  | \$200  | Between \$100,000,001 and \$500 milli |      | \$1,000 |  |  |
| Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million \$400 Greater than \$500 million   |  |  |                                       |      | \$1,200 |  |  |
| PART A - ACTIVITIES  For your most recent full accounting  | period (beginning 07-01-2022   | endina                                       | 06_30_2023) list:                     |      |         |  |  |
| Total Revenue \$   | For your most recent full accounting period (beginning 07-01-2022 ending 06-30-2023) list: |  |                                       |      |         |  |  |
| (including noncash contributions 15, 102, 273 Noncash Contributions \$ Total Assets \$ 13, 706, 734  |  |  |                                       |      |         |  |  |
| Program Expenses \$11,508,099 Total Expenses \$ 12,267,276   |  |  |                                       |      |         |  |  |
| DADT B - STATEMENTS DECADDING OPCANI   | DADED OTATEMENTO DECARDINO ODCANIZATION DUDINO THE REDIOD OF THIS DEPORT                   |  |                                       |      |         |  |  |
| PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT  Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page                      |  |  |                                       |      |         |  |  |
| providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.   |  |  |                                       |      |         |  |  |
| During this reporting period, were there any conflicer, director or trustee thereof, either directors.   |  |  | · ·                                   |      | Х       |  |  |
| 2. During this reporting period, was there any the   | eft, embezzlement, diversion or misuse of th   | ne organiza                                  | ation's charitable property or funds? |      | Х       |  |  |
| 3. During this reporting period, were any organiz  | zation funds used to pay any penalty, fine o   | r judgmen                                    | 1?                                    |      | X       |  |  |
| During this reporting period, were the service coventurer used?  | s of a commercial fundraiser, fundraising co   | ounsel for (                                 | charitable purposes, or commercial    |      | X       |  |  |
| 5. During this reporting period, did the organizat   | ion receive any governmental funding?  |  |                                       | Х    |         |  |  |
| 6. During this reporting period, did the organizat   | ion hold a raffle for charitable purposes?   |  |                                       |      | Х       |  |  |
| 7. Does the organization conduct a vehicle donation program?   |  |  |                                       |      | Х       |  |  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?                                       |  |  |                                       |      |         |  |  |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   |  |  |                                       |      | Х       |  |  |
| I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign. |  |  |                                       |      |         |  |  |
|  | JOSEFINA ALVARADO ME   | CE   | · Ω Λ =                               | 05_  | 2024    |  |  |
| Signature of Authorized Agent  | Printed Name   | <u> </u>                                     | Title                                 |      | ate     |  |  |

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311 and 312

## STATEMENT INFORMATION

| Name as shown on return:                      | FEIN       |
|---|------------|
| SAFE PASSAGES                                 | 20-4535835 |
|   |            |
| GOVERNMENT FUNDING SOURCES                    |            |
|   |            |
| OAKLAND UNIFIED SCHOOL DISTRICT               |            |
| 1000 BROADWAY, SUITE 150                      |            |
| OAKLAND, CA 94607                             |            |
|   |            |
| CA. DEPT. OF PUBLIC HEALTH (CDPH)             |            |
| P.O BOX 997377                                |            |
| SACRAMENTO, CA 95899 916-552-9861             |            |
|   |            |
| ALAMEDA COUNTY SOCIAL SERVICES AGENCY (CASSA) |            |
| 1221 OAK STREET                               |            |
| OAKLAND, CA 94612 510-267-8632                |            |
|   |            |
| ALAMEDA COUNTY SOCIAL SERVICES AGENCY         |            |

| D - 1 - | A    |      |
|---------|------|------|
| Date    | Acce | ptea |

## **TAXABLE YEAR** California e-file Return Authorization for Exempt Organizations

FORM

| 2022   | Exempt   | Organizations  |  |   |  |  |  |   | 8453-EO  |
|--|--|--|--|---|--|--|--|---|--|
| Exempt Organiza  |  |  |  |   |  |  |  | /ing numb   |  |
| SAFE PA  | ASSAGES  |  |  |   |  |  | 20   | -453  | 5835   |
| Part I Ele   | ectronic Return Info   | rmation (whole dollars only)   |  |   |  |  |  |   |  |
| 2 Total gro  | ss income (Form 199  | Inne 4)  |  |   |  |  |  |   | <b>2</b> 15,102,273  |
| Part II s  | ettle Your Account E   | lectronically for Taxable Year 202   | 22   |   |  |  |  |   |  |
|  | tronic funds withdrawa   |  |  | 4b  | Withdrawal   | date (   | mm/dd  | /уууу)  |  |
| Dort III D   |  | 71 Lanca (17 and 18 and |  |   | ('0)   |  |  |   |  |
|  |  | (Have you verified the exempt orga   | nization's banki   | ng inform   | nation?)   |  |  |   |  |
| <ul><li>5 Routing</li><li>6 Account</li></ul>  |  |  |  | Type of a   | account:   | ] Che  | cking  |   | Savings  |
| Part IV D  | eclaration of Officer  |  |  |   |  |  |  |   |  |
| authorize the  |  | count to be settled as designated in Par   | t II. If I check Part  | II, box 4, I  | authorize an   | electro  | nic fund   | s withdra   | awal for   |
| organization's the exempt organization represents organization represents of the corocessing of the corocess | 2022 California electronion<br>ganization is filing a balar<br>zation's fee liability, the e<br>eturn and accompanying<br>f the exempt organization                            | ice provider and the amounts in Part I at<br>c return. To the best of my knowledge an<br>ice due return, I understand that if the Fr<br>exempt organization will remain liable for<br>schedules and statements be transmitted<br>on's return or refund is delayed, I auth  | nd belief, the exem<br>anchise Tax Board<br>the fee liability and<br>d to the FTB by the   | pt organiz<br>I (FTB) do<br>I all applic<br>ERO, tra                                | ation's return<br>les not receiv<br>able interest in<br>nsmitter, or ir                                    | is true,<br>e full ar<br>and per<br>ntermed  | , correct,<br>nd timely<br>nalties. I<br>diate ser                     | and com<br>paymen<br>authorization  | nplete. If<br>nt of the<br>e the exempt<br>rider. <b>If the</b>                  |
| Sign<br>Here   | <b></b>  |  | 04-05-2  | 024   | CEC  | )  |  |   |  |
| ilcic  | Signature of officer   |  | Date   |   | Title  |  |  |   |  |
| Part V   | Declaration of Electr  | onic Return Originator (ERO) and   | d Paid Prepare   | r. See ins  | structions.  |  |  |   |  |
| knowledge. (If nowever, that for the followed all other than the country and accompants of the first supersonance and accompants that for the first supersonance and accompants of the first supersonance and accompanishments of the first supersonance and the first supersonance | I am only an intermediate<br>form FTB 8453-EO accur<br>is return to the FTB; I have<br>the requirements described<br>due date of the return or<br>on request. If I am also the | e exempt organization's return and that the service provider, I understand that I am ately reflects the data on the return.) I have provided the organization officer with a doi in FTB Pub. 1345, 2022 Handbook for four years from the date the exempt organization proparer, under penalties of perjuments, and to the best of my knowledge knowledge.  | n not responsible for<br>ave obtained the of<br>a copy of all forms<br>of Authorized e-file<br>ganization return is<br>try, I declare that I | or reviewir<br>rganization<br>and inform<br>Providers.<br>filed, which<br>have exam | ng the exempt<br>in officer's sign<br>nation that I w<br>I will keep fo<br>chever is late<br>nined the abo | t organinature of the vill file will | ization's<br>on form<br>with the I<br>3 8453-E<br>will mak<br>mpt orga | return. I<br>FTB 8455<br>FTB, and<br>O on file<br>(e a copy<br>anization) | declare,<br>3-EO before<br>I have<br>for <b>four</b><br>v available<br>is return |
| ERO  | ERO's signature  |  | Date   |   | Check if<br>also paid<br>preparer  | X  | Check<br>if self-<br>employe   |   | ERO'S PTIN P01440017   |
| Must<br>Sign   | Firm's name (or yours  | CHRISTOPHER CHIM   |  | αD  | 7\   |  |  | Firm's FE   | EIN<br>3006926   |
| oigii  | if self-employed) and address  | 4225 TELEGRAPH A   |  | , CF.   | <u> </u>   |  |  | J=  | ZIP code   |
|  |  | OAKLAND , CA   |  |   |  |  |  |   | 94609  |
| •  |  | t I have examined the above organizatio correct, and complete. I make this decla   |  |   | ~  |  |  |   | he best of   |
| Paid<br>Preparer   | Paid preparer's  |  |  | Date  |  |  | Check<br>if self-  |   | Paid preparer's PTIN   |
| Must   | signature  Firm's name (or yours   |  |  |   |  |  | employed   | Firm's FE   | I<br>EIN   |
| Sign   | if self-employed)<br>and address   | -  |  |   |  |  |  |   | ZIP code   |

| CAOVFLOW                   | State Supporting Statements | 2022     | Page 1    |
|----------------------------|-----------------------------|----------|-----------|
| Name(s) as shown on return |                             | SSN/FEIN |           |
| SAFE PASSAG                | ES                          | 2        | 0-4535835 |

| Description               | Amount              |
|---------------------------|---------------------|
| EMPLOYEE BENEFITS         | \$ 1,165,488        |
| ACCOUNTING AND AUDITING   | 194,105             |
| SUBCONTRACTORS            | 1,265,981           |
| OFFICE EXPENSES           | 272,467             |
| INFORMATION TECHNOLOGY    | 100,240             |
| TRAVEL                    | 281,770             |
| PRINTING AND PUBLICATIONS | 12,603              |
| MATERIALS AND SUPPLIES    | 298,460             |
| PARTICIPANT INCENTIVES    | 210,477             |
| CONFERENCES               | <u>250,238</u>      |
| INSURANCE                 | 50,945              |
| OTHER                     | 61,044              |
| Total:                    | \$ <u>4,163,818</u> |



## Copy of External Evaluation of Program

## Agency SAFE PASSAGES

## Program Elev8 Youth



**Strategy:** Engagement and Success for Elementary and Middle School Students **Annual Grant Funding:** \$91,600

End-of-Year Profile FY2021-2022

Safe Passages proposes to partner with six school communities across West Oakland, Fruitvale, and East Oakland to provide 210 low-income elementary and middle school youth with increased access to academic support, advocacy and mentoring, and STEAM programming. Services will be provided daily during the regular school year. Programming is designed to increase regular school attendance, improve school connectedness and connections to caring adults, improve literacy and numeracy among participants, and increase access to STEAM service learning opportunities.

## **Program Score Card**

These select performance measures were identified by program staff, OFCY and the evaluation team as indicative of programs' quality and success in working towards the strategic objectives for the Engagement and Success for Elementary and Middle School Students strategy.

## Program Achievements: How much did we do?

Number of Youth Served: 131

Total Hours of Service Provided: 99,309

Average Hours of Service per Youth 758

## Program Achievements: How well did we do it?

| Progress Toward Pro | jected Enrol | Iment and | <u>Attendance</u> |
|---------------------|--------------|-----------|-------------------|
|                     |              |           |                   |

Strategy Average

| Progress towards projected number of youth served         | .1 | 101% | 113% |
|---|----|------|------|
| Progress towards projected units of service               |    | 118% | 109% |
| Progress towards average hours of service per participant | 1  | 117% | 98%  |

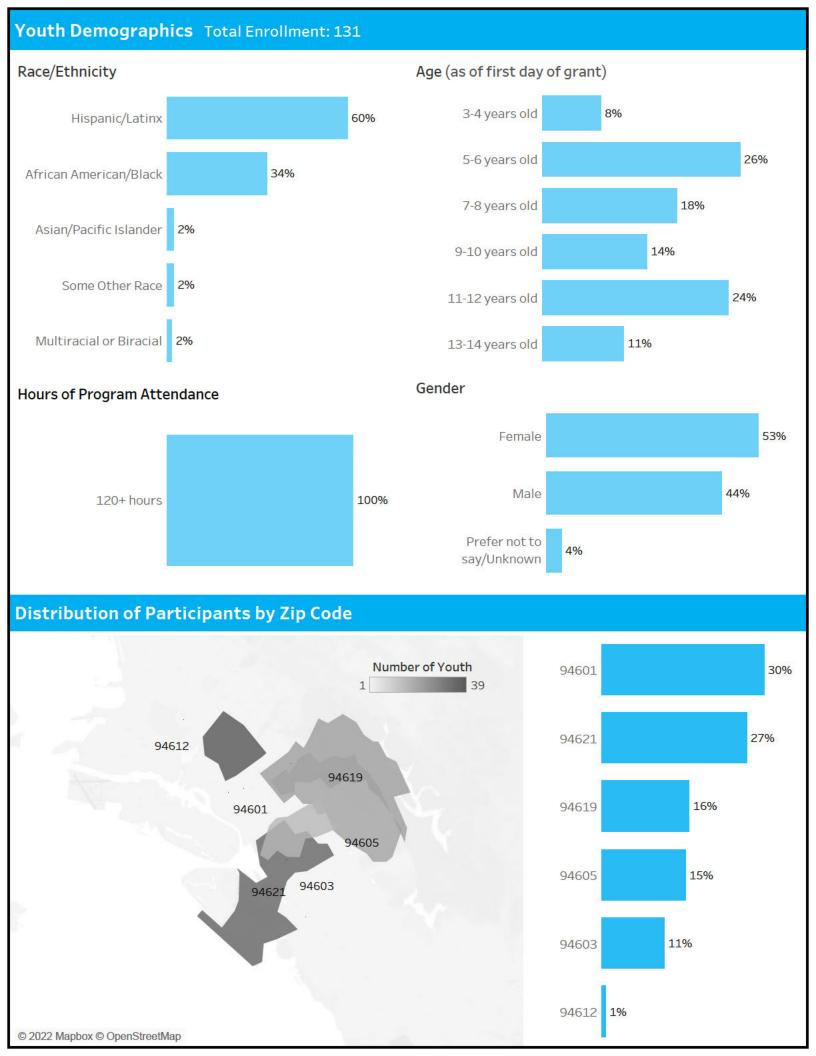
#### Percent of Youth in Agreement

| 77% | 73% | I feel safe in this program.                          |
|-----|-----|---|
| 75% | 76% | There is an adult at this program who cares about me. |
| 74% | 61% | I am interested in what we do at this program.        |

## Participant Outcomes: Is anyone better off?

#### Percent of Youth in Agreement

| I learned how to do things in this program that help with my school work. |    | 75% | 58% |
|---|----|-----|-----|
| This program helps me feel more motivated to learn in school.             | 68 | 8%  | 67% |



## Youth Survey Results (Number of surveys collected: 65)

## **General Youth Development Outcomes**

Outcome scores reflect how often youth agreed or strongly agreed with the questions mapped to each outcome. The strategy-level scores reflects all youth who completed surveys at 4 Engagement and Success for Elementary and Middle School Students programs (264).

| Program Scor               | es  |                      |          |             |       |                   | Stra                 | tegy-Le  | vel Scor    | res   |                   |
|----------------------------|---|----------------------|----------|-------------|-------|-------------------|----------------------|----------|-------------|-------|-------------------|
| Developmen                 | t and mastery of skills   |                      |          | 76%         |       |                   |                      |          |             |       | 84%               |
| Greater conn               | nections with adults  |                      |          | 77%         |       |                   |                      |          |             | 75    | <b>%</b>          |
| Improved de                | cision-making   |                      | 73       | 3%          |       |                   |                      |          |             | 69%   | N Comment         |
| Improved go                | al setting  | 62%                  |          |             |       |                   |                      |          | 509         | %     |                   |
| Increased co               | nfidence and self esteem  | 62%                  |          |             |       |                   |                      |          | 5           | 57%   |                   |
| Increased se               | nse of belonging and emotional wellness   |                      | 69%      |             |       |                   |                      |          |             | 67%   |                   |
|                            |   | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree | Strongly<br>Agree | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree | Strongly<br>Agree |
| Development                | At this program, I get the opportunity to talk about what I have learned.                               | 3%                   | 3%       | 10%         | 57%   | 27%               | 4%                   | 1%       | 11%         | 46%   | 37%               |
| and mastery<br>of skills   | In this program, I learned new information about a topic that interests me.                             | 3%                   | 3%       | 10%         | 59%   | 24%               | 4%                   | 3%       | 20%         | 42%   | 30%               |
|                            | In this program, I try new things.  | 2%                   | 8%       | 14%         | 54%   | 23%               | 2%                   | 3%       | 9%          | 46%   | 40%               |
| Greater                    | The adults in this program tell me what I am doing well.  | 3%                   | 3%       | 7%          | 43%   | 43%               | 4%                   | 3%       | 7%          | 34%   | 51%               |
| connections<br>with adults | There is an adult at this program who cares about me.   | 3%                   | 5%       | 16%         | 37%   | 40%               | 5%                   | 6%       | 15%         | 32%   | 43%               |
|                            | There is an adult in this program who notices when I am upset about something.                          | 3%                   | 3%       | 10%         | 57%   | 27%               | 6%                   | 1%       | 7%          | 45%   | 41%               |
| Improved decision-         | Since coming to this program, I am better at saying 'no' to things I know are wrong.                    | 3%                   | 3%       | 17%         | 57%   | 20%               | 6%                   | 3%       | 17%         | 48%   | 26%               |
| making                     | Since coming to this program, I am better at staying out of situations that make me feel uncomfortable. | 3%                   | 3%       | 23%         | 57%   | 13%               | 7%                   | 3%       | 26%         | 49%   | 16%               |
| Improved                   | In this program, I learned how to set goals and meet them.  | 3%                   | 3%       | 17%         | 50%   | 27%               | 4%                   | 3%       | 21%         | 44%   | 27%               |
| goal setting               | This program helps me to think about the future.  | 3%                   | 8%       | 27%         | 42%   | 20%               | 8%                   | 7%       | 35%         | 32%   | 19%               |
| Increased                  | Since coming to this program, I feel I can make more of a difference.                                   | 6%                   | 6%       | 26%         | 43%   | 18%               | 6%                   | 6%       | 31%         | 33%   | 24%               |
| confidence<br>and self     | Since coming to this program, I feel I have more control over things that happen to me.                 | 3%                   | 3%       | 13%         | 57%   | 23%               | 6%                   | 3%       | 20%         | 46%   | 26%               |
| esteem                     | Since coming to this program, I feel more comfortable sharing my opinion.                               | 3%                   | 3%       | 27%         | 40%   | 27%               | 9%                   | 1%       | 19%         | 34%   | 37%               |
|                            | I feel like I belong at this program.   | 3%                   | 6%       | 20%         | 43%   | 28%               | 3%                   | 3%       | 27%         | 38%   | 29%               |
| Increased sense of         | I feel supported and respected at this program.   | 3%                   | 3%       | 10%         | 43%   | 40%               | 4%                   | 1%       | 16%         | 40%   | 38%               |
| belonging<br>and           | This program helps me to get along with other people my age.  | 3%                   | 3%       | 7%          | 62%   | 24%               | 6%                   | 3%       | 17%         | 45%   | 29%               |
| emotional<br>wellness      | This program helps me to talk about my feelings.  | 3%                   | 3%       | 23%         | 43%   | 27%               | 4%                   | 3%       | 25%         | 38%   | 30%               |
|                            | This program is a place where people care about each other.   | 3%                   | 3%       | 14%         | 41%   | 38%               | 4%                   | 3%       | 14%         | 38%   | 41%               |
| Program                    | At this program, I feel comfortable talking with staff about my culture or background.                  | 6%                   | 6%       | 14%         | 54%   | 19%               | 9%                   | 9%       | 23%         | 32%   | 26%               |
| Quality<br>Bellwethers     | I am interested in what we do at this program.  | 8%                   | 6%       | 25%         | 39%   | 22%               | 5%                   | 5%       | 17%         | 40%   | 33%               |
| note (septemble posterior) | I feel safe in this program.  | 5%                   | 6%       | 16%         | 46%   | 27%               | 4%                   | 4%       | 15%         | 38%   | 39%               |

## Youth Survey Results (Number of surveys collected: 65)

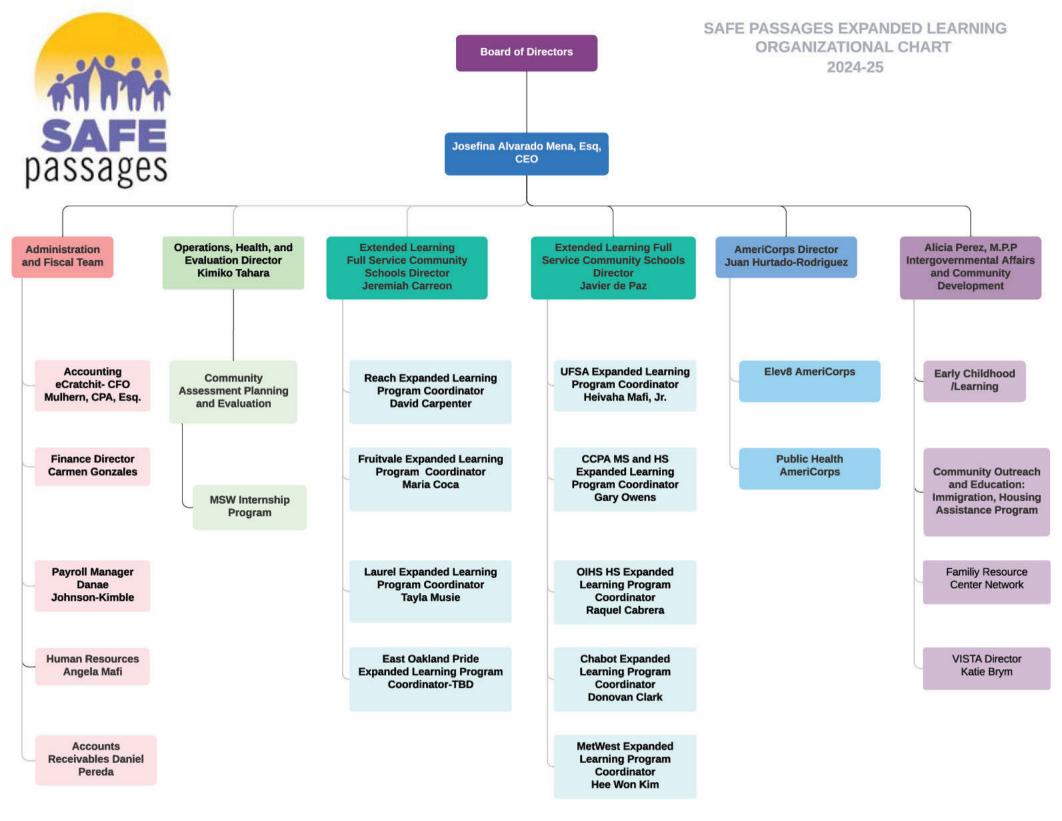
## Engagement and Success for Elementary and Middle School Students Strategy Outcomes

Outcome scores reflect how often youth agreed or strongly agreed with the questions mapped to each outcome. The strategy-level scores reflects all youth who completed surveys at 4 Engagement and Success for Elementary and Middle School Students programs (264).

| Program Scores                             |  |                      |          |             |       | Strategy-Level Scores |                      |          |             |       |                   |
|--|--|----------------------|----------|-------------|-------|-----------------------|----------------------|----------|-------------|-------|-------------------|
| Increased academic engagement 70%          |  |                      |          |             |       |                       |                      |          |             | 61%   |                   |
| Increased persis                           | stence and resiliency  | 65                   | %        |             |       |                       |                      |          |             | 729   | 6                 |
| Increased school                           | l connectedness  | 62%                  |          |             |       |                       |                      |          |             | 64%   |                   |
| Increased school                           | l-day attendance   |                      |          | 77%         |       |                       |                      |          |             | 71%   |                   |
|  |  | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree | Strongly<br>Agree     | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree | Strongly<br>Agree |
|  | Because of this program, I participate in more class discussions and activities at school.   | 3%                   | 3%       | 20%         | 53%   | 20%                   | 6%                   | 3%       | 19%         | 49%   | 24%               |
| Increased academic                         | I learned how to do things in this program that help with my school work.                    | 5%                   | 5%       | 16%         | 56%   | 19%                   | 12%                  | 9%       | 21%         | 38%   | 20%               |
| preparedness<br>and engagement             | This program helps me feel more confident about going to college.                            | 3%                   | 3%       | 10%         | 63%   | 20%                   | 7%                   | 1%       | 15%         | 46%   | 31%               |
|  | This program helps me feel more motivated to learn in school.                                | 6%                   | 6%       | 19%         | 52%   | 16%                   | 6%                   | 5%       | 23%         | 37%   | 30%               |
|  | Because of this program, I am better able to handle problems and challenges when they arise. | 3%                   | 3%       | 24%         | 48%   | 21%                   | 4%                   | 1%       | 26%         | 41%   | 28%               |
| Increased<br>persistence and<br>resiliency | In this program, I have a chance to learn from my mistakes.                                  | 6%                   | 6%       | 23%         | 39%   | 25%                   | 6%                   | 3%       | 17%         | 37%   | 36%               |
|  | Since coming to this program, I am better at something that I used to think was hard.        | 3%                   | 3%       | 10%         | 60%   | 23%                   | 4%                   | 3%       | 13%         | 50%   | 30%               |
| Increased school<br>connectedness          | This program helps me feel happy to be at this school.                                       | 3%                   | 3%       | 17%         | 50%   | 27%                   | 7%                   | 3%       | 18%         | 46%   | 25%               |
|  | This program helps me to feel like a part of my school.                                      | 5%                   | 6%       | 27%         | 45%   | 17%                   | 5%                   | 5%       | 24%         | 48%   | 18%               |
| Increased<br>school-day                    | Because of this program, I attend school more regularly.                                     | 3%                   | 3%       | 17%         | 60%   | 17%                   | 7%                   | 3%       | 22%         | 43%   | 25%               |
| attendance                                 | This program increased my desire to stay in school.  | 3%                   | 3%       | 17%         | 50%   | 27%                   | 7%                   | 1%       | 17%         | 43%   | 30%               |



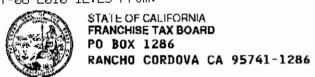
## Organizational Chart





## 501(c)(3) Letter

Page:1/2



In reply refer to 755:AFF:ARJ

April 30, 2010

SAFE PASSAGES ANTONIO GASTELUM 250 FRANK DGAWA PLAZA STE 6306 OAKLAND CA 94612

Purpose CHARITABLE ŧ

Code Section 23701d

Form of Organization Corporation :

Accounting Period Ending: June 30 Organization Number 2868332

#### EXEMPT ACKNOWLEDGEMENT LETTER

This letter acknowledges that the Franchise Tax Board (FTB) has received your federal determination letter that shows exemption under Internal Revenue Code (IRC) Section 501(c)(3). Under California law, Revenue and Taxation Code (R&TC) Section 23701d(c)(1) provides that an organization is exempt from taxes imposed under Part 11 upon submission of the federal determination letter approving the organization's tax-exempt status pursuant to Section 501(c)(3) of the IRC.

The effective date of your organization's California tax-exempt status 1s 03/01/2006.

R&TC Section 23701d(c)(1) further provides that the effective date of an organization's California tax-exempt status is the same date as the federal tax-exempt status under IRC Section 501(c)(3).

Under R&TC Section 2370ld(c), any change to your organization's operation, character, or purpose that has occurred since the federal exemption was originally granted must be reported immediately to this office. Additionally, organizations are required to be organized and operating for April 30, 2010 SAFE PASSAGES ENTITY ID : 2868332 Page 2

nonprofit purposes to retain California tax-exempt status.

For filing requirements, see FTB Pub. 1068, Exempt Organizations - Requirements for Filing Returns and Paying Filing Fees. Go to our website at ftb.ca.gov and search for 1068.

Note: This exemption is for state franchise or income tax purposes only. For information regarding sales tax exemption, contact the State Board of Equalization at 800.400.7115, or go to their website at boe.ca.gov.

A JENKINS
EXEMPT ORGANIZATIONS
BUSINESS ENTITIES SECTION
TELEPHONE (916) 845-4171
FAX NUMBER (916) 845-9029

RTF:



## Safe Passages' Bank Statements



Central Bank Operations - DAC02 P.O. Box 27131 Raleigh, NC 27611-7131

> IM EST 216

02205

SAFE PASSAGES

Your Account(s) At A Glance

Checking Balance

1,830,157.75+

Statement Period: June 1, 2024 Thru June 30, 2024

Account Number :



## **Analysis Business Checking**

Account Number:

Enclosures In Statement: 0

1,724,440.00+

 Beginning Balance
 1,597,921.53+

 32 Deposits
 983,285.63+

 14 Other Credits
 186,839.13+

 69 Checks
 35,993.19 

 78 Other Debits
 901,710.56 

 Monthly Service Charge
 184.79 

**Ending Balance** 

1,830,157.75+

Deposits To Your Account

| <u>Date</u> | <u>Amount</u> | <u>Date</u> | Amount    | Date  | Amount     |  |
|-------------|---------------|-------------|-----------|-------|------------|--|
| 06-06       | 250.00        | 06-13       | 18,242.81 | 06-28 | 7,249.01   |  |
| 06-06       | 4,046.73      | 06-20       | 883.17    | 06-28 | 7,255.25   |  |
| 06-06       | 62,849.98     | 06-20       | 99,394.20 | 06-28 | 7,280.24   |  |
| 06-11       | 2,000.00      | 06-28       | 477.00    | 06-28 | 7,297.37   |  |
| 06-11       | 9,046.45      | 06-28       | 839.75    | 06-28 | 7,332.45   |  |
| 06-11       | 13,989.18     | 06-28       | 4,351.95  | 06-28 | 7,431.61   |  |
| 06-11       | 55,443.00     | 06-28       | 7,152.76  | 06-28 | 15,000.00  |  |
| 06-11       | 61,567.00     | 06-28       | 7,176.29  | 06-28 | 21,256.47  |  |
| 06-11       | 69,485.00     | 06-28       | 7,188.10  | 06-28 | 55,000.00  |  |
| 06-11       | 95,876.00     | 06-28       | 7,209.71  | 06-28 | 212,766.67 |  |
| 06-11       | 100,735.00    | 06-28       | 7,212.48  |       | ,          |  |

Statement Period Days

Average Ledger Balance

## Other Credits To Your Account

| Date  | Description                              |   | <u>Amount</u> |
|-------|--|---|---------------|
| 06-03 | Bill.com Receivable 016Xhrrwu3Cywjx      |   | 29,814.55     |
| 06-03 | Bill.com Receivable **5Yoppwnn2CÓA8      |   | 5,560.00      |
| 06-04 | Bill.com Receivable **5Smxuwnf2E2F4      |   | 2,740.00      |
| 06-05 | Bill.com Receivable 015Rfyfyyp2Fscl      |   | 6,520.00      |
| 06-05 | Bill.com Receivable **6Ogiuob3D37Ph      |   | 960.00        |
| 06-06 | Bill.com Receivable 015Taxufwm2Hidd      |   | 600.00        |
| 06-06 | Alamedacount Pmd Payment **1241          |   | 3,957.59      |
| 06-07 | Bill.com Receivable **6Jhmaly3D79Rr      |   | 466.08        |
| 06-11 | Wire Transfer Ref Number = 003760        | 0 | 50,000.00     |
| 06-11 | Bill.com Receivable *15Efneazm2N5Qp      |   | 680.00        |
| 06-13 | Bill.com Receivable 015Yrqlabq2Qire      |   | 600.00        |
| 06-17 | Centro Legal de Bill.com **5Pjdbzgm2U0V3 |   | 46,132.91     |



## Other Credits To Your Account

| Date | Description   | <u>Amount</u>          |
|------|---|------------------------|
|      | Centro Legal de Bill.com *15Whupdez33Xwi<br>Intuit 32124934 Bill_pay Anthony Chabot | 18,750.00<br>20,058.00 |

Total 186,839.13

## **Checks Paid From Your Account**

| Check No. Date   | <u>Amount</u>  | Check No. Date  | <u>Amount</u>  | Check No. Date  | <u>Amount</u>  |
|--|--|---|--|---|--|
| 1681 06-21<br>371304* 06-07<br>371325* 06-03<br>371329* 06-17<br>371330* 06-12<br>371330* 06-03<br>371340* 06-04<br>371343* 06-14<br>371345* 06-14<br>371352* 06-24<br>371355* 06-24<br>371356* 06-07<br>371356* 06-04 | 50.00<br>400.00<br>500.00<br>250.00<br>80.00<br>250.00<br>100.00<br>80.00<br>100.00<br>80.00<br>500.00<br>1,000.00<br>1,000.00 | 371368 06-10<br>371369 06-07<br>371371* 06-24<br>371372 06-24<br>371373 06-21<br>371374 06-21<br>371375 06-21<br>371376 06-25<br>371377 06-21<br>371379* 06-18<br>371380 06-14<br>371381 06-27<br>371384 06-18<br>371384 06-14<br>371384* 06-14 | 80.00<br>84.09<br>500.00<br>500.00<br>500.00<br>500.00<br>500.00<br>500.00<br>400.00<br>500.00<br>500.00 | 371394 06-21<br>371395 06-21<br>371397 06-21<br>371397 06-21<br>371398 06-18<br>371399 06-28<br>371400 06-17<br>371402* 06-14<br>371403 06-14<br>371404 06-20<br>371405 06-26<br>371406 06-17<br>371418* 06-27<br>371420* 06-26 | 400.00<br>300.00<br>500.00<br>500.00<br>500.00<br>400.00<br>500.00<br>500.00<br>400.00<br>500.00<br>400.00<br>400.00 |
| 371358 06-10<br>371361* 06-24<br>371362 06-13<br>371363 06-21<br>371364 06-04<br>371365 06-05<br>371366 06-10<br>371367 06-07  | 1,000.00<br>1,000.00<br>500.00<br>1,000.00<br>500.00<br>500.00<br>80.00<br>500.00  | 371386 06-14<br>371387 06-18<br>371388 06-14<br>371389 06-17<br>371390 06-17<br>371391 06-24<br>371392 06-21<br>371393 06-18  | 500.00<br>500.00<br>500.00<br>500.00<br>500.00<br>500.00<br>500.00                                       | 371421 06-26<br>371422 06-25<br>371424* 06-28<br>371427* 06-28<br>371429* 06-28<br>371429* 06-28<br>371445* 06-28<br>371453* 06-28<br>371460* 06-28   | 250.00<br>250.00<br>250.00<br>500.00<br>400.00<br>500.00<br>800.00   |

Other Debits And Monthly Service Charge

| Date           | Description                             | <u>Amount</u>       |
|----------------|---|---------------------|
| 06-03          | Mbi Setl Med-l-Bank                     | 60.90               |
| 06-03          | Mbi Sett Med-l-Bank                     | 215.95              |
| 06-03          | First Citizens Payment *********        | 15,942.81           |
| 06-03          | Funds Transfer To DDA Account           | 2,911.09            |
| 06-04          | nsfer Internet 06-03 Seq #              | 850.00              |
| 06-04          | Transfer Internet 06-03 Seq #           | 1,959.33            |
| 06-04          | Transfer Internet 06-03 Seq #           | 3,156.11            |
| 06-04          | Mbi Setl Med-l-Bank                     | 15.00               |
| 06-04          | Zenefits 2So75Qwtjmcz1Rh                | 1,873.59            |
| 06-05          | Mbi Seti Med-1-Bank                     | 55.00               |
| 06-05          | Att Payment *****                       | 171.20              |
| 06-05          | Bill.com Payables T                     | 839.52              |
| 06-05          | Bill.com Payables *                     | 840.47              |
| 06-05          | Cns Egrants Payment 0000                | 3,829.56            |
| 06-05          | Cns Egrants Payment 0000                | 3,920.74            |
| 06-05          | The Guardian Jun Gp Ins ********aaa0000 | 9,300.13            |
| 06-06          | Mbi Setl Med-I-B <u>ank</u>             | 51.94               |
| 06-06          | Ebmud Utility Pm                        | 355.64              |
| 06-06          | Funds Transfer To                       | 33,622.76           |
| 06-07          | Bill.com Payables                       | 396.23              |
| 06-07          | Ecratchit Cash Conc                     | 1,065.00            |
| 06-07          | Bill.com Payables **                    | 6,390.50            |
| 06-07          | Funds Transfer To                       | 1,273.84            |
| 06-10          | Recruiterbox ACH                        | 920.00              |
| 06-10          | Bill.com Payables                       | 4,850.00            |
| 06-10          | Principal Life P Plic-Peris *-*****0213 | 6,142.49            |
| 06-10          | Funds Iransfer Io DDA Account           | 3,258.81            |
| 06-11          | Mbi Setl Med-l-Bank                     | 229.80              |
| 06-11          | State Comp debitpmt                     | 2,567.40            |
| 06-11          | State Comp debitpmt                     | 2,644.74            |
| 06-11          | Cns Egrants Payment                     | 3,829.56            |
| 06-11<br>06-12 | Bill.com Payables Bill.com Payables     | 20,000.00<br>158.76 |
| 06-12          | Bill.com Payables                       | 6,636.36            |
| 06-12          | Harland Clarke Chk Orders **0j*****     | 45.34               |
| 06-13          | Harland Clarke Chk Orders **oj******    | 478.11              |
| 06-13          | Readyrefresh Echeckpay *****            | 93.92               |
| 30 13          | Reddylenesh Leneshay                    | 73.72               |



Central Bank Operations - DAC02 P.O. Box 27131 Raleigh, NC 27611-7131

02205 SAFE PASSAGES **OPERATING ACCOUNT** 

Statement Period: June 1, 2024 Thru June 30, 2024 Account Number:

| 041            | D-1:4- A1 M41-1- C: Ol   |                                    |
|----------------|--|------------------------------------|
|                | r Debits And Monthly Service Charge  |                                    |
| Date           | Description  | <u>Amount</u>                      |
| 06-13          | Bill.com Payables  | 474.00                             |
| 06-13          | Funds Transfer To  | 288,560.61                         |
| 06-14          | Mbi Seti Med-I-Bank  | 31.32                              |
| 06-14          | Ecratchit Cash Conc  | 1,065.00                           |
| 06-14<br>06-14 | Bill.com Payables  | 7,333.33<br>526.88                 |
| 06-17          | Funds Transfer To  Mbi Set! Med-I-Bank                                       | 22.84                              |
| 06-17          | Pgande Web Online **   | 1,254.49                           |
| 06-17          | Bill.com Payables  | 1,297.20                           |
| 06-17          | Funds Transfer To  | 2,311.66                           |
| 06-18          | Att Payment *****  | 85.61                              |
| 06-18          | Northwestern Mu Mcb Pymnt ******9130   | 725.58                             |
| 06-18          | Choice Admin Onlin Pmnt ****1482   | 37,327.19                          |
| 06-18          | Funds Iransfer Io  | 1,186.27                           |
| 06-20          | Funds Transfer To  | 36,765.54                          |
| 06-21          | Uline Supplies ***8  | 94.67                              |
| 06-21<br>06-21 | Uline Supplies *** Adt Security Ser  | 126.43<br>190.20                   |
| 06-21          | Adi security ser   | 237.40                             |
| 06-21          | Uline Supplies *   | 357.68                             |
| 06-21          | Ecratchit Cash Conc  | 1,065.00                           |
| 06-21          | Bill.com Payables  | 1,835.40                           |
| 06-21          | Bill.com Payables  | 16,029.00                          |
| 06-21          | Funds Transfer To DDA Account  | 5,379.69                           |
| 06-24          | Transfer Internet 06-24 Seq  | 587.85                             |
| 06-24          | Transfer Internet 06-24 Seq  | 955.72                             |
| 06-24          | Mbi Seti Med-I-Bank  | 0.15                               |
| 06-24<br>06-24 | Waste Management Internet  | 218.92<br>328.65                   |
| 06-24          | Att Payment Principal Life P Plic-Peris                                      | 5,718.23                           |
| 06-24          | Funds Transfer To DDA Account  | 6,726.32                           |
| 06-25          | Funds Transfer To DDA Account  | 1,910.72                           |
| 06-26          | Cns Egrants Payment 0000   | 3,829.56                           |
| 06-26          | Bill.com Payables  | 23,029.00                          |
| 06-27          | Mbi Seti Med-I-Bank  | 15.00                              |
| 06-27          | Zenefits Zenefits Zen**3C312DD   | 95.00                              |
| 06-27          | Ecratchit Cash Conc  | 2,995.18                           |
| 06-27          | Funds Transfer To DDA Account  | 299,670.81                         |
| 06-28          | Mbi Setl Med-I-Bank  | 92.67                              |
| 06-28<br>06-28 | Ecratchit Cash Conc<br>Funds Transfer To DDA Account                         | 1,065.00<br>9,236.19               |
| 00-20          | railas ilaiisiei 10 DDA Account  | 7,230.17                           |
|                | Total  | 901,710.56                         |
| 06-07          | May Service Charge   | 184.79                             |
| Daily          | Balance Summary  |                                    |
| Date           | Balance Date Balance Da  | ite Balance                        |
| 06-03          | , ,  | -24 1,754,470.87+                  |
| 06-04          | 1,612,565.33+ 06-12 2,027,313.98+ 06<br>1,605,951.30+ 06-13 1,756,004.81+ 06 | 1,754,470.67+<br>-25 1,770,480.15+ |
| 06-05          | 1.503.074.68+  | -26 1.742.724 50+                  |

| <u>Date</u> | <u>Balance</u> | <u>Date</u> | Balance       | Date  | <u>Balance</u> |
|-------------|----------------|-------------|---------------|-------|----------------|
| 06-03       | 1,612,565.33+  | 06-12       | 2,027,313.98+ | 06-24 | 1,754,470.87+  |
| 06-04       | 1,605,951.30+  | 06-13       | 1,756,004.81+ | 06-25 | 1,770,480.15+  |
| 06-05       | 1,593,974.68+  | 06-14       | 1,743,588.28+ | 06-26 | 1,742,721.59+  |

1,631,648.64+ 1,621,320.27+ 1,604,908.97+ 2,034,459.10+ 1,782,185.00+ 1,739,660.35+ 1,802,672.18+ 1,773,006.71+ 06-06 06-07 06-10

## Analyzed Business Checking Account number: ■ June 1, 2024 - June 30, 2024 ■ Page 1 of 2



SAFE PASSAGES

#### Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:

1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)

P.O. Box 6995

Portland, OR 97228-6995

## **Account summary**

## **Analyzed Business Checking**

| Account number | Beginning balance | Total credits | Total debits | Ending balance |
|----------------|-------------------|---------------|--------------|----------------|
| 10.0           | \$19,024.13       | \$228,076.73  | -\$63,382.63 | \$183,718.23   |

### Credits

### Electronic deposits/bank credits

|                |                | \$228,076.73 | Total credits   |
|----------------|----------------|--------------|---|
|                |                | \$228,076.73 | Total electronic deposits/bank credits                        |
| 10             | 06/20          | 113,160.00   | Fidelity Investm Grantpaymt Date 2169102 Safe Passages        |
|                | 06/14          | 114,916.73   | Pay Mgt System Hhs Paymnt 061324 E7175P1E7175P1 Safe Passages |
| Effective date | Posted<br>date | Amount       | Transaction detail  |

#### **Debits**

## Electronic debits/bank debits

| Effective | Posted |          |  |
|-----------|--------|----------|--|
| date      | date   | Amount   | Transaction detail   |
|           | 06/05  | 1,200.00 | Recurring Payment authorized on 06/03 Sp Plus Corp*Parki 877-717-0004 CA |
|           | 06/10  | 29.00    | Recurring Payment authorized on 06/08 Microsoft#G0494482 Msbill.Info WA  |
|           | 06/10  | 1,069.50 | Recurring Payment authorized on 06/08 Msft * E0800Sfgj1 Msbill.Info WA   |
|           | 06/11  | 168.18   | Client Analysis Srvc Chrg 240610 Svc Chge                                |
|           | 06/11  | 19.95    | Recurring Payment authorized on 06/10 Ccsi Efax 323-817-3205 CA          |
|           | 06/18  | 896.00   | Recurring Payment authorized on 06/17 Springahead.Com Springahead.C CA   |

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| Electroni         | c debits/bank  | debits (continued) |  |                                |
|-------------------|----------------|--------------------|--|--------------------------------|
| Effective<br>date | Posted<br>date | Amount             | Transaction detail   |                                |
| uate              | 06/24<br>06/25 | 30,000.00 <        | Business to Business ACH Debit - Pex Card<br>Business to Business ACH Debit - Pex Card | Safe Passages<br>Safe Passages |
|                   |                | \$63,382.63        | Total electronic debits/bank debits  |                                |
|                   |                | \$63,382.63        | Total debits   |                                |

<sup>&</sup>lt; Business to Business ACH: If this is a business account, this transaction has a return time frame of one business day from post date. This time frame does not apply to consumer accounts.

## Daily ledger balance summary

| Date  | Balance                      | Date         | Balance    | Date  | Balance    |
|-------|------------------------------|--------------|------------|-------|------------|
| 05/31 | 19,024.13                    | 06/11        | 16,537.50  | 06/20 | 243,718.23 |
| 06/05 | 17,824.13                    | 06/14        | 131,454.23 | 06/24 | 213,718.23 |
| 06/10 | 16,725.63                    | 06/18        | 130,558.23 | 06/25 | 183,718.23 |
|       | Average daily ledger balance | \$110,312.97 |            |       |            |

Effective June 20, 2024, the fees for cashed or deposited items that are returned and re-deposited, or returned unpaid have been eliminated for business checking and savings accounts. As such, Wells Fargo will no longer charge a fee when cashed or deposited items are returned and re-deposited or returned unpaid for any reason for these accounts.

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.



Site Coordinator and Instructor Job Descriptions

### After-School Program Coordinator (2024-2025)

#### JOB DESCRIPTION

#### Mission:

Safe Passages disrupts the cycle of poverty by engaging youth and families to build and drive a continuum of services that supports student success and community development.

Safe Passages is a non-profit organization committed to disrupting the cycle of poverty by engaging youth and families to build and drive a continuum of services that supports student success and community development. Safe Passages serves over 5,000 children and families annually through our strategies that span the age continuum of birth through young adulthood, including Early Childhood, School Linked Services, Juvenile Justice, Career Pathways, and Equitable Public Health Access. Safe Passages' work is based on the premises that access to educational opportunity, health services, and family support should not be dictated by race or socio-economic status, and that healthy and supported young people are better prepared to learn and succeed.

Safe Passages' After School Programs provide quality enrichment and academic support services delivered with a strong youth development framework. Safe Passages is a leading provider in the delivery of school-based After School Programs within the Oakland Unified School District (OUSD.)

#### **Primary Responsibilities**

The After School Program Coordinator will oversee after school operations and program implementation on an assigned school site. This position reports directly to the Safe Passages AmeriCorps Director

#### **Program Development**

- Maintain full attendance outlined by grant requirements and establish waiting lists. Engage in activities to boost and improve attendance as needed.
- In coordination with the administration and the Wellness Center, identify and provide access to the highest need students.
- Meet funding expectations, deliverables, goals, and objectives.
- Maintain a positive, high-quality program aligned with Safe Passages and OUSD youth development principles.
- Support partnerships with community-based organizations, public agencies, and service providers to strengthen programming and leverage funding and services.
- Utilize student data and evaluation outcomes for program planning and development.
- Other duties as assigned

#### Day To Day Operations/Logistics

- Facilitate and oversee day to day operations of the program, including all after school programs and services.
- Always represent Safe Passages in a highly professional manner.
- Supervise and support integration of school-based AmeriCorps Team.
- Ensure program safety by implementing and enforcing all School Site and Safe Passages policies. Immediately communicate all safety concerns and issues to Safe Passages and the Principal.
- Communicate as needed with supervisor.
- Plan and implement events (i.e., field trips, literacy nights) in accordance with Safe Passages and OUSD policies, and in coordination with school staff and partners

- Copy Safe Passages lead (supervisor) in all written communications, including email.
- Distribute and collect student attendance daily.
- Serve, monitor, and document food service.

#### **Supervision Of Staff**

- Identify site specific staffing needs.
- Assist in the recruitment and hiring of staff.
- Participate in the training and orientation of staff.
- Supervision of instructors, provide ongoing coaching for staff as needed.
- Review and approve staff weekly online timesheets.
- Observe, document, and evaluate program staff on an on-going basis.
- Consult with Safe Passages supervisor regarding all personnel issues.
- Ensure adults treat students respectfully.
- Facilitate site-based monthly meetings for program staff and providers.

### **Administrative/Documentation And Reporting**

- Review regular student attendance.
- Enforce systems for student and staff documentation, including staff sign in/out logs.
- Design and maintain efficient, organized office systems.
- Manage AmeriCorps, ASES, and OFCY reporting requirements, including monthly attendance, service deliverables quarterly reports, data collection, and survey administration.
- Run weekly reports to analyze program progress.
- Manage hourly schedules of instructors.

#### Liaison To School Site

- Participate in the Coordination of Services Team (COST) meetings, and other meetings as assigned.
- Regularly update Safe Passages supervisor on all school site and district meetings.
- Collaborate with the Academic Liaison and teachers on a regular basis to align the after-school curriculum/program with the traditional school day.
- Communicate and meet with Site Administrator (Principal) on regular basis.
- Build strong relationships with SST Coordinator and other school site support staff to support students for After School Programs.
- Participate in monthly Principal meetings with Safe Passages supervisor.

### **Outreach And PR**

- Create program brochures, flyers, and newsletters.
- Maintain relationships with community-based organizations and public agencies.
- Serve as a resource to families, students, staff, and community members.
- Recruit students to participate in the After School Programs.
- Develop and implement family communication strategy.
- Coordinate and lead outreach efforts for special events such as family nights and student showcase/performances.

• Follow Safe Passages' communications policies regarding media and PR.

## **Necessary Skills And Qualifications**

- Familiarity with youth development theory and best practices.
- At least two years of program coordination, preferably on an urban school site.
- Program management experience.
- Database experience; data analysis; using data to inform programming.
- Ability to develop strong relationships and work collaboratively with diverse individuals and organizations.
- Clear and effective communication skills.
- Effective time management and organizational skills.
- At least 48 semester units from an accredited college. Bachelor's degree preferred (in a related field.)
- Clearance of TB test and background (fingerprint) check.
- COVID-19 Vaccination
- High level of cultural competency.
- Community organizing experience a plus.
- Ability to represent Safe Passages professionally and effectively.

**Employment Classification:** This is a full-time position with paid time off, sick leave, and medical, dental, and vision benefits.

**Work Schedule:** 40 hours per week, M-F.

**Compensation**: 12-month position at a salary range of \$60,000-\$70,000

Safe Passages is an Equal Opportunity Employer.

Auxiliary aids and services are available upon request to individuals with disabilities.

## Early Childhood (TK/K) Instructor Job Description

#### Mission

Safe Passages disrupts the cycle of poverty by engaging youth and families to build and drive a continuum of services that supports student success and community development.

We envision a community where all young people have the opportunity to realize their full potential. Safe Passages' work is based on the premises that access to educational opportunity, health services, and family support, should not be dictated by race or socio-economic status, and when young people have the health and support, they need, they are better prepared and equipped to not only learn, but to succeed.

Safe Passages' After School Program provides quality enrichment support services to children and youth through a strong youth development framework. Safe Passages is a provider of the delivery of school based Before and After School Programs within OUSD schools.

### **Primary Responsibilities**

The in-person Expanded Learning TK/K Instructor will be part of a team dedicated to providing high-quality academic intervention as well as robust enrichment activities to transitional kindergarten (TK) and kindergarten (K) students during after-school hours. The instructor will facilitate activities for students in a structured and supportive environment while providing a positive and inclusive experience for all. Along with Safe Passages' Extended Learning team, the Expanded Learning TK/K Instructor will align with and carry out the vision and culture of the school's Principal and other site leadership. This position will report to the Extended Learning Program Coordinator.

### Responsibilities

- Build and maintain a safe and supportive environment that is positive and inclusive of all students.
- Implement OUSD's strategies to achieve a Caring School Community.
- Direct and manage age-appropriate sports, games, and other recreation activities. Set up games and invite kids to play! Join student games and lead by example to promote safe, supportive, and fun environment.
- Focus on social emotional learning (SEL) competencies at the center of engagement, fortifying positive student behavior, acting as a guardian of students' safety, and implementing Restorative Justice problem solving circles as needed.
- Communicate with teachers, administration, and families about students' socio-emotional wellbeing.
- Implement classroom agendas/curriculum as assigned by Extended Learning leadership.

- Work with teachers and administration to prevent conflicts, solve problems, and provide a safe, engaging environment for all students.
- Other duties as assigned.

### Other Key Responsibilities

- Maintain consistent communication between Extended Learning Program Coordinator, Extended Learning team, school administration, teachers, and families.
- Collect and maintain clear and adequate records including schedules, calendars, and timesheets.
- Attend and participate in regular trainings provided by both Safe Passages and OUSD.
- Attend scheduled SSTs, IEPs, conferences as needed, and participate in ongoing school culture and climate meetings.

## Qualifications

- Demonstrated children and youth instructions and facilitation experience (volunteer/paid) working in an urban K-12 environment.
- Ability to work with children, youth, families, and staff from a diverse range of backgrounds and abilities.
- Must be dedicated and able to commit to the entire school year. No exceptions.
- Must have a High School Diploma.
- Clearance of TB test, full COVID-19 vaccine, and background (fingerprint) check.
- Bilingual applicants are strongly encouraged to apply.
- High level of cultural competency.
- Classroom management skills.
- Ability to develop and implement weekly lesson plans.
- Strong Communication skills
- Demonstrated experience working on a team.
- Experience using Microsoft Offices and Google Suites.
- Quarterly professional development will be provided.

### **Education Requirement**

All candidates must be able to satisfy this requirement in one of 3 ways:

- Bachelors degree from an accredited college or university; OR
- At least 48 semester units from an accredited college or community college; OR

• A passing grade of 70% or more on the Instructional Aid (IA) Exam (NOTE: New hires may have up to 2 months after hire date to complete this requirement).

**Employment Classification**: This is a part-time hourly position. The position does not include medical, dental or vision benefits.

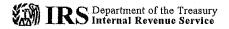
Work Schedule: 20-25 hours per week, M-F; based on OUSD academic calendar (holidays and teacher professional developments). Must be available all days of the week.

Start Date and End Date: Monday, July 24, 2023 - Thursday, May 24, 2024

Compensation: \$23-24 per hour/paid bi-weekly depending on education, experience and references.



## IRS Tax Exemption Letter



OGDEN UT 84201-0038

In reply refer to: 0438089340 Sep. 09, 2015 LTR 4168C 0 20-4535835 000000 00 00018590

BODC: TE

SAFE PASSAGES % ANTONIO GASTELUM 250 FRANK OGAWA PLZ STE 6306 OAKLAND CA 94612



025654

Employer Identification Number: 20-4535835

Person to Contact: Exempt Organizations

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 28, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 2006.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0438089340 Sep. 09, 2015 LTR 4168C 0 20-4535835 000000 00 00018591

SAFE PASSAGES % ANTONIO GASTELUM 250 FRANK OGAWA PLZ STE 6306 OAKLAND CA 94612

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Ginni L. Redfern

Program Manager, AM OPS 1



# Proof of Active Status with the Secretary of State



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: SAFE PASSAGES

File Number: C2868332 Registration Date: 03/01/2006

Entity Type: DOMESTIC NONPROFIT CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of June 21, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 22, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z77MVKZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="https://bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.



### **Board Roster and Minutes**



1017 Clay Street Oakland, CA 94607 www.safepassages.org

#### SAFE PASSAGES BOARD ROSTER

### **1. Josefina Alvarado-Mena, Esq.** CEO, Safe Passages

#### 2. Colin Lacon, Chair

Public Affairs Director, Kaiser Permanente; Professional Faculty, Hass School of Business, UC Berkeley

#### 3. Sherry Beeler Young, Treasurer

Sr. Private Client Advisor, VP Bank of the West

#### 4. Namita S. Brown, Attorney

Partner, Fagen Friedman & Fulfrost LLP

#### 5. Lewis S. Cohen.

#### **Finance Committee Member**

Director of Communications National Center for Youth Law; Former Deputy Mayor, Oakland

#### 6. Anthony Shell

Principal Avison Young Inc.

#### 7. Brent Hawkins

Intellectual Property Attorney, Partner at Morgan, Lewis & Bockius LLP

#### 8. Melissa Hoover

Executive Director Democracy at Work Institute

#### 9. Carla J. Koren

Senior Vice President Senior Investment Management Consultant Morgan Stanley

#### 10. Tomás A. Magaña, MD, MA, FAAP

Assistant Professor, Samuel Merritt University Attending Physician, La Clínica de La Raza, Inc. Assistant Clinical Professor, Dept. of Pediatrics, UCSF

#### 11. Kim McAtee, Realtor

McAtee and Deverel Associates

#### 12. Joseph H. Magdovitz

Vice President, Head of Finance LendingHome

#### 13. John O'Toole, Attorney (Retired)

Former Director National Center for Youth Law

#### 14. Dan Siegel, Attorney

Siegel, Yee & Brunner Former OUSD Board of Trustee

#### 15. Bill Owens

President and Chairman Owens Financial Group

#### 16. Daniel Toleran

Lecturer-Adjunct Faculty Holy Names University Objective Review Committee Member DHHS/SAMHSA



#### Safe Passages 501(c)(3) Board Meeting Friday, October 21, 2022 12:00 PM – 2:00 PM Location: Zoom Meeting

#### MINUTES

| CLOSED SESSION  |
|---|
| Called to Order by Chair PM   |
| Board Trustees in Attendance:   |
| I. CEO Evaluation   |
| Adjourned Closed Session PM   |
| REGULAR SESSION   |
| Called to Order by Chair 12:00 PM   |
| <b>Board Trustees in Attendance:</b> Josefina Alvarado Mena (CEO), Joe Magdovitz, Colin Lacon, Bill Owens, Melissa Hoover, Colin Lacon, Carla Koren, Kim McAtee, Lewis Cohen, Anthony Shell, Tomás Magaña |
| <b>Staff in Attendance:</b> Alicia Perez, COO; Jonathan Brumfield, Get Active Director; Diego Bravo, Development and Policy Manager; Hailey Dutkin, Equity Policy Manager; Fatima Zahra Allam,            |
| Invited Guests: Ken Ikeda, Capital Campaign Consultant  |
| I. Programmatic Updates 2021-2022: Early Learning Opportunity Program (ELOP) Expansion  |
| <ul> <li>Brief presentation about expanded learning program, presented by Fatima Zahra Allam, SP</li> <li>New program geared towards TK/K students. School district automatically grants</li> </ul>       |

funding for program if schools have FRPL or foster youth demographics.

• 4-year funded program. We are currently in the pilot year and are designing and

implementing the program. SP was selected by OUSD as the Technical Assistance and Development Provider for all extended day locations and providers in OUSD. SP will deliver professional development training. SP is required to facilitate 4 PLCs throughout the year. Secondary focus is family literacy series of workshops. Program is focused on family communication strategies, theory of attachment, childhood and later-stage development.

- 36 instructors attended first PLC, 65 participated in second.
- 3 current pilot sites are Chabot, Fruitvale, and Laurel elementary, 120 youth.
- Carla asks about staffing. Josefina responds that while staffing is still a challenge, we have created a special instructor position at this level with a higher compensation rate (due to higher needs of the population and lower student/instructor ratio). We are fully staffed at most sites. However, retention is difficult difficult for education roles in general. Josefina also notes the impact of recent school shootings and the pandemic. Josefina also responds that there are additional opportunities to serve more youth due to legislative funding (\$4B investment, 4 years). SP will serve any student at our sites next year that opt in to after school programming, including dropin programming.
- Lewis asks if classroom observation and coaching is just at 3 sites. Fatima responds that this will expand, cross-site, including site visits to our sites. Josefina responds that this is exactly what the district wants to expand our contract to do.
- Tomás seconds importance of these interventions. Advises staff to review recent Kindergarten Assessment Readiness Report from First 5.
- Colin/Fatimah/Josefina/Alicia explain that OUSD selected SP to design and shape these programs – huge opportunity for SP to reshape action and how our students/communities are treated, as a systematized prevention measure. Longterm, this positions us as an agency to delivery more/expanded OUSD services, including fee for service. SP is in a unique position here, hand-selected by the district, potential to expand in Oakland, state-wide.
- Fatimah is developing quantitative assessment of program.

#### II. Fiscal Updates (20 minutes)

Updated Development Report - Highlights

- Ca Dept of Health Care Services has created a specific funding stream to support the development of physical capacity to provide behavioral health care services. SP applied to this DHCS opportunity. SP applied "big dream" design for the building in the application; includes all floors and total repayment of building loan, cost of design and engineering. SP submitted proposal for \$8.9 million. Will hear back in December. Caveat is that state has a lean on the property for 30 years.
- Tomás asks how prescriptive the state is in "behavioral health" services. Josefina responds that it was not very prescriptive, included SP services such as convening space for health policy stakeholders and planning; wellness centers was a category, parenting education and family support services, and broad range of behavioral health, such as early childhood and life coaching. Piece of bigger vision around

- mental health system for children and youth.
- Colin clarifies that lean is devised around sustaining services and building programs, not to prescribe services to the organization. Would only allow us to sell the building to buyers providing similar services.
- Carla asks if grant includes services, or just infrastructure cost? Josefina responds that it is for brick and mortar costs, not service delivery costs.
- Joe asks why the budget is so high and why not purchase a separate or multiple facilities? Josefina clarifies that our application timeline was very tight. Ken responds that the highest priority projects are most shovel-ready, most ready for renovations. Also, the budget number reflects the real build-out cost.
- Lewis asks if partial funding is a possibility. Josefina responds that she believes it is. She also references a state formula for amount of funding per grant, number of other grantees, organization funding preferences, etc. Lewis also asks if in the event of being approved for DHCS funding, would current capital grants be allocated to general funding? What would this look like for the grantors of those funds. Josefina explains that that conversation could happen with those grantors if that is the case.
- Josefina then discusses newly awarded and pending grants: robustness of portfolio, work of development team, sustaining and expanding COVID-19 related services, CYBHI \$420m statewide funding (CDEPs), ELO-P funding. We are scaling across multiple strategies: youth development, ELO-P, policy work, other programs.
- Tomás and Josefina discuss direct vs indirect costs, percentage of each, state contracts indirect costs, and percentages of unrestricted funding.
- Carla asks how many staff we employ. Josefina responds that, on average, we have ~150, usually at around 200 W2s as a whole (including AmeriCorps members), we will have more than 200 W2s this year. Prompted by Carla, Josefina believes we will need to have a 25% expansion in staff from where we were last year.

October 21, 2022: Motion to approve recommendations of staff to move forward with grant

applications:

Motion to approve: Lewis

Second: Carla Votes: All Ayes.

#### III. Capital Updates and Campaign

October 21, 2022: Josefina makes motion to approve capacity for legal action against commercial tenant at 1017 Clay St. (restaurant space), including eviction proceedings if required.

Description: Tenant is 5 months behind in rent, refused to communicate with staff before legal action began; agreement he will make payments for next 6 months. 1 missed payment will trigger an eviction of the tenant.

Motion to approve: Tomás Magaña

Second: Joe Magdovitz

Votes: All Ayes.

- See motion for capacity to take legal action against current commercial tenant. Commercial tenant has refused to communicate with staff; is not "easy to work with", according to staff and board.
- Anthony mentioned potential for ghost kitchen in the downstairs restaurant space of building.
- Anthony explains that property management for this type of facility is difficult to find (not live-in property management, preferably remote).
- Tomás asks about potential implications, difficulties, renovation implications of evicting the current commercial tenant. Josefina and Anthony respond that there are no real risks besides PR, which can be managed. Space is usable and ready for rerental.
- Board agrees that this is not the best use of Josefina's expertise and time, moves forward to approve capacity for legal action.

#### A. Capital Updates: 1019 Clay Street

- Ken Ikeda presents We are ahead of schedule in securing the building permit. This shifts our timeline in that if we pick up the permit this week, we can begin shovel-ready work immediately. SP had technology and accessibility plans that would be ideal to implement, but not required to operationalize the space. SP has committed to some steps that are not complete. Re-working of these steps include:
  - o Re-designing certain aspects, new bids
  - o Removing prevailing wage ordinance
  - Adjusting designs and-rebidding with later timelines 20-30% reduction of costs if we push construction timeline back. Could begin as early as November, most likely later.
- Ken and team are assessing the project and asked why costs are so high, had amicable conversation with the architects; are now respacing the dark and art rooms to save costs, removing basement bathrooms and showers, renovating third floor with mezzanine.

#### B. Fundraising Efforts, Ken Ikeda

- Ken explains that now that the design and bid process is closing out, we have reshifted focus back to capital campaign fundraising and donation development. Ken is reaching out to current and past funders to identify funding streams to support capital campaign, utilizing our networks. Ken gives example of Rob Hope and Rework the Bay, including many advisors.
- Language: "Community Wellness Center", not an office space.
- Two strands of work here: 1. Capital campaign focus, 2. Expansion of services.
- Ken requests participation of board members to reach out to networks, work with him to set up meetings. He also presents the idea of an SP fundraiser calling for board support; introducing the "friendraiser" model social fundraiser that grows through networking and word-of-mouth over time/events.
- Carla requests that we develop a target date and target fundraising amount. Her

schedule is full this year. Ken can produce contractor bid number by last week of October, develop payment schedule. Ken will work with SP staff and Carla on fund development, will loop back around to board members with information, opportunities, next steps.

### IV. Approve Board Membership and Meeting Dates for 2023 Calendar Year; with direction to Colin to reach out to board members not in attendance.

Motion to approve: Lewis Cohen Second: Tomás Magaña, Kim McAtee

Votes: All Ayes.

**Meeting Adjourned 2:05 PM** 



#### **Board of Directors**

Colin Lacon, (Board Chair)

Director of Public Affairs Kaiser Permanente; Professional Faculty, Hass School of Business, UC Berkeley

Sherry Young, (Board Treasurer)

Vice President, Private Client Advisor Bank of the West, Wealth Management

Namita S. Brown

Partner, Fagen Friedman & Fulfrost LLP

Lewis Cohen

Director of Communications National Center for Youth Law; Former Deputy Mayor, Oakland

**Brent Hawkins** 

Intellectual Property Attorney,

Partner at Morgan, Lewis & Bockius LLP

Melissa Hoover,

Executive Director Democracy at Work Institute

Carla J. Koren

Senior Vice President

Senior Investment Management Consultant Morgan Stanley

Dr. Tomás Magaña

Assistant Professor, Samuel Merritt University; Attending Physician La Clinica de La Raza, Inc.; Assistant Clinical Professor, Department of Pediatrics, UCSF

Kim McAtee, Realtor

McAtee and Deverel Associates

Joseph H. Magdovitz

Vice President, Head of Finance LendingHome

**Josefina Alvarado Mena, Esq.,** CEO Safe Passages

John O'Toole, Attorney

Retired Director National Center for Youth Law

Bill Owens

Owens Financial Group, Board Chair; former Board Chair of Owens Realty Mortgage; former President Owens Mortgage Investment

Anthony Shell, Realtor

Principal with Avison Young

Dan Siegel, Attorney

Siegel, Yee & Brunner Former OUSD Board of Trustee

Daniel Toleran,

Senior Research Associate Center for Applied Research Solutions, Inc.; Faculty Holy Names College and University of California

#### **AGENDA**

Safe Passages 501(c)(3) Board Retreat

June 30, 2023 12:00 PM – 2:00 PM

Location: Z Café, 2735 Broadway, Oakland & Live Zoom Stream

Join Zoom Meeting

https://us02web.zoom.us/j/84352674896?pwd=dkVRYzBza3FzUFV3ZVITNklMa1huZz09

Meeting ID: 843 5267 4896 Passcode: 765994

One tap mobile +16694449171,,84352674896# US +16699006833,84352674896# US (San Jose)

#### **AGENDA**

### **CLOSED SESSION**Call to Order

I. Discussion on Annual CEO Evaluation.

#### REGULAR SESSION Call to Order

- I. Approval of Minutes: Board Meeting April 14, 2023
- **II. Fiscal Reports** 
  - A. Approval of Organizational Budget FY 2023-2024
  - B. Updated Development Report Highlights
  - C. Recommendation from the Audit Committee to Accept the Safe Passages 2022 Audited Financial Statements.

#### **III. Expansion Campaign Efforts**

- A. Approval of Financing Plan for the Acquisition of 1015 Clay Street, Oakland.
- B. Capital Fundraising Efforts Update.
- IV. Programmatic Updates and Presentation
- V. Board Membership and Term Renewals for 2023
- VI. Topics for Discussion at next, September 2023 Board Meeting.
  - A. Board Development Discussion
  - B. Purchase of 1015 Clay Street Property

#### **Board Meeting Calendar 2023**

January 20, 2023 April 14, 2023 <del>July 14, 2023</del> June 30, 2023 October 20, 2023

Two-hour meetings on Fridays: 12:00 noon – 2:00 PM (unless otherwise indicated).

| I. A | pproval ( | of Minute | es: Boar | d Meetir | ng April | 14, 2023 |
|------|-----------|-----------|----------|----------|----------|----------|
|      |           |           |          |          |          |          |
|      |           |           |          |          |          |          |



#### Safe Passages 501(c)(3) Board Meeting Friday, April 14, 2023 12:00 PM - 2:00 PM

### **Location: SP Central Office & Zoom Meeting**

#### **MINUTES**

#### REGULAR SESSION

#### Called to Order by Chair 12:15 PM

**Board Trustees in Attendance:** Josefina Alvarado Mena (CEO), Joe Magdovitz, Colin Lacon, Melissa Hoover, Carla Koren, Anthony Shell, Tomás Magaña, Brent Hawkins, Bill Owens, Kim McAtee

**Staff in Attendance:** Kimi Tahara, Operations & Systems Integration Director; Diego Bravo, Development and Policy Manager; Peter Cung, Systems Development & Production Design Manager

**Invited Guests:** Ken Ikeda, Randy Hamati, Jeremiah Carreon, Tayla Muise, David Carpenter.

I. Approval of Minutes: Board Meeting - January 20; Special Board Meeting - March 17, 2023.

**Motion to Approve: Trustee Magana** 

**Second: Trustee O'Toole** 

**Votes: All Ayes; motion passes** 

#### II. Fiscal Updates

- A. <u>Updated Development Report Highlights</u>
  - NIH large proposal with CRDP partners. Potential for significant consolidation of statewide mental health resources and collaboration.
  - CYBHI Pursuing 5 out of 6 funding rounds. Massive potential for scaling multiple SP initiatives.

#### B. <u>Organizational Budget Updates</u>

Presentation by Ed Mulheren – eCratchit Nonprofit:

- Budget growth has been immense. Cash receivables are also increasing.
- Billing was behind schedule starting in June last year, but we are now on track with improved invoicing/fiscal processes.
- Difficulty lies in managing a large number of contracts. SP's restructuring of Fiscal Team has facilitated management of these.

#### C. Expanded Learning Presentation

- In 2020-21, SP only operated afterschool programs in three schools: Laurel Elementary, CCPA, and UFSA. Since then, with expanded enrollment, a new fee-for-service model (at Chabot Elementary), and additional funding. SP is currently the lead extended day provider at 3 new school sites: Fruitvale Elementary, Chabot Elementary, and MetWest High School. Next school year, REACH Academy will be added as well.
- Board Member question: Does SP stop operating afterschool programs at a school if SP is not the lead agency?
  - o SP operates regular day, daytime programs in those instances. The reason SP doesn't expand afterschool programming further is UFSA (6th-8th) & CCPA (6th-12th) afterschool programs are for all grades, and staff are onsite before school starts until long after. Many staff are needed at those two sites due to such high enrollment.
  - o As with afterschool programming, daytime includes before school education-based programming/supervision for parents with inflexible schedules.
- Laurel Elementary Staff Stories:
  - Tayla: Afterschool programs offer engaging electives such as basketball and hip-hop classes. Students want to stay and not get picked up early. There are also informational Public Health sessions and food distributions.
  - David C.: Program includes partnerships with outside agencies. Showcases are hosted with them once per trimester. Families and communities always show up in numbers.
     For instance, the family literacy nights are a huge success, with over 250 attendees.
     School time learning is always tied to supplemental events.
  - o Jeremiah: David and Tayla are on site during daytime programming, too. Helping with small group time. They further build relationships with students. Students in afterschool programming are high need, so daytime continuity further benefits both students and staff.
  - David C.: Junior Coaches have grown to be comprised of 42 students (in upper grades).
     They even have staff meetings and official t-shirts. Academic excellence and leadership are criteria for eligibility, which sets an early standard for younger students. The position encourages students to become problem solver.
- CEO: Similarly, youth instructors are trained and hired at CCPA and MetWest. After high school, they also have the option to become SP AmeriCorps members and then become SP staff.
- Board member: Highlighting and illustrating that positive cycle would be ideal for fundraising.
- David C.: Students being served by alumni really creates grassroots effort and hope.
- Board member: Expanded Learning is recognized for its growth and success, creating a ripple effect and setting an example for other sites in proximity.
- CEO: Many organizations resisted growth during the pandemic, but SP really operationalized growth.
- Board member: SP' model at Chabot Elementary will establish an excellent precedent for agencies going forward.
  - o CEO: Especially the livable wage for instructors. SP fought hard to allocate funds for

a \$22/hour wage to outcompete retail jobs.

#### **III. Strategy Presentations & Infrastructure Budgets**

- SP' AmeriCorps & afterschool (for grades 3-12) for school-linked and expanded learning initiatives have grown significantly.
- Family Support Services have grown from COVID relief funds and aggressive development efforts. This initiative includes housing security aid.
- Board member: The budget increase from ~8 to 9.7 million is astounding!
  - CEO: It has been challenging to keep up with the financial growth. The limitation has been establishing the infrastructure. Programmatic funds also grow during the year through unexpected infusions. But these financial influxes will help fill gaps in service.
- Board member: Is SP certain of where funds will come from for the upcoming fiscal year to maintain this budget?
  - CEO: A lot will come from the OUSD Planning Tool process (due today). Then we
    will move on to the remainder of fiscal year planning and determine the confidence of
    funds.
- Board member: With government funds, is there not competition? SP seems to be receiving massive windfalls is SP really outpacing other organizations?
  - o CEO: Other organizations may not have chosen to pursue scaling right now. We have several programs scaling because of large program participant bases. SP is one of the few who can do this currently; so it's best to take advantage of that.
  - O Board member: SP has a strong reputation for delivering, and long community relationships ensure people come to SP when in need. During the pandemic, organizations shrunk or held their ground, but SP' willingness to take on an infusion of new government aid funding and deliver paid off. Agencies look to us as a model of expansion. A dedicated recruitment position is now key. Our capacity to build out the teams is essential.

#### **IV. Expansion Campaign Fundraising Efforts**

#### A. Acquisition of 1015 Clay Street

- Trustee Shell: Currently negotiating with the seller. In the last 48 hours, the offer is now at \$2.35 million an acceptable price, all things considered. With the uncertainty of how long it will take for state funding to disburse, the seller was accommodating and provided a 75-day extension to close escrow. We requested the seller terminate the existing tenant downstairs. They are willing to set up a meeting between us and the tenant. The tenant's restaurant does not seem to be doing well they will likely shut down before the end of the year or ask to be let out of the lease. The rental rate is set to jump from \$3,000 to \$5,000 a month, so the tenant asked for a delay on the increase.
- Board member: We don't want to develop a reputation for pushing out small businesses. How we navigate this process is delicate and crucial.
- CEO: SP' CA BHCIP grant scope of work includes \$1 million for the purchase. SP also needs to determine the grant disbursement timeline to ensure it fits within the escrow

window. The BHCIP funds could be reconfigured as less for renovation funds and more for the purchase, reducing the need for fundraising. SP also has Weinberg Foundation funding pending and Round 6 of CA CYBHI funding to apply for (which is for previous grantees only. This would function as gap money one-year from now to complete capital projects).

#### B. Fundraising Efforts (Ken)

- \$12 million was the goal, with \$9 million already from the state and \$1 million matched. Now, with a second building in mind, the goal looks more like \$15 million. The new print brochure focuses on shifting the narrative of growth even if the new goal is not represented numerically.
- The Board will be kept in the loop by the new project manager, Chloe Barrens. A cloud drive folder will be created and shared with the Board.
- There's also a clear need to get staff/site stories and capture SP' pandemic growth into storytelling form.
- Outreach and fundraising materials are ready for the Board.
- The infrastructure fundraising goal is about \$1 million per year for 3 years.
- Board member: We will also need to scale board membership with this growth and increase in staffing.

**Meeting Adjourned 1:55 PM** 



# Most Recent Audited Financial Statement (2023)

#### SAFE PASSAGES

### FINANCIAL STATEMENTS WITH INDEPENDENT AUDITOR'S REPORT

JUNE 30, 2023

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#### INDEPENDENT AUDITOR'S REPORT

Board of Directors Safe Passages

#### Report on the Audit of the Financial Statements

#### Opinion

I have audited the accompanying financial statements of Safe Passages, (a nonprofit organization), which comprise the statement of financial position as of June 30, 2023 and the related statements of activities, and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In my opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Safe Passages as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### Basis for Opinion

I conducted my audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Safe Passages and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audit. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Safe Passages' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and Government Auditing Standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and Government Auditing Standards, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Safe Passages internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Safe Passages ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

#### Supplementary Information

My audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards shown on pages 18 to 19, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

#### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, I have also issued my report dated March 25, 2024 on my consideration of Safe Passages internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Safe Passages internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Safe Passages internal control over financial reporting and compliance.

Christopher Chime Ogbodo Certified Public Accountant

Oakland, California March 25, 2024

# SAFE PASSAGES STATEMENT OF FINANCIAL POSITION JUNE 30, 2023

#### **ASSETS**

| Current Assets                           |               |
|--|---------------|
| Cash and Cash Equivalents                | \$ 1,156,087  |
| Investments                              | 2,841,635     |
| Accounts and Grants Receivable - Note 7  | 6,135,757     |
| Prepaid Expenses                         | 117,100       |
| Total Current Assets                     | 10,250,579    |
| Fixed Assets                             |               |
| Land                                     | 960,000       |
| Building and Building Improvements       | 2,541,940     |
| Office Furniture and Equipment           | 31,273        |
| Vehicle                                  | 46,751        |
| Subtotal                                 | 3,579,964     |
| Accumulated Depreciation                 | (123,809)     |
| Total Fixed Assets                       | 3,456,155     |
| Total Assets                             | \$ 13,706,734 |
| LIABILITIES AND NET ASSETS               |               |
| Current Liabilities                      |               |
| Accounts Payable and Accrued Expenses    | \$ 362,332    |
| Accrued Vacation and Employment Benefits | 640,547       |
| Accrued Payroll and Payroll Taxes        | 291,793       |
| Deferred Revenue                         | 409,213       |
| Current Portion of Mortgage Payable      | 99,509        |
| Total Current Liabilities                | 1,803,394     |
| Long-term Liabilities                    |               |
| Mortgage Payable                         | 2,588,926     |
| Less Current Portion                     | (99,509)      |
| Total Long-term Liabilities              | 2,489,417     |
| Total Liabilities                        | 4,292,811     |
| Net Assets                               |               |
| Without Donor Restrictions               | 5,511,817     |
| With Donor Restrictions - Note 8         | 3,902,106     |
| Total Net Assets                         | 9,413,923     |
| Total Liabilities and Net Assets         | \$ 13,706,734 |

# SAFE PASSAGES STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2023

|                                 | Without Donor<br>Restrictions | With Donor<br>Restrictions | Total        |
|---------------------------------|-------------------------------|----------------------------|--------------|
| Revenue and Support             |                               |                            |              |
| Private Grants and Donations    | \$ 371,433                    | \$ -                       | \$ 371,433   |
| Government Contracts and Grants | 8,749,253                     | 4,732,028                  | 13,481,281   |
| Fee for Service                 | 1,047,663                     | -                          | 1,047,663    |
| Other Income                    | 201,896                       |                            | 201,896      |
| Total Revenue and Support       | 10,370,245                    | 4,732,028                  | 15,102,273   |
| Net Assets Released             |                               |                            |              |
| from Restrictions               | 3,455,289                     | (3,455,289)                |              |
| Total Revenue and Support       | 13,825,534                    | 1,276,739                  | 15,102,273   |
| Expenses                        |                               |                            |              |
| Program Services                | 11,508,099                    | -                          | 11,508,099   |
| Management and General          | 566,790                       | -                          | 566,790      |
| Fundraising                     | 192,387                       |                            | 192,387      |
| Total Expenses                  | 12,267,276                    |                            | 12,267,276   |
| Change in Net Assets            | 1,558,258                     | 1,276,739                  | 2,834,997    |
| Net Assets at Beginning of Year | 3,953,559                     | 2,625,367                  | 6,578,926    |
| Net Assets at End of Year       | \$ 5,511,817                  | \$ 3,902,106               | \$ 9,413,923 |

# SAFE PASSAGES STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2023

|                                |    | Program<br>Services | nagement<br>d General | Fui | ndraising       |    | Total            |
|--------------------------------|----|---------------------|-----------------------|-----|-----------------|----|------------------|
| PERSONNEL EXPENSES             |    |                     |                       |     | <u></u>         |    |                  |
| Salaries and Wages             | \$ | 6,908,278           | \$<br>169,833         | \$  | 126,434         | \$ | 7,204,545        |
| Payroll Taxes and Benefits     |    | 1,665,659           | <br>28,149            |     | 26,431          |    | 1,720,239        |
| Total Personnel Expenses       |    | 8,573,937           | 197,982               |     | 152,865         |    | 8,924,784        |
| OTHER EXPENSES                 |    |                     |                       |     |                 |    |                  |
| Subcontractors                 |    | 1,292,981           | 167,105               |     | -               |    | 1,460,086        |
| Office Expenses                |    | 192,414             | 79 <b>,</b> 540       |     | 513             |    | 272,467          |
| Communications                 |    | 91,710              | 8,530                 |     | -               |    | 100,240          |
| Occupancy                      |    | 195,912             | 55 <b>,</b> 975       |     | 27 <b>,</b> 987 |    | 279 <b>,</b> 874 |
| Travel                         |    | 281 <b>,</b> 770    | -                     |     | -               |    | 281,770          |
| Conferences                    |    | 250,238             | -                     |     | -               |    | 250,238          |
| Insurance, Taxes and Fees      |    | 28,144              | 22,801                |     | -               |    | 50,945           |
| Printing                       |    | 11,650              | 953                   |     | -               |    | 12,603           |
| Program Materials and Supplies |    | 291,972             | 6,116                 |     | 372             |    | 298,460          |
| Participant Incentives         |    | 209,220             | 1,257                 |     | -               |    | 210,477          |
| Grant and Gifts                |    | 17,385              | 15,032                |     | 5,000           |    | 37,417           |
| Uncollectible Accounts         |    | -                   | 200                   |     | -               |    | 200              |
| Depreciation                   |    | 47,339              | 11,299                |     | 5,650           |    | 64,288           |
| Others                         |    | 23,427              | <br>-                 |     | _               |    | 23,427           |
| Total Other Expenses           | _  | 2,934,162           | 368,808               |     | 39,522          | _  | 3,342,492        |
| TOTAL EXPENSES                 | \$ | 11,508,099          | \$<br>566,790         | \$  | 192,387         | \$ | 12,267,276       |

# SAFE PASSAGES STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2023

Cash Flows from Operating Activities:

| Change in Net Assets                                     | \$2,834,997 |
|--|-------------|
| Adjustments to Reconcile Increase in Net Assets          |             |
| to Net Cash Provided by Operating Activities:            |             |
| Depreciation Expense                                     | 64,288      |
| Change in Operating Assets and Liabilities:              |             |
| (Increase) Decrease in Accounts and Grants Receivable    | (690,401)   |
| (Increase) Decrease in Prepaid Expenses                  | (25,762)    |
| Increase (Decrease) in Accounts Payable                  | 196,017     |
| Increase (Decrease) in Deferred Revenue                  | 27,864      |
| Increase (Decrease) in Vacation and Employment Benefits  | 203,198     |
| Increase (Decrease) in Accrued Payroll and Payroll Taxes | 135,334     |
| Net Cash Provided by Operating Activities                | 2,745,535   |
| Cash Flows from Investing Activities:                    |             |
| Purchases of Fixed Assets                                | (301,303)   |
| Purchases of Investments                                 | (2,841,635) |
| Net Cash Used in Investing Activities                    | (3,142,938) |
| Cash Flows from Financing Activities:                    |             |
| Mortgage Principal Payment                               | (96,238)    |
| Net Cash Used in Financing Activities                    | (96,238)    |
| Decrease in Cash and Cash Equivalents                    | (493,641)   |
| Cash and Cash Equivalents at Beginning of Year           | 1,649,728   |
| Cash and Cash Equivalents at End of Year                 | \$1,156,087 |

### SAFE PASSAGES NOTES TO FINANCIAL STATEMENTS JUNE 30, 2023

#### NOTE 1 - GENERAL AND ORGANIZATION

Safe Passages (the organization) is a California non-profit Corporation established to develop charitable and educational programs for high need children and families. The organization is exempt from Federal and California taxes under Section 501C (3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code, respectively.

Safe Passages was established as a collaborative partnership of the City of Oakland, Alameda County, Oakland Unified School District, and other public child-serving agencies in Alameda County, for the purpose of coordinating, evaluating, modeling, and implementing innovative, cross-jurisdictional services for vulnerable children and families in high-need communities in Alameda County.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective January 1, 2018.

Under the provisions of the Guide, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified as follows:

Net Assets Without Donor Restrictions - Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Organization's board may designate assets without restrictions for specific operational purposes from time to time.

Net Assets With Donor Restrictions - Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

#### Basis of Accounting

The Organization's financial statements are prepared on the accrual basis of accounting; consequently, revenues from all sources are recognized when earned, rather than when received; and expenditures are recognized when the obligation is incurred, rather than when cash is disbursed.

#### Cash and Cash Equivalents

The Organization considers all highly liquid instruments, which are to be used for current operations and have an original maturity of three months or less, to be cash and cash equivalents.

#### Use of Estimates

The preparation of financial statements on conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Revenue Recognition

Revenue is recognized on the accrual basis of accounting. Revenue from grantors is recognized when earned from grantors and expenses are recognized when incurred by the organization.

#### Property, Equipment and Depreciation

Fixed assets are recorded at cost and depreciated using the straight-line method. Estimated useful lives for depreciation purposes are five years for furniture and equipment and forty years for buildings and building improvements. Maintenance, repairs and renewals which neither materially add to the value of the property nor appreciably prolong its life are charged to expense as incurred.

#### Functional Expenses

The costs of providing program and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among program services and supporting services benefited. Such allocations are determined by management on an equitable basis.

The expenses that are allocated include the following:

#### $\underline{\hbox{\tt Commitments and Contingencies}}$

In the normal course of operations, the organization participates in a number of Federal and City-assisted grant programs. These programs are subject to audit by the grantors or their representatives. Such audits could lead to request for reimbursement to the grantor agency for expenditures disallowed under the terms of the grant. Presently, the organization has no such request pending, and in the opinion management, any such amounts would be considered immaterial.

#### NOTE 3 - CASH AND CASH EQUIVALENTS

"Cash" as reported on the statement of financial position represents cash equivalents and investments in financial institutions. Certain financial instruments potentially subject the organization to concentrations of credit risk. These financial instruments consist primarily of cash, cash equivalents and receivables. The organization places its cash and cash equivalents with high credit, quality financial institutions and organizations.

#### NOTE 4 - DESCRIPTION OF PROGRAM AND SUPPORTING SERVICES

The following program and supporting services are included in the accompanying financial statements:

#### Program Services

Safe Passages' program activities are focused on four major strategy areas: Early Childhood, School-Linked Services, Juvenile Justice, and After School/Learning. In each strategy area, Safe Passages' program activities blend funding from public and private sources to provide comprehensive services to children and families in the highest need communities and then provide in-depth evaluation of program results.

#### Fiscal Sponsorship Agreement

Safe Passages acts as fiscal sponsor for the Advance Peace Project which is an organization formed to reduce violence and support community development. Safe Passages receives grants, cash and other resources on behalf of the project. These transactions are reported as increases in net assets with donor restrictions and distributions to third-party recipients are reported as decreases in net assets.

#### Management and General

This category includes general, managerial and administrative functions of the organization, including the staff time and expenses associated with general management, administrative activities and organizational planning.

#### NOTE 5 - CONCENTRATION OF CREDIT RISK

Certain financial instruments potentially subject the Organization to concentrations of credit risk. These financial instruments consist primarily of cash, cash equivalents and receivables. The Organization places its cash and cash equivalents with low credit risk, quality financial institutions. Concentrations of credit risk with respect to receivables are generally diversified due to the few numbers of reputable granting agencies and other payers owing the Organization.

#### NOTE 6 - PROPERTY AND EQUIPMENT

Property and Equipment consist of the following:

| Land                               | \$ 960 <b>,</b> 000 |
|------------------------------------|---------------------|
| Building and Building Improvements | 2,541,940           |
| Office Furniture and Equipment     | 31,273              |
| Vehicle                            | 46,751              |
|                                    | 3,579,964           |
| Less: Accumulated Depreciation     | <u>( 123,809</u> )  |
| Property and Equipment, Net        | \$ <u>3,456,155</u> |

#### NOTE 7 - ACCOUNTS AND GRANTS RECEIVABLE

As of June 30, 2023, the accounts and grants receivable balance of \$6,135,757 consist of the following:

| consist of the following:                  |                 |
|--|-----------------|
| Safe Passages:                             |                 |
| Americorps                                 | \$ 364,619      |
| Bay Area Community Services Inc (BACS)     | 60,500          |
| California Community Reimbursement (CRG)SP | 70,696          |
| California Department of Public Health     | 168,424         |
| California Department of SS Immigration    | 13,125          |
| City of Oakland - WIOA                     | 239,009         |
| County of Alameda CalFresh                 | 99,784          |
| County Of Alameda Office of Education      | 51,817          |
| County Of Alameda Probation Department     | 19,666          |
| Emery Unified School District              | 22,000          |
| Father Engagement                          | 29,935          |
| Local Initiatives Support Corp - LISC      | 8,348           |
| Oakland Public Education Fund              | 62,993          |
| OFCY Oakland Fund for Children and Youth   | 293,536         |
| Okland Unified School District             | 1,988,915       |
| U.S. Corp for National Service             | 98,180          |
| Others                                     | 266,072         |
| Subtotal                                   | 3,857,619       |
| Advance Peace:                             |                 |
| Andrus Family Fund                         | 52,250          |
| California Community Reimbursement         | 87 <b>,</b> 377 |
| California Endowment                       | 375,000         |
| CalVIP Cohort 4                            | 330,663         |
| City of Antioch                            | 40,000          |
| City of Vallejo                            | 157,500         |
| County of Ingham                           | 13,500          |
| Fort Worth                                 | 17,500          |
| Fresno Economic Opportunities Commission   | 31,152          |
| Michigan Public Health Institute           | 6,750           |
| Multnomah County - Portland                | 185,000         |
| Orlando CVI Initiative-New                 | 46,250          |
| RISE Inc.                                  | 45,392          |
| Stockton CalVip - BSCC 879-20              | 689,804         |
| Sutter Health Valley Hospitals             | 100,000         |
| The Harry and Jeanette Weinberg Foundation | 100,000         |
| Advance Peace Subtotal                     | 2,278,138       |

\$6,135,757

Total Accounts and Grants Receivable

#### NOTE 8 - NET ASSETS WITH DONOR RESTRICTIONS

As of June 30, 2023, the net assets with donor restrictions balance of \$3,902,106 are as follows:

| Andrus Family Fund                                 | \$   | 52,250          |
|--|------|-----------------|
| Capitol Impact, LLC                                |      | 351,739         |
| City of Antioch                                    |      | 24,438          |
| City of Orlando                                    |      | 90,219          |
| City of Rochester                                  |      | 74,204          |
| City of Sacramento                                 |      | 225,000         |
| City of Vallejo                                    |      | 370,678         |
| City of Woodland                                   |      | 69,681          |
| County of Ingham                                   |      | 47,798          |
| Everytown for Gun Safety Support Fund Inc.         |      | 94,379          |
| Fresno Economic Opportunities Commission           |      | 120,679         |
| Kaiser Permanente                                  |      | 200,000         |
| Michigan Public Health Institute                   |      | 6 <b>,</b> 750  |
| Multnomah County                                   |      | 152,420         |
| Sutter Health                                      |      | 200,000         |
| The California Endowment                           |      | 375,000         |
| The Harry and Jeanette Weinberg Foundation Inc.    |      | 200,000         |
| The Jacob and Valeria Langeloth Foundation         |      | 299,410         |
| Violence Intervention & Prevention Ft. Worth (VIP) |      | 50 <b>,</b> 709 |
| Various Donations                                  |      | 896,751         |
| Total Net Assets with Donors Restrictions          | \$ 3 | ,902,106        |

#### NOTE 9 - MORTGAGE PAYABLE

On December 14, 2021, the Organization executed a promissory note secured by a deed of trust payable to First-Citizen Bank and Trust Company, in the amount of \$2,720,000. The amount was used to purchase a property located at  $561~11^{\rm th}$  Street, Oakland, California. The note bears interest at the rate of 3.550% and payable in monthly installments of \$15,942.81. The total interest paid during the year was \$95,075. Future annual maturities of long-term debt are as follow:

| rear | <u> </u> |        |       |             | Amount          |
|------|----------|--------|-------|-------------|-----------------|
| 2024 |          |        |       | \$          | 99 <b>,</b> 509 |
| 2025 |          |        |       |             | 103,402         |
| 2026 |          |        |       |             | 107,185         |
| 2027 |          |        |       |             | 111,107         |
| 2028 |          |        |       |             | 120,387         |
| 2029 | and      | Future | Years | 2           | ,047,336        |
|      | Tota     | al     |       | \$ <u>2</u> | <u>,588,926</u> |
|      |          |        |       |             |                 |

#### NOTE 10 - AVAILABILITY AND LIQUIDITY

The following reflects the Organization's financial assets as of June 30, 2023, reduced by amounts not available for general use within one year of the statement of financial position date, because of donor-imposed restrictions and board designations.

| Cash and Cash Equivalents, Investments                 | \$3,997,722          |
|--|----------------------|
| Accounts and Grants Receivable                         | 6,135,757            |
| Total Financial Assets                                 | 10,133,479           |
| Less amounts not available to be used within one year: |                      |
| Donor restricted contributions - time                  | -0-                  |
| Donor restricted contributions - purpose               | ( <u>3,902,106</u> ) |
| Financial assets available to meet cash needs for      |                      |
| general expenditures within one year                   | \$ <u>6,231,373</u>  |

The Organization relies upon private and recurring government funding to support its programming and operating activities. As such, certain financial assets may not be available for general expenditure within one year, if those financial assets have donor-imposed restrictions for specific use or a future period. As part of the Organization's liquidity management plan, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Cash is maintained in checking accounts and is readily available for use.

#### NOTE 11 - ACCRUED VACATION AND EMPLOYMENT BENEFITS

Accumulated unpaid employee vacation benefits are recognized as a liability of the Organization. The total accrued liability as of June 30, 2023 was \$250,719. The Organization maintains a contributory retirement plan available for its employees that allows participants to make tax deferred investment contributions. The plan qualifies under the provisions of Section 401(k) of the Internal Revenue Code of 1954, as amended. During the year ended June 30, 2023, the Organization made matching contributions to the retirement plan in the amount of \$389,828.

#### NOTE 12 - SUBSEQUENT EVENTS

In accordance with FASB Accounting Standards Codification Topic 855, "Subsequent Events", the Organization has evaluated subsequent events through March 25, 2024, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of June 30, 2023 have been incorporated into these reports.

As of July 1, 2023, Advance Peace started operating separately from Safe Passages. The net assets related to Advance Peace of \$3,902,106 at June 30, 2023 will be transferred to Advance Peace. Safe Passages is still acting as a fiscal sponsorship for some of Advance Peace's contracts during this transition, and the fiscal sponsorship agreement was amended as a result with an effective date of July 1, 2023.

During October 2023, Safe Passages purchased a building for \$2,350,000. As part of this purchase, Safe Passages incurred a new loan totaling \$1,998,000. In addition, Safe Passages had to pay a termination fee of \$250,000 to the prior tenant in order to purchase this building. During the fiscal year ended June 30, 2024, the Organization is starting to remodel the building and was awarded a grant of approximately \$8,900,000 for the capital project. This funding was used to pay off the new loan (noted above) of \$1,998,000 in January 2024.

During December 2023, the Organization entered into a new lease for office and storage space with a term of six months with monthly payments of \$10,000.

During January 2024, the Organization filed amended payroll tax returns to claim the Federal employee retention credit for COVID relief for 2020 and 2021 totaling approximately \$1,125,000.



## INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors Safe Passages

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Safe Passages, (a not-for-profit organization) which comprise the statement of financial position as of June 30, 2023, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued my report thereon dated March 25, 2024.

#### Internal Control over Financial Reporting

In planning and performing my audit of the financial statements, I considered Safe Passages internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Safe Passages internal control. Accordingly, I do not express an opinion on the effectiveness of Safe Passages internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

My consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Safe Passages financial statements are free from material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### Purpose of this Report

The purpose of this report is solely to describe the scope of my testing of internal control and compliance and results of that testing, and not to provide an opinion on the effectiveness of Safe Passages internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Safe Passages internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Christopher Chime Ogbodo Certified Public Accountant

Oakland, California March 25, 2024



### INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors Safe Passages

#### Report on Compliance for Each Major Federal Program

#### Opinion on Each Major Federal Program

I have audited Safe Passages compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on Safe Passages major federal programs for the year ended June 30, 2023. Safe Passages major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In my opinion, Safe Passages complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

#### Basis for Opinion on Each Major Federal Program

I conducted my audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States (Government Auditing Standards); and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). My responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of my report.

I am required to be independent of the Safe Passages and to meet my other ethical responsibilities, in accordance with relevant ethical requirements relating to my audit. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion on compliance for each major federal program. My audit does not provide a legal determination of the Safe Passages compliance with the compliance requirements referred to above.

#### Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, regulations, rules, and provisions of contracts or grant agreements applicable to Safe Passages federal programs.

#### Auditor's Responsibilities for the Audit of Compliance

My objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Safe Passages compliance based on my audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, Government Auditing Standards, and the Guide will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Safe Passages compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Guide, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Safe Passages compliance with the compliance requirements referred to above and performing such other procedures as I considered necessary in the circumstances.
- Obtain an understanding of Safe Passages internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Guide, but not for the purpose of expressing an opinion on the effectiveness of Safe Passages internal control over compliance. Accordingly, no such opinion is expressed.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that I identified during the audit.

#### Report on Internal Control over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

My consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. I did not identify any deficiencies in internal control over compliance that I consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies may exist that were not identified.

My audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of my testing of internal control over compliance and the results of that testing based on the requirements of the Guide. Accordingly, this report is not suitable for any other purpose.

Christopher Chime Ogbodo Certified Public Accountant

Oakland, California March 25, 2024

#### SAFE PASSAGES

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2023

#### NOTE 1 - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of Safe Passages (the Organization) under programs of the federal government for the year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or limited as to reimbursement. Pass-through entity identifying numbers are presented where available and applicable.

#### NOTE 3 - INDIRECT COST RATE

The Organization has not elected to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance. The Organization applies indirect cost in accordance with the specific terms of its federal agreements.

# SAFE PASSAGES SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS JUNE 30, 2023

| Grantor / Pass-Through Grantor / or Program Title   | Federal<br>Assistance<br>Listing<br>Number | Direct Pass-<br>through | Name of Grant   | Grant/Agreement Project /I.D. No. | Award<br>Amount | Total Aw ards<br>Expended |
|---|--|-------------------------|---|-----------------------------------|-----------------|---------------------------|
| FEDERAL AWARDS:   |  |                         |   | •                                 |                 |                           |
| U.S. Department of Education  |  |                         |   |                                   |                 |                           |
| Passed Through Oakland Unified School District:   |  |                         |   |                                   |                 |                           |
| Twenty-first Century Community Learning Centers   | 84.287                                     | Pass-through            | CCPA-HS   | 21-1278                           | \$ 270,602      | \$ 270,602                |
| Tw enty-first Century Community Learning Centers  | 84.287                                     | Pass-through            | CCPA-MS   | 21-1404                           | 84,033          | 84,033                    |
|   |  |                         | Total U.S. Department of Education                        |                                   | 354,635         | 354,635                   |
| U.S. Department of Health and Human Services  |  |                         |   |                                   |                 |                           |
| N   | 00.044                                     | <b>5</b>                | Local Community-Based Workforce to Increase COVID-19      | 1000110100000010100               | 4 000 000       | 070 755                   |
| National Organizations for State and Local Officials Passed Through Alameda County Social Services: | 93.011                                     | Direct                  | Vaccine Access  | 1G32HS42668-01-00                 | 1,000,000       | 273,755                   |
| Forster Care-Title IV-E Passed Through California Mental Health Services Authority:                 | 93.658                                     | Pass-through            | SNAP Employment & Training                                | FFY2022-23                        | 148,876         | 148,876                   |
| Mental Health Disaster Assistance and Emergency Mental Health                                       | 93.982                                     | Pass-through            | CalMESA   | 728-FEMA -2021-SP-A1              | 468,601         | 36.951                    |
| Welltal Fealul Disaster Assistance and Direigency Welltal Fealul                                    | 93.902                                     | rass-unough             | Total U.S. Department of Health and Human Services        | 120-FEVIA -2021-3F-A1             | 1,617,477       | 459,582                   |
| U.S. Department of the Treasury   |  |                         | Total 0.5. Department of Fleatur and Fluman Services      |                                   | 1,017,477       | 439,302                   |
| Passed Through the California Local Initiatives Support Corporation                                 |  |                         |   |                                   |                 |                           |
| Emergency Rental Assistance Program   | 21.023                                     | Pass-through            | Emergency Rental Assistance Program (ERAP)                | ERA0003 /52512-0001               | 477.581         | 174.151                   |
|   |  | . acc an cag.           | Total U.S. Department of the Treasury                     | _ 1 10000 /020 12 000 1           | 477,581         | 174,151                   |
| U.S. Department of Housing and Urban Development  |  |                         |   |                                   |                 | ,                         |
| Passed Through the City of Oakland:   |  |                         |   |                                   |                 |                           |
| Community Development Block Grants/Entitlement Grants   | 14.218                                     | Pass-through            | CDBG-CV Oakland Cares Act                                 | 1005525                           | 300,000         | 14,470                    |
|   |  |                         | Total U.S. Department of Housing and Urban Development    |                                   | 300,000         | 14,470                    |
|   |  |                         |   |                                   | •               |                           |
| U.S. Corporation for National and Community Service   |  |                         |   |                                   |                 |                           |
| AmeriCorps State and National/Vista Volunteer<br>Passed through California Volunteers:              | 94.006                                     | Direct                  | AmeriCorps/Vista Volunteer                                |                                   | 60,000          | 60,000                    |
| AmeriCorps State and National   | 94.006                                     | Pass-through            | AmeriCorps/Vista Volunteer                                | 20AFHY28-F134                     | 378,018         | 378,018                   |
| AmeriCorps State and National   | 94.006                                     | Pass-through            | AmeriCorps/Vista Volunteer                                |                                   | 273,363         | 96,770                    |
|   |  |                         | Total U.S. Corporation for National and Community Service |                                   | 711,381         | 534,788                   |
|   |  |                         |   |                                   |                 |                           |
|   |  |                         | TOTAL   |                                   | \$ 3,461,074    | \$ 1,537,626              |

## SAFE PASSAGES SCHEDULE OF FINDINGS AND QUESTIONED COSTS JUNE 30, 2023

#### Section I Summary of Audit Results

Financial Statements:

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

• Material weakness(es) identified?

No

• Significant deficiency(ies) identified?

No

Noncompliance material to financial statement noted?

None

Federal Awards:

Internal control over major programs:

• Material weakness(es) identified?

No

• Significant deficiency(ies) identified?

No

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

No

Identification of Major Programs:

| Federal Assistance Listing Number(s) Name of Fe | rederal Pro | gram or | Cluster |
|---|-------------|---------|---------|
|---|-------------|---------|---------|

94.006

AmeriCorps State and National

84.287

Twenty-first Century Community
Learning Centers

Dollar threshold used to distinguish between Type A and Type B programs:

\$750,000

Auditee qualified as low-risked auditee?

Yes

#### Section II Financial Audit Findings

None reported.

#### Section III Federal Award Findings and Questioned Costs

None reported.



## Letters of Reference



June 24, 2024

Expanded Learning Office Oakland Unified School District Oakland, CA 94612

RE: Letter of Reference for the Safe Passages After-School Lead Agency Request for Qualifications – RFP 2024

Dear Expanded Learning Team:

It is my pleasure to submit this letter of reference for Safe Passages, the current lead agency at Coliseum College Preparatory Academy (CCPA) for middle and high school after-school programs.

Safe Passages has a long-standing partnership with the Havenscourt campus, where CCPA is located. The Safe Passages Havenscourt collaboration began in 2000, prior to the campus being divided into two small schools. Safe Passages participated in the design of CCPA and has collaborated with the school since its inception in 2006. Safe Passages has served as the Full Service Community Schools (FSCS) lead agency since 2000 and as the lead after school agency for over 14 years. Over the course of the implementation of the Safe Passages Middle School Strategy (SPMSS) and Elev8 Oakland, Safe Passages' history of providing services at CCPA includes: the creation of the Coordination of Services Team (COST), case management, mental health services, family engagement, summer programs, health services, academic interventions, and extended day programs.

Safe Passages currently provides a rich complement of extended day services, including Urban Arts, leadership, academic support, mentoring, sports, performing arts, and STEM. Every student at CCPA student is currently served in the program. 100% of those served are students of color with 48% female and 52% male. SP serves a high-need population at CCPA: students with low academic indicators, behavioral issues, English Learners (ELs), Students with Disabilities (SWD), and/or other socio-emotional needs.

As the principal of CCPA, I have worked closely with Safe Passages over the last nine years on a wide range of support programs for students and families, including the development and implementation of after-school programs. CCPA utilizes an extended day model that fully integrates the after school program into the extended day schedule. Significant collaboration between the academic teachers and the after school instructors and staff occurs on a daily basis. I participated directly in the selection of afterschool management and staff and provide school site supervision. I also have a long-time working relationship with SP CEO, Josefina Alvarado Mena.

The program meets critical needs: 1) the need for a safe and supportive learning environment; 2) the need for positive youth development; 3) the high need for additional academic support; and 4) the need for health/fitness opportunities.

In addition, Safe Passages has leveraged hundreds of thousands in much-needed resources for the school, including six full-time AmeriCorps members who provide academic mentoring to students during and after school hours. They have provided high-quality support to high-need middle and high school youth over the past eleven years.

The long-standing partnership with Safe Passages has been invaluable to the success of CCPA. I recommend this organization and its leadership without reservation as an OUSD After School Lead Agency. I ask that consider their application favorably.

Sincerely,

Amy Carroza Principal, CCPA



June 24, 2024

Expanded Learning Office Oakland Unified School District Oakland, CA 94612

RE: Letter of Reference for the Safe Passages After-School Lead Agency Request for Oualifications – RFP 2024

Dear Sir or Madam:

It is my pleasure to submit this letter of reference for Safe Passages, the current lead agency at Laurel Elementary School after-school programs.

Safe Passages has a long-standing partnership with the Laurel Elementary School campus and has served as the Lead Extended Day Provider since 2016. Safe Passages (SP) implements the Laurel After School Program (LASP), whose purpose is to accelerate student learning, support social-emotional learning, and provide students with opportunities to apply their knowledge to solve real problems and become leaders in their community. LASP will be implemented with 150 students during after-school hours. It offers academic support, enrichment, youth development /leadership, recreation/fitness, and family engagement and support.

As the principal of Laurel Elementary School, I have worked closely with Safe Passages over the last nine years on a wide range of support programs for students and families, including the development and implementation of after-school programs. Laurel Elementary School utilizes an extended day model that fully integrates the after-school program into the extended day schedule. Significant collaboration occurs daily between the academic teachers and the after-school instructors and staff.

I participated directly in the selection of afterschool management and staff and provide school site supervision. I also have a long-time working relationship with SP CEO Josefina Alvarado Mena. In addition, Safe Passages has leveraged hundreds of thousands in much-needed resources for the school, including two full-time AmeriCorps members and one VISTA member who provide academic mentoring to students during and after school hours and family resource support.

The long-standing partnership with Safe Passages has been invaluable to the success of the school. I recommend this organization, and its leadership, without reservation as an OUSD After School Lead Agency. I ask that you consider their application closely.

John Stangl

Principal, Laurel Elementary School



## Certificate of Insurance



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/8/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| If SUBROGATION IS WAIVED, subject<br>this certificate does not confer rights t  |  |  |  |                                   |   | require an endorsement                                    | . A st             | atement on     |
|---|--|--|--|-----------------------------------|---|---|--------------------|----------------|
| PRODUCER  | where more   | ACLANO P   | CONTACT NAME: Danielle Donohue                   |                                   |   |   |                    |                |
| Arthur J. Gallagher Risk Management   | Service  | es, LLC  | PHONE<br>(A/C, No, Ext): 818.539.8605 (A/C, No): |                                   |   |   |                    |                |
| 500 N Brand Boulevard, Suite 100<br>Glendale CA 91203   |  |  | E-MAIL ADDRESS: Danielle_Donohue@ajg.com         |                                   |   |   |                    |                |
| Sicridale OX 31200  |  |  | 1  |                                   |   |   | NAIC#              |                |
|   |  | License#: 0D69293  | INCLIDED   |                                   |   | y Insurance Company                                       |                    | 18058          |
| INSURED   |  | SAFEPAS-01   | INSURER  | N. A. W. T. S.                    | ina maomini                               | y modranico company                                       |                    | 10000          |
| Safe Passages   |  |  | INSURER  | 100 - 100 TO                      |   |   |                    | 4              |
| 1017 Clay St.,<br>Oakland, CA 94607   |  |  | INSURER  |                                   |   |   |                    | V <sub>0</sub> |
| Carlana, O/ 34007   |  |  | INSURER  | 10 mar 11 m                       |   |   |                    | 4              |
|   |  |  | INSURER  | DA LOCALITY OF                    |   |   |                    |                |
| COVERAGES CER   | TIFICAT  | TE NUMBER: 1859296709  | HOOKE  |                                   |   | REVISION NUMBER:  |                    |                |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | QUIREM<br>PERTAIN  | IENT, TERM OR CONDITION<br>I, THE INSURANCE AFFORD<br>S. LIMITS SHOWN MAY HAVE | OF ANY<br>ED BY T<br>BEEN R                      | CONTRACT THE POLICIES EDUCED BY I | OR OTHER I<br>S DESCRIBED<br>PAID CLAIMS. | DOCUMENT WITH RESPEC                                      | CT TO              | WHICH THIS     |
| INSR<br>LTR TYPE OF INSURANCE   | INSD WV  | D POLICY NUMBER  |  | POLICY EFF<br>(MM/DD/YYYY)        | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT   |                    |                |
| A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR   | Y  | PHPK2691203-000  |  | 6/30/2024                         | 6/30/2025                                 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000<br>\$100.0 | · Corner       |
|   |  |  |  |                                   |   | MED EXP (Any one person)                                  | \$5,000            |                |
|   |  |  |  |                                   |   | PERSONAL & ADV INJURY                                     | \$ 1,000           | ,000           |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |  |  |                                   |   | GENERAL AGGREGATE   | \$3,000            | ,000           |
| X POLICY PRO-<br>JECT LOC   |  |  |  |                                   |   | PRODUCTS - COMP/OP AGG                                    | \$3,000            | ,000           |
| OTHER:  |  |  |  |                                   |   |   | \$                 |                |
| A AUTOMOBILE LIABILITY  |  | PHPK2691203-000  |  | 6/30/2024                         | 6/30/2025                                 | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$1,000            | ,000           |
| X ANY AUTO  |  |  |  |                                   |   | BODILY INJURY (Per person)                                | \$                 |                |
| OWNED SCHEDULED AUTOS ONLY  |  |  |  |                                   |   | BODILY INJURY (Per accident)                              | \$                 |                |
| HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |  |  |  |                                   |   | PROPERTY DAMAGE (Per accident)                            | \$                 |                |
|   |  |  |  |                                   |   |   | \$                 |                |
| A X UMBRELLA LIAB X OCCUR   |  | PHUB913210-000   |  | 6/30/2024                         | 6/30/2025                                 | EACH OCCURRENCE   | \$2,000            | ,000           |
| EXCESS LIAB CLAIMS-MADE   |  |  |  |                                   |   | AGGREGATE   | \$2,000            | ,000           |
| DED X RETENTION \$ 10,000   |  |  |  |                                   |   | Local   | \$                 |                |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |  |  |  |                                   |   | PER OTH-<br>STATUTE ER                                    |                    |                |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER/EXCLUDED?  | N/A  |  |  |                                   |   | E.L. EACH ACCIDENT  | \$                 |                |
| (Mandatory in NH)  If yes, describe under   | 200  |  |  |                                   |   | E.L. DISEASE - EA EMPLOYEE                                | \$                 |                |
| DÉSCRIPTION OF OPERATIONS below   | 2 1  |  |  |                                   |   | E.L. DISEASE - POLICY LIMIT                               | \$                 |                |
| A Professional Liability  |  | PHPK2691203-000  |  | 6/30/2024                         | 6/30/2025                                 | Each Claim<br>Aggregate                                   | \$1,00<br>\$1,00   | 0,000<br>0,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>Nonprofits' Insurance Alliance of CA - A.M.   |  |  | ile, may be                                      | attached if more                  | e space is require                        | ed)   |                    |                |
| Policy: Improper Sexual Conduct   |  |  |  |                                   |   |   |                    |                |
| Policy Term: 6/30/2024 to 6/30/2025   |  |  |  |                                   |   |   |                    |                |
| Policy #: PHPK2691203-000<br>Carrier: Philadelphia Indemnity Insurance C  | Company  | ,  |  |                                   |   |   |                    |                |
| Each Claim: \$1,000,000 / Aggregate: \$1,00   |  |  |  |                                   |   |   |                    |                |
| See Attached  |  |  |  |                                   |   |   |                    |                |
| CERTIFICATE HOLDER  |  |  | CANC   | ELLATION                          |   |   |                    |                |
| Oakland Unified School Die<br>Attn: Risk Management   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |                                   |   |   |                    |                |
| 1000 Broadway, Suite 450<br>Oakland CA 94607  |  |  | Mod  | USEN CHA                          | NIATIVE                                   |   |                    |                |

| AGENCY CUSTOMER ID: | SAFEPAS-01 |
|---------------------|------------|
|---------------------|------------|

LOC #:

| ACORD | , |
|-------|---|
| ACOND |   |
|       |   |

#### ADDITIONAL REMARKS SCHEDULE

| Page | 1 | of  | 1   |
|------|---|-----|-----|
| гаче | 1 | OI. | - 1 |

| AGENCY Arthur J. Gallagher Risk Management Services, LLC |                   | NAMED INSURED Safe Passages 1017 Clay St., |  |  |
|--|-------------------|--|--|--|
| POLICY NUMBER  | Oakland, CA 94607 |  |  |  |
|  |                   |  |  |  |
|  |                   |  |  |  |
| CARRIER NAIC CODE  |                   |  |  |  |
|  |                   | EFFECTIVE DATE:                            |  |  |

#### ADDITIONAL REMARKS

| THIS ADDITIONAL | REMARK | S FORM IS A SCHEDULE TO ACORD FORM,            |  |
|-----------------|--------|--|--|
| EODM NUMBER.    | 25     | FORM TITLE, CERTIFICATE OF LIABILITY INSURANCE |  |

Policy: Property Policy Term: 6/30/2024 to 6/30/2025 Policy #: PHPK2691203-000

Carrier: Philadelphia Indemnity Insurance Company BPP Limit: \$20,000, Deductible: \$250

Policy: Crime Policy Term: 3/24/2024 to 3/24/2025 Policy #: UC14332375.24-012

Carrier: Underwriters at Lloyd's, London Employee Theft: Limit: \$500,000; Deductible: \$2,500 ERISA: Limit: \$500,000

Theft of money and securities: Limit: \$500,000; Deductible: \$2,500 Money and Securities: Limit: \$500,000; Deductible: \$2,500 Computer Fraud: Limit: \$500,000; Deductible: \$2,500 Funds transfer Fraud: Limit: \$500,000; Deductible: \$2,500 Clients Property: Limit: \$500,000; Deductible: \$2,500

The Oakland Unified School District, it's officers, employees, volunteers, and/or agents are named as additional insureds with respect to the operations of the named insured per the attached CG 2026 endorsement. Such insurance is primary.

#### POLICY NUMBER: PHPK2691203-000

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s):                                 |
|--|
| The Oakland Unified School District, it's officers, employees, volunteers, and/or agents |
|  |
|  |
|  |
|  |
|  |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations;
  - In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART** 

**SCHEDULE** 

Effective Date: 6/30/2024

Name of Person or Organization (Additional Insured):

The Oakland Unified School District, it's officers, employees, volunteers, and/or agents

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

| th                              | is certificate does not confer rights to   | the c           | ertifi      | cate holder in lieu of such                          | endor  | sement(s).                   |                                |   |          |          |
|---------------------------------|--|-----------------|-------------|--|--|------------------------------|--------------------------------|---|----------|----------|
|                                 | DUCER  |                 |             |  | CONTAC<br>NAME:  | T Lisa Peace                 |                                |   |          |          |
| CCI                             | S Insurance Group Inc  |                 |             |  | PHONE<br>(A/C, No<br>E-MAIL  | Ext): (559) 32               | 20-2247                        | FAX<br>(A/C, No):                         | (559)    | 320-0299 |
|                                 | W Shaw Lane Suite 104  |                 |             |  | E-MAIL<br>ADDRES   | s: Lpeacock                  | @ccisinsuranc                  | e.com                                     |          |          |
|                                 |  |                 |             |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                              | SURER(S) AFFOR                 | DING COVERAGE                             |          | NAIC #   |
| Fres                            | ino  |                 |             | CA 93711   | INSURE   | Chata Ca                     | mpensation Ins                 |   |          | 35076    |
| INSU                            |  | _               |             |  | INSURE   |                              |                                |   |          |          |
|                                 | Safe Passages Inc, DBA: Safe F   | Passa           | ce          |  | INSURE   |                              |                                |   |          |          |
|                                 | 1017 Clay St   |                 | <i>3</i> -  |  | INSURE   |                              | -                              |   |          |          |
|                                 | 1017 Olay Ot   |                 |             |  |  |                              |                                |   |          |          |
|                                 | Octood   |                 |             | CA 94607   | INSURE   |                              |                                |   |          |          |
|                                 | Oakland  |                 |             | 0.04545440   | INSURE   | RF:                          |                                | REVISION NUMBER:                          |          | L        |
| CO/                             | /ERAGES CER  |                 |             | TOMOLIV.   |  | TO THE INCHE                 |                                |   | IOD      |          |
| IN<br>CI                        | IIS IS TO CERTIFY THAT THE POLICIES OF I<br>DICATED. NOTWITHSTANDING ANY REQUI<br>ERTIFICATE MAY BE ISSUED OR MAY PERTI<br>ICLUSIONS AND CONDITIONS OF SUCH PO | REME<br>AIN, TI | NT, TE      | ERM OR CONDITION OF ANY (<br>SURANCE AFFORDED BY THE | CONTRA<br>E POLICI   | ACT OR OTHER<br>ES DESCRIBEI | R DOCUMENT V<br>D HEREIN IS SI | MITH RESPECT TO WHICH T                   | HIS      |          |
| INSR<br>LTR                     | TYPE OF INSURANCE  | ADDL            | SUBR<br>WVD | POLICY NUMBER  |  | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)     | LIMIT                                     | s        |          |
| LIR                             | COMMERCIAL GENERAL LIABILITY   | INSD            | MAD         | , one hower  |  | Tunnani ( ) ( )              | Transmission                   | EACH OCCURRENCE                           | s        |          |
|                                 | <del></del>  | ļ               |             |  |  |                              |                                | DAMAGE TO RENTED PREMISES (Ea occurrence) | s        |          |
|                                 | CLAIMS-MADEOCCUR   | 1               |             |  |  |                              |                                | MED EXP (Any one person)                  | s        |          |
|                                 |  |                 |             |  |  |                              |                                |   | s        |          |
|                                 |  |                 |             |  |  | İ                            | į                              | PERSONAL & ADV INJURY                     |          |          |
|                                 | GEN'L AGGREGATE LIMIT APPLIES PER:   |                 |             |  |  |                              |                                | GENERAL AGGREGATE                         | \$       |          |
|                                 | POLICY PRO- LOC  |                 |             |  |  |                              |                                | PRODUCTS - COMP/OP AGG                    | \$<br>\$ |          |
|                                 | OTHER: AUTOMOBILE LIABILITY  | <del> </del>    |             |  |  |                              |                                | COMBINED SINGLE LIMIT                     | s        |          |
|                                 |  | 1               | ]           |  |  |                              |                                | (Ea accident) BODILY INJURY (Per person)  | \$       | <u>-</u> |
|                                 | ANY AUTO OWNED SCHEDULED   |                 |             |  |  |                              |                                | BODILY INJURY (Per accident)              | s        |          |
|                                 | AUTOS ONLY AUTOS NON-OWNED   | ļ               |             |  |  |                              |                                | PROPERTY DAMAGE                           | \$       |          |
|                                 | AUTOS ONLY AUTOS ONLY  | İ               |             |  |  |                              |                                | (Per accident)                            | \$       |          |
|                                 |  | ├               |             |  |  |                              |                                |   |          |          |
|                                 | UMBRELLA LIAB OCCUR  |                 |             |  |  |                              |                                | EACH OCCURRENCE                           | \$       |          |
|                                 | EXCESS LIAB CLAIMS-MADE  |                 |             |  |  |                              |                                | AGGREGATE                                 | \$       |          |
|                                 | DED RETENTION \$   | ļ               |             |  |  |                              |                                | DER OTH.                                  | \$       |          |
|                                 | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N   |                 |             |  |  |                              |                                | X PER STATUTE OTH-                        | 4.00     | 20.000   |
| Α                               | ANY PROPRIETOR/PARTNER/EXECUTIVE N   | N/A             |             | 9118156  |  | 06/01/2024                   | 06/01/2025                     | E.L. EACH ACCIDENT                        | *        | 00,000   |
|                                 | (Mandatory in NH)  |                 |             |  |  |                              |                                | E.L. DISEASE - EA EMPLOYEE                |          | 00,000   |
|                                 | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  | ļ               |             |  |  |                              |                                | E.L. DISEASE - POLICY LIMIT               | \$ 1,00  | 00,000   |
|                                 |  |                 |             |  |  |                              |                                |   |          |          |
| DESC                            | RIPTION OF OPERATIONS / LOCATIONS / VEHICLI  | ES (AC          | ORD 1       | 01, Additional Remarks Schedule.                     | may be a   | ttached if more sp           | pace is required)              |   |          |          |
|                                 |  | ,,              |             |  | •  | · -•                         | •                              |   |          |          |
|                                 |  |                 |             |  |  |                              |                                |   |          |          |
|                                 |  |                 |             |  |  |                              |                                |   |          |          |
|                                 |  |                 |             |  |  |                              |                                |   |          |          |
|                                 |  |                 |             |  |  |                              |                                |   |          |          |
|                                 |  |                 |             |  |  |                              |                                |   |          |          |
|                                 |  |                 |             |  | CANO   | ELLATION                     |                                |   |          |          |
| CEF                             | RTIFICATE HOLDER   |                 |             |  | CANC   | ELLATION                     |                                |   |          |          |
| Oakland Unified School District |  |                 |             |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                              |                                |   | D BEFORE |          |
| 1                               | Attn:Risk Management   |                 |             |  | AUTHO  | RIZED REPRESE                | _                              |   |          |          |
|                                 | 1000 Broadway Suite 450  |                 |             | CA 94607   |  |                              | A                              | el Daniel                                 |          |          |
| 1                               | Oakland  |                 |             | UA 9400/   | l  |                              |                                | RENTRAMIN                                 |          |          |



#### **ENDORSEMENT AGREEMENT**

#### WAIVER OF SUBROGATION BLANKET BASIS

### **BROKER COPY**

REP D8 9118156-24 RENEWAL NE 5-07-02-74 PAGE 1 OF

1

HOME OFFICE SAN FRANCISCO

EFFECTIVE JUNE 1, 2024 AT 12.01 A.M. AND EXPIRING JUNE 1, 2025 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

> SAFE PASSAGES 1017 CLAY ST OAKLAND, CA 94607

> > WE HAVE THE RIGHT TO RECOVER OUR PAYMENTS FROM ANYONE LIABLE FOR AN INJURY COVERED BY THIS POLICY. WE WILL NOT ENFORCE OUR RIGHT AGAINST THE PERSON OR ORGANIZATION NAMED IN THE SCHEDULE.

THIS AGREEMENT APPLIES ONLY TO THE EXTENT THAT YOU PERFORM WORK UNDER A WRITTEN CONTRACT THAT REQUIRES YOU TO OBTAIN THIS AGREEMENT FROM US.

THE ADDITIONAL PREMIUM FOR THIS ENDORSEMENT SHALL BE 2.00% OF THE TOTAL POLICY PREMIUM.

#### **SCHEDULE**

PERSON OR ORGANIZATION

JOB DESCRIPTION

ANY PERSON OR ORGANIZATION
FOR WHOM THE NAMED INSURED
HAS AGREED BY WRITTEN
CONTRACT TO FURNISH THIS
WAIVER

BLANKET WAIVER OF SUBROGATION

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JUNE 4, 2024

2572

AUTHORIZED REPRESENTATIVE SCIF FORM 10217 (REV.7-2014)

PRESIDENT AND CEO



## Appendix IV Boiler Plate Checklist

# APPENDIX IV: OUSD Expanded Learning Lead Agency MOU Boilerplate Checklist

- 1. Intent
- 2. Term of MOU
- 3. Termination
- 4. Compensation
  - 4.1. Total Compensation
  - 4.2. Positive Attendance
    - 4.2.1. Reconciliation Process for Positive Attendance-Based Grant Funds
    - 4.2.2. Administrative Charges and Reconciliation
  - 4.3. OUSD Administrative Fees
  - 4.4. Agency Administrative Fees
  - 4.5. Program Budget
  - 4.6. Modifications to Budget
  - 4.7. Program Fees
- 5. Scope of Work
  - 5.1. Student Outcomes
    - 5.1.1. Alignment with Community School Strategic Site Plan
  - 5.2. Oversight
  - 5.3. Enrollment
  - 5.4. Program Requirements
    - 5.4.1. Program Hours
    - 5.4.2. Program Days
    - 5.4.3. Program Components
    - 5.4.4. Staff Ratio
  - 5.5 Data Collection
    - 5.5.1. Accountability Reports
    - 5.5.2. Attendance Reports
    - 5.5.3. Use of Enrollment Packet

- 5.6. Maintain Clean, Safe and Secure Environment
- 5.7. Meeting Participation
- 5.8. Relationships
- 5.9. Licenses
- 6. Field Trip Policy. Field Trips, Off Site Events and Off Site Activities
  - 6.1. 6.13.2., including, but not limited to:
  - 6.1. Licenses Permission Slips/Acknowledgement
    - 6.1.3. Notice of Waiver of All Claims
  - 6.5. Health Conditions/Medication
  - 6.6. Supervision
  - 6.7. Transportation Requirements
  - 6.11. Additional Requirements for High Risk, Overnight, Out of State Trips
  - 6.12. Additional Requirements for Field Trips/Excursions Which Include Swimming or Wading
  - 6.13. Additional Requirements for Trips to East Bay Regional Park District Bodies of Water (swimming pools, lagoons, shoreline parks and lakes) and Related Facilities
- 7. Financial Records
  - 7.1. Accounting Records
  - 7.2. Disputes
- 8. Invoicing
  - 8.1. Billing Structure
  - 8.2. Unallowable Expenses
  - 8.3. Invoice Requirements
  - 8.4. Submission of Invoices
  - 8.5. Submission of Invoices for ASESP and 21st Century Grants
- 9. Ownership of Documents
- 10. Changes
  - 10.1. Agency Changes
  - 10.2. Changing Legislation
- 11. Conduct of Consultant
  - 11.1. Child Abuse and Neglect Reporting Act
  - 11.2. Staff Requirements

- 11.2.1. Tuberculosis Screening
- 11.2.2. Fingerprinting of Agents
- 11.2.3. Minimum Proposals
- 11.3. Removal of Staff
- 11.4. Conflict of Interest
- 11.5. Drug-Free/Smoke Free Policy
- 11.6. Non-Discrimination
- 12. Indemnification
- 13. Insurance
  - 13.1. Commercial General Liability
  - 13.2. Worker's Compensation
  - 13.3. Property and Fire
- 14. Litigation
- 15. Incorporation of Recitals and Exhibits
- 16. Counterparts
- 17. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- 18. All exhibits, with required forms and timelines

#### OUSD AFTER-SCHOOL LEAD AGENCY 2022-25 MOU SAMPLE CONTRACT

The contract template that is currently being used by lead agencies can be accessed by clicking the <u>following link</u>. The MOU contract will be a master contract between OUSD and the lead agency that does not specify the school site(s) where the agency is assigned, and that master contract will last for three (3) years (but note that agencies and sites will continue be matched in 1-year relationships, as they are currently).

All applicants are required to review the MOU contract template currently in use, and sign the OUSD Expanded Learning Lead Agency MOU Boilerplate Checklist of the RFP (Appendix IV).

If having a hard time opening the contract template, please email procurement@ousd.org for a copy.

Submission of this Signed Boilerplate Checklist will constitute a representation by your firm that it has read all the clauses listed in the OUSD Expanded Learning Lead Agency MOU contract sample (Appendix IV), is willing and able to comply with OUSD contracting requirements, and understands that the standard OUSD Expanded Learning Lead Agency MOU is subject to change annually.

| Name and Title of Signatory | Name of Organization |   |
|-----------------------------|----------------------|---|
| Josefina Alvarado Mena, CEO | Safe Passages        | 1 |
| Signature                   | Date                 |   |
| Milvaralelhen               | 7/5/2024             |   |



# Sample Expanded Learning Program Schedule with Activity Summary

## Weekly Program Schedule

| Monday            | Tuesday           | Wednesday          | Thursday          | Friday            |
|-------------------|-------------------|--------------------|-------------------|-------------------|
| Warm              | Warm              | Warm               | Warm              | Warm              |
| Welcome/Community | Welcome/Community | Welcome/Community  | Welcome/Community | Welcome/Community |
| Circle            | Circle            | Circle             | Circle            | Circle            |
|                   |                   |                    |                   |                   |
|                   |                   | Enrichment Block 1 |                   |                   |
| Snack             | Snack             | Snack              | Snack             | Snack             |
| Academic Support  | Academic Support  | Academic Support   | Academic Support  | Academic Support  |
| Organized Games   | Organized Games   | Organized Games    | Organized Games   | Organized Games   |
| Enrichment        | Enrichment        | Academic Support   | Enrichment        | Enrichment        |
| Reflection        | Reflection        | Organized Games    | Reflection        | Reflection        |
|                   |                   | Enrichment Block 2 |                   |                   |
|                   |                   | Reflection         |                   |                   |

Warm Welcome: Greet each student as they come into the program.

Community Circle: Icebreakers that help students to transition into program and support student's social emotional learning.

Snack: Provide students with a snack.

Academic Support: Academic intervention helps students with homework and skill-building in all academic areas, including literacy and math.

Organized Outside Games: Community building activities that support students social-emotional learning and healthy interaction, and engagement.

Enrichment: Engages students in S.T.E.A.M, Visual and Performing Art, Health and Fitness, and Garden and Nutrition activities.

Reflection: Allows students to think about the day and make suggestions for future program offerings.