

Board Office Use: Legislative File Info.	
File ID Number	19-0618
Introduction Date	5/8/2019
Enactment Number	19-0632
Enactment Date	5/8/19 lf



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Memo

To Board of Education
From Kyla Johnson-Trammell, Superintendent
 Andrea Bustamante, Executive Director, Community Schools & Student Services Dept
 Julie McCalmont, Coordinator, Expanded Learning Programs

Board Meeting Date 5/8/2019

Subject Professional Services Contract
 Contractor: Camp Phoenix
 Services For: 922/Community Schools & Student Services Department

Action Requested and Recommendation Ratification by the Board of Education of Professional Services Contract between the District and Camp Phoenix, Newark, CA, for the latter to provide six hours of daily summer academic support and enrichment to OUSD students who are in need of summer services to counter summer learning loss; program activities will be based on youth development quality standards; work collaboratively with the Summer and After School Programs Office to ensure that students in need receive at least 6 hours of daily summer learning, enrichment, physical activity, and support services; conduct outreach for summer student recruitment, communicate with families regularly, fulfill OUSD grant reporting requirements including submission of summer attendance records, and maintain communication with the OUSD Summer and After School units to review progress on summer program goals; comply with 21st CCLC grant requirements at Greenleaf Elementary School for the period of July 1, 2019 through August 9, 2019 in an amount not to exceed \$9,360.00.

Background
(Why do we need these services? Why have you selected this vendor?)
 OUSD's 21st Century Community Learning Center (21st CCLC) grants include Supplemental funding to support summer learning programs, operated in partnership between schools and community organizations. In order to fulfill the grant requirements, OUSD is contracting with community partners to provide six hours daily of summer academic, enrichment, and physical activity services to OUSD students for 2 – 6 weeks over the summer. Summer services will be delivered at OUSD school sites. Summer providers will work in partnership with OUSD's After School and Summer Learning units to align summer program goals with district priorities for student achievement, health and wellness, and social-emotional learning. Summer Program Hub: Greenleaf Elementary School.

Competitively Bid Was this contract competitively bid? No
 If no, exception: Professional Services Agreement under \$90,200.00

Fiscal Impact Funding resource(s):

Attachments

- Professional Services Contract Including Scope of Work
- Fingerprint/Background Check Certification



- Insurance Certification
- TB Screening Documentation
- Statement of Qualifications

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**OAKLAND UNIFIED
SCHOOL DISTRICT**
Community Schools, Thriving Students

PROFESSIONAL SERVICES CONTRACT 2018-2019

This Agreement is entered into between Camp Phoenix

(CONTRACTOR) and Oakland Unified School District (OUSD). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in financial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent to perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The parties agree as follows:

- Services:** CONTRACTOR shall provide the services ("Services" or "Work") as described in **Exhibit "A,"** attached hereto and incorporated herein by reference.
- Terms:** The term of this Agreement shall be from 7/1/2019 (or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$ 90,200 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$ 90,200, whichever is later) to 8/9/2019. The work shall be completed no later than 8/9/2019.
- Compensation:** OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement. The compensation under this Contract shall not exceed Nine Thousand Three Hundred Sixty Dollars (\$ 9,360.00) [per fiscal year], at an hourly billing rate not to exceed \$0.00 per hour. This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.

If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.

OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: N/A

Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.

The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by OUSD and in that case must be replaced by CONTRACTOR without delay.

- Equipment and Materials:** CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement.
- CONTRACTOR Qualifications / Performance of Services:**
 - CONTRACTOR Qualifications:** CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and/or regulations, as they may apply.
 - Standard of Care:** CONTRACTOR represents that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts and in accordance with applicable law, code, rule, regulation, and/or ordinance.
 - CONTRACTOR shall ensure that any individual performing work under the Agreement requiring a California license shall possess the appropriate license required by the State of California. All personnel shall have sufficient skill and experience to perform the work assigned to them.
 - CONTRACTOR shall carefully study and compare all documents, findings, and other instructions and shall at once report to District, in writing, any error, inconsistency, or omission that CONTRACTOR or its employees may discover. CONTRACTOR shall use professional efforts in identifying any errors, inconsistencies, or omissions.

3. **District Approval.** The work completed herein must meet the approval of OUSD and shall be subject to OUSD's general right of inspection and supervision to secure the satisfactory completion thereof.
6. **Certificates/Permits/Licenses/Registration:** CONTRACTOR and all CONTRACTOR's employees or agents shall secure and maintain in force such certificates, permits, licenses and registration as are required by law in connection with the furnishing of Services pursuant to this agreement.
7. **Invoicing:** Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD. Invoices shall include, but not be limited to: Contractor name, Contractor address, invoice date, invoice number, purchase order number, name of school or department service was provided to, period of service, name of the person performing the service, date service was rendered, brief description of services provided, number of hours of service, hourly rate, total payment requested.
8. **Notices:** All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

OUSD Representative:

Name: Julie McCalmont

Site /Dept: 922/Community Schools and Student Services Dept

Address: 1000 Broadway

Oakland, CA 94607

Phone: 510-879-2709

Email: julie.mccalmont

@ousd.org

CONTRACTOR:

Name: Jacqueline Sohoo

Title: Executive Director

Address: 39931 Parada St, #B

Newark, CA

94560

Phone: 916-208-1462

Email: jacqueline@campphoenix.org

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

9. **Status of Contractor:** This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

10. **Insurance:**

1. Unless specifically waived by OUSD, the following insurance is required:

- i. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California (including, but not limited to, Labor Code section 3700) and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.
- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile coverage, with limits of at least One Million Dollars (\$1,000,000) per occurrence for corporal punishment, sexual misconduct, harassment, bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured with the additional insured endorsement provided to OUSD within 15 days of effective date of the Agreement (and within 15 days of each new policy year thereafter during the term of this Agreement). Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required from OUSD's Risk Management.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.

11. **Assignment:** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
12. **Non-Discrimination:** It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age; therefore, CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD

policy. In addition, CONTRACTOR agrees to require like compliance by all its subcontractor(s). CONTRACTOR shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex, sexual orientation, or other legally protected class.

13. **Waiver:** No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.

14. **Termination:**

1. **For Convenience by OUSD:** OUSD may at any time terminate this Agreement and compensate CONTRACTOR only for services satisfactorily rendered to the date of termination. Written notice by OUSD shall be sufficient to stop further performance of services by CONTRACTOR. Notice shall be deemed given when received by CONTRACTOR or no later than three (3) calendar days after the day of mailing, whichever is sooner.

2. **With Cause by District.** OUSD may terminate this Agreement upon giving of written notice of intention to terminate for cause. Cause shall include:

- i. material violation of this Agreement by the CONTRACTOR; or
- ii. any act by CONTRACTOR exposing OUSD to liability to others for personal injury or property damage; or
- iii. CONTRACTOR is adjudged bankrupt, CONTRACTOR makes a general assignment for the benefit of creditors, or a receiver is appointed on account of CONTRACTOR's insolvency.

Written notice by OUSD shall contain the reasons for such intention to terminate and, unless within three (3) calendar days after that notice the condition or violation shall cease or satisfactory arrangements for the correction thereof be made, this Agreement shall upon the expiration of the three (3) calendar days cease and terminate. In the event of this termination, OUSD may secure the required Services from another CONTRACTOR. If the expense, fees, and/or costs to OUSD exceeds the cost of providing the Services pursuant to this Agreement, CONTRACTOR shall immediately pay the excess expense, fees, and/or costs to OUSD upon the receipt of OUSD's notice of these expense, fees, and/or costs. The foregoing provisions are in addition to and not a limitation of any other rights or remedies available to OUSD.

Upon termination, CONTRACTOR shall provide OUSD with all documents produced maintained or collected by CONTRACTOR pursuant to this Agreement, whether or not such documents are final or draft documents.

15. **Conduct of CONTRACTOR:** By signing this Agreement, CONTRACTOR certifies compliance with the following requirements and will provide OUSD with evidence of staff qualifications, which include:

1. **Tuberculosis Screening:** CONTRACTOR is required to screen employees who will be working at OUSD sites for more than six hours. CONTRACTOR agents who work with students must submit to a tuberculosis risk assessment as required by Education Code 49406 within the prior 60 days. If tuberculosis risk factors are identified, CONTRACTOR 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 CONTRACTOR agent shall obtain an x-ray of the lungs. At his/her discretion, CONTRACTOR agent may choose to submit to the examination instead of the risk assessment.

2. **Fingerprinting of Employees and Agents.** The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contact with OUSD pupils in providing services to the District under this Agreement."

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

16. **No Rights in Third Parties:** This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.

17. **OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors.** OUSD may evaluate CONTRACTOR in any manner which is permissible under the law. OUSD's evaluation may include, without limitation:

1. Requesting that OUSD employee(s) evaluate CONTRACTOR and CONTRACTOR's employees and subcontractors and each of their performance.
2. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

18. **Limitation of OUSD Liability:** Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or

incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.

19. **Confidentiality:** CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
20. **Conflict of Interest:** CONTRACTOR shall abide by and be subject to all applicable, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement without the prior approval of OUSD Human Resources.

CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.

Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 *et seq.* and section 87100 *et seq.* of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.

21. **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion:** CONTRACTOR certifies to the best of his/her/its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, certifies that this vendor does not appear on the Excluded Parties List (<https://www.sam.gov>).
22. **Severability:** If any term, condition or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force and effect, and shall not be affected, impaired or invalidated in any way.
23. **Provisions Required By Law Deemed Inserted:** Each and every provision of law and clause required by law to be inserted in this Agreement shall be deemed to be inserted herein and this Agreement shall be read and enforced as though it were included therein.
24. **Captions and Interpretations:** Section and paragraph headings in this Agreement are used solely for convenience, and shall be wholly disregarded in the construction of this Agreement. No provision of this Agreement shall be interpreted for or against a party because that party or its legal representative drafted such provision, and this Agreement shall be construed as if jointly prepared by the Parties.
25. **Calculation of Time:** For the purposes of this Agreement, "days" refers to calendar days unless otherwise specified.
26. **Copyright/Trademark/Patent/Ownership:** CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD (specifically excluding any underlying pre-existing intellectual property). OUSD may, with CONTRACTOR's prior written consent, use CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORS in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
27. **Audit.** Consultant shall establish and maintain books, records, and systems of account, in accordance with generally accepted accounting principles, reflecting all business operations of Consultant transacted under this Agreement. Consultant shall retain these books, records, and systems of account during the Term of this Agreement and for three (3) years thereafter. Consultant shall permit the District, its agent, other representatives, or an independent auditor to audit, examine, and make excerpts, copies, and transcripts from all books and records, and to make audit(s) of all billing statements, invoices, records, and other data related to the Services covered by this Agreement. Audit(s) may be performed at any time, provided that the District shall give reasonable prior notice to Consultant and shall conduct audit(s) during Consultant's normal business hours, unless Consultant otherwise consents.
28. **Litigation:** This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California, but without resort to California's principles and laws regarding conflict of laws. The Alameda County Superior Court shall have jurisdiction over any litigation initiated to enforce or interpret this Agreement.
29. **Incorporation of Recitals and Exhibits:** Any recitals and exhibits attached to this Agreement are incorporated herein by reference. CONTRACTOR agrees that to the extent any recital or document incorporated herein conflicts with any term or provision of this Professional Services Contract, the terms and provisions of this Professional Services Contract shall govern.
30. **Integration/Entire Agreement of Parties:** This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.

Professional Services Contract

- 31. **Drug-Free / Smoke Free Policy:** No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use controlled substances, alcohol or tobacco on these sites.
- 32. **Counterparts:** This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 33. **Signature Authority:** Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
- 34. **W-9 Form:** If CONTRACTOR is doing business with OUSD for the first time, complete and return with the signed Contract the W-9 form.
- 35. **Indemnification:** To the furthest extent permitted by California law, CONTRACTOR shall indemnify, defend and hold harmless OUSD, its Governing Board, agents, representatives, officers, consultants, employees, trustees, and volunteers ("the Indemnified Parties") from any and all claims or losses accruing or resulting from injury, damage, or death of any person or entity arising out of or in any way related to the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend the Indemnified Parties from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR arising out of or in any way related to the performance of this Agreement. CONTRACTOR shall, to the fullest extent permitted by California law, defend the Indemnified Parties at CONTRACTOR's own expense, including attorneys' fees and costs, and OUSD shall have the right to accept or reject any legal representation that CONTRACTOR proposes to defend the Indemnified Parties. This provision survives termination of this Agreement.
- 36. **Contract Publicly Posted:** This contract, its contents, and all incorporated documents are public documents and will be made available by OUSD to the public online via the Internet.
- 37. **Contract Contingent on Governing Board Approval:** OUSD shall not be bound by the terms of this Agreement until it has been formally approved by OUSD's Governing Board, and no payment shall be owed or made to CONTRACTOR absent that formal approval. This Agreement shall be deemed approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.

OAKLAND UNIFIED SCHOOL DISTRICT

Amie Eng 5/9/19
 President, Board of Education Date
 Superintendent
 Chief or Deputy Chief
[Signature] 5/9/19
 Secretary, Board of Education Date

CONTRACTOR

[Signature] 4/12/19
 Contractor Signature Date
 Jacqueline Soohoo
 Executive Director
 Print Name, Title

Form approved by OUSD General Counsel for 2018-19 FY

EXHIBIT "A" SCOPE OF WORK

[IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES MAY BE ATTACHED WITHOUT ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

1. **Description of Services to be Provided:** Provide a description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and what *this* Contractor will do.

Contractor will provide six hours of daily summer academic support and enrichment to OUSD students who are in need of summer services to counter summer learning loss; program activities will be based on youth development quality standards; work collaboratively with the Summer and After School Programs Office to ensure that students in need receive at least 6 hours of daily summer learning, enrichment, physical activity, and support services; conduct outreach for summer student recruitment, communicate with families regularly, fulfill OUSD grant reporting requirements including submission of summer attendance records, and maintain communication with the OUSD Summer and After School units to review progress on summer program goals; comply with 21st CCLC grant requirements at Greenleaf Elementary School.

Professional Services Contract

2. **Specific Outcomes:** What are the expected outcomes from the services of this Contract? Be specific. For example, as a result of the service(s): 1) How many more Oakland children are graduating from high school? 2) How many more Oakland children are attending school 95% or more? 3) How many more students have meaningful internships and/or paying jobs? 4) How many more Oakland children have access to, and use, the health services they need? Provide details of program participation (Students will...) and measurable outcomes (Participants will be able to...). NOT THE GOALS OF THE SITE OR DEPARTMENT.

Summer learning programs are critical in countering summer learning loss in students. Students will greatly benefit from the opportunity to participate in a full 6-hour summer learning program. The summer learning program will provide students with a safe and supportive place to spend their summer. Students' physical and social-emotional health and well-being will be supported through the summer program's academic, enrichment, and support services. As a result of the summer learning program, students will return to school in the fall feeling more engaged in learning, more connected to the school community, and less affected by summer learning loss. As a result, students will be more prepared to engage in a new school year of learning and more ready to attend school on a daily basis.

3. **Alignment with Single Plan for Student Achievement – SPSA (required if using State or Federal Funds):**

Please select:

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

2012-2013 Elementary/Middle School After School Program Budget

21ST CENTURY SUMMER BUDGET PLANNING SPREADSHEET			
ELEMENTARY & MIDDLE SCHOOLS 03 2019			
Site Name:	Camp Phoenix	21st CCLC Grant Funds for Lead Agency	Lead Agency In-Kind Contributions
Site #:			
Lead Agency:	Camp Phoenix		
# of summer students (ADA):	40		
# of summer program days:	18		
Total 21st CCLC Grant Funds:	\$9,360		
TOTAL CONTRACTED FUNDS		\$9,360	\$0
BOOKS AND SUPPLIES			
4310	Supplies (can be purchased by lead agency for summer supplemental programming)	\$2,800	\$4,700
4310	Curriculum	\$0	\$0
5829	Field Trips (fees, supplies)	\$1,000	\$0
	Bus tickets for students	\$0	\$0
	Rental bus for field trips	\$4,660	\$4,615
	Snacks	\$400	\$400
	Incentives	\$0	\$0
	Family Night supplies	\$500	\$0
	Food (not snacks)		\$11,200
	lodging (campsite rental)		\$53,000
	Total books and supplies	\$9,360	\$73,915
CONTRACTED SERVICES			
5825	Site Coordinator and Executive Director	\$0	\$64,583
5825	Academic Instructors: 6 staff x 85.5 hours x \$15.20 per hour. Hired for Summer 2019	\$0	\$10,050
5825	Enrichment Facilitators (# of staff X total hours X hourly rate, including prep and training time)	\$0	\$36,930
5825	STEM Instructors (# of staff X total hours X hourly rate, including prep and training time)	\$0	\$4,350
5825	Contracted OUSD Summer Teachers: Achievement Director (Manages Academic Instructor team)	\$0	\$3,000
5825	Subcontractors (please list each specific subcontracting agency)	\$0	\$0
5825	Professional Development	\$0	\$0
5825	Employee benefits	\$0	\$11,500
5825	Other Staff (Kitchen, Nurse, Operations Manager, Family Manager, Camp Directors, etc.)	\$0	\$12,520
5825			
5825			
	Total services	\$0	\$142,933
IN-KIND DIRECT SERVICES			
	Total value of in-kind direct services		\$0
SUBTOTALS			
	Subtotals DIRECT SERVICE	\$9,360	\$216,848
	Allowable lead agency admin (at 4% of contracted funds or less)	\$0	
TOTALS			
	Total budgeted per column	\$9,360	
	BALANCE remaining to allocate	\$0	

Required Signatures for Budget Approval:

Lead Agency:	Jacqueline Soohoo	Date:	3/22/2019
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Notes:

- Lead agencies will be required to submit a summer-end expenditure report on these budget expenditures.
- These contracted summer funds are based on anticipated summer program average daily attendance. Sites that fall short of 85% of the summer attendance target in the first week will be required to submit an aggressive student recruitment and retention plan for the remainder of the summer and reallocate budget funds appropriately to reflect actual attendance numbers.



OUSD Summer 2019 Lead Agency Summer Program Plan

Summer Hub:

(Submit to OUSD Expanded Learning Office by March 22nd)

SECTION 1: Summer Program Snapshot

Lead Agency Name: Camp Phoenix	Summer Hub Site: Greenleaf	Target Summer Average Daily Attendance (ADA) Number: 40	Grades Served: 5-8	Program Dates: (note any program closure dates during this period) July 22-Aug 9
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SECTION 2: Lead Agency Assurances

Please review and initial each item and sign below.

js I understand that my program's goal is to achieve at least 85% of the above attendance target this summer. I understand that if my summer site falls below 85% of this attendance target by the end of the 1st week of the summer program, I will be required to submit an aggressive student recruitment and retention plan to the OUSD Expanded Learning Office, detailing my program's efforts to raise attendance numbers for the remainder of the summer.

js I understand that my agency's contracted summer funds are based on the above average daily attendance target number. My program will over-enroll appropriately to ensure that we reach this attendance target. I understand that if my program falls short of 85% of this attendance target by the end of the first week of program, I will submit a revised summer budget plan to the OUSD Expanded Learning Office detailing how I will reallocate contracted funds appropriately to reflect actual attendance numbers, and to support my student recruitment and retention plan for the remainder of the summer.

js I understand that I am required to input my actual attendance numbers into the Cityspan attendance system **daily** during the summer program. I will cross check signatures on my daily sign in/out sheets with numbers inputted into Cityspan to ensure that the numbers match up and that Cityspan accurately reports my summer attendance data. I understand that the OUSD Expanded Learning Office will carefully review my daily attendance numbers over the summer program.

js I understand that I am required to submit electronic copies of my summer attendance records (including copies of daily student sign in/out sheets and the OUSD summer internal audit log) to the OUSD Expanded Learning Office twice during summer programming. I will submit my attendance through June 30th by the first week of July, and I will submit the rest of my attendance within one week of the last day of my program. I will also submit attendance data during the course of my summer program, as requested, for OUSD's attendance reporting to the California Department of Education.

js I understand that OUSD's 21st Century federal grant funds are funding my summer program. I understand that I am required to follow all grant compliance requirements as outlined by the OUSD Expanded Learning Office. I will maintain my summer program records for 5 years for auditing purposes, as required by the California Department of Education, and will submit any summer programmatic or fiscal records to the OUSD Expanded Learning Office, as requested, for school district reporting and auditing purposes.

js I understand that if I am running an A+B summer program model, these are requirements regarding my program hours of operation: Morning summer school will operate from approximately 8:15 – 12:15 daily. My afternoon summer program will operate from approximately 12:15 – 3:15 daily. All students must be off-site by 3:30pm and staff must be off site by 3:40 as the building will be promptly locked at 4pm daily.

js If I am a stand-alone 6 hour program, I understand that OUSD will only cover custodial costs for four to six weeks of my summer program until 3:15 pm. My agency will be responsible for covering any extra custodial costs if my program runs beyond four to six weeks, and beyond the hours of 3:15 pm daily.

js I understand OUSD Summer Programs are intended to be free programs. If program fees are charged, a sliding scale must be offered and students qualified for program participation cannot be turned away due to inability to pay.

Name and Signature of Summer Lead Agency Director: _____ jacqueline soohoo



SECTION 3: Summer Calendar and Daily Schedule

- a) Please turn in a copy of your summer calendar showing all program days of operation, field trips, and any other notable special events and activities (ie. your summer end family celebration) by May 18th.
- b) Please turn in a copy of your daily schedule detailing your full 6 hour program (Note: sites that are using the A+B model must include the morning academic program in the daily schedule you submit) by May 18th.
 - Please note that all programs under the A+B model will be expected to provide daily hands-on academics (ie. STEM), enrichment, physical activity, community building activities, and daily afternoon snack (provided by OUSD), between the hours of 12:15 – 3:15.
 - Please include staff prep and meeting times, and clean up/debrief times on your daily schedule.

SECTION 4: Summer Program Recruitment and Retention Strategies and Timeline

Briefly describe your anticipated summer program student recruitment and retention activities and timeline.

- a) All summer hubs will be required to offer a parent orientation before program begins. Collaborate with your principal to identify a date.

The date of my parent orientation is: July 12 and 13

SECTION 5: Summer Line Staff Information (if known at this time)

To promote continuity between OUSD after school and summer programs, and to provide year-round work opportunities for talented youth development professionals in Oakland, we are particularly interested in seeing current, highly qualified Oakland after school workers become the summer program staff at our OUSD Summer Hubs. Please list the name(s) of line staff whom you intend to hire as part of your summer program staff. (Add additional rows as needed.) Please note that the summer program must have a maximum 1:20 adult to student ratio.

Summer staff must meet the minimum staff qualifications according to the 21st Century grant requirements:

- Must pass fingerprint background clearance by DOJ and FBI
- Must have TB clearance
- Must have at least 2 years of college (48 semester units), or pass the Instructional Aide exam administered by the Alameda County Office of Ed

You will be sent a contact survey to send us information on line staff later in the year. Please fill out the table below with information on your site coordinator only.

Important Note: Summer program staff in A+B programs will be expected to attend 12 – 15 hours of OUSD summer line staff trainings. The Summer Site Coordinator and summer program staff should be hired no later than May 4th.

Site Coordinator Name	Email	Current After School Site where he/she works	Summer teaching assignment(s) (grade & subject, if known)	# of yrs in working in after school	# of yrs working in summer programs	List any OUSD after school learning communities this staff member has participated in
Jacqueline Sohod	jacqueline@campphoenix.org			7	7	

SECTION 6: Facilities

Plan with your site administrator which rooms and outside spaces your after-school program will use Monday - Friday from the start of program to 6.

Indoors (specify room numbers and space names)				Outdoors		
Room Number & Name of Space	# of Students	Hours to be used	Room Number & Name of Space	# of Students	Hours to be used	

SECTION 6a : PROGRAM FEES

Will your after school program charge program fees for 2019-2020 **Yes** **No**
 If, "YES, program fees will be charged," please complete the following assurances. Both the Principal and Lead Agency partner should initial.

		ASSURANCES
Principal	Lead Agency	
RTS	js	Our program will communicate in writing and verbally to parents/guardians that an eligible child will not be turned away from program participation due to inability to pay.
RTS	js	Our program will publicize the program fee structure in written program materials for parents/guardians.
RTS	js	Our program shall not charge a fee to a family for a child if the program's materials for parents/guardians.
RTS	js	Our program shall not charge a fee to a family for a child if they program knows that the child is a homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Section 11433.a); or for a child who the program knows is in foster care.
RTS	js	Our program will provide receipts to parents/guardians for each payment made.
RTS	js	The lead agency will manage funds raised by program fees according to standard accounting practices, and will provide quarterly Income Statements to the Principal and OUSD Expanded Learning Office detailing amount collected from program fees and expenditures.
does not apply		The lead agency will establish a letter of agreement directly with the school site, indicating that all program fees collected will be expended only at this school site for after-school expenditures; will be carried over the following fiscal year if funds for after-school expenditures; will be carried over to the following fiscal year if funds remain; and will remain at the school site if there is a change in lead agency partner.
RTS	js	Our program will provide an artifact of program fees share/communicated school leaders, parents, and/or communities members (i.e. communication letter, meetings agenda, etc.)

SECTION 6b : PROGRAM FEES (Continued)

<p>Describe how your program plans to collect program fees and who will be exempt from paying fees or received a reduced fee?</p>	<p>There is a \$60 fee to register each camper, which is non-refundable. However, Camp Phoenix's purpose is to bring overnight, summer camp to youth who are not able to afford it. Therefore, if you can't pay the full \$60 fee, we will happily provide a discounted rate for your child—we will not turn away any child due to amount of payment! We believe that our community has an abundance of generosity and can help each other, and we recommend that you pay the full \$60 if you are able, so that families with less can receive help. (Camp Phoenix fundraises to make camp happen, and the true cost that we must fundraise per youth is \$3,000). Thank you! Please submit payment during the in-person Family Orientation dates, either Friday, July 12, or Saturday, July 13, 2019. (We will contact you to confirm which date you will attend in late June).</p>
<p>Describe how all fees collected will be used on site for direct service in your summer program.</p>	<p>Fees are collected at Family Orientation. Parents are given a receipt after payment, and payment is recorded in our tracker. Funds are used towards the general operating costs of our program, and account for less than 1% of our total income. 99% of our income is donations-based.</p>
<p>Describe how fees will be communicated to school leaders/school community.</p>	<p>• Fees: Camp is \$60 per camper, however discounts are available for any child who needs them, and families can pay anywhere from \$0 to \$40 with provided discounts. Lodging, 3 daily meals plus snacks, and transportation to camp and back to Oakland are provided.</p>

Attach a copy of written evidence of your program fee materials/process (i.e. parent letters, parent handbook, etc. meeting with agenda/minutes?)

Signature of Summer Lead Agency Director: _____ 

Signature of Hub Site Principal: _____ 

» Address

39931 Parada St. #B
Newark, CA 94560

» Contact

Ph: (916) 208-1462
info@campphoenix.org

» Website

www.campphoenix.org



March 22, 2019

Oakland Unified School District
900 High Street
Oakland, CA 94601

To Whom It May Concern:

This letter is to verify that all Camp Phoenix employees, volunteers, and agents working in the Oakland Unified School District summer program will have fingerprint clearance through the Dept. of Justice and FBI, and will also have TB clearance before beginning duties, July 22, 2019. Please let me know if you have any questions regarding this verification letter.

Jacqueline Soohoo
Co-Founder and Executive Director

SUMMER SCHOOL, REIMAGINED. leadership development
joyful academic learning outdoor education



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
3/22/2019

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

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

PRODUCER A. M. Skier Agency 209 Main Avenue Hawley, PA 18428	CONTACT NAME: AMSkier Agency, Inc. PHONE (A/C, No, Ext): 570-226-4571; 800-245-2666 FAX (A/C, No): 570-226-1105 E-MAIL ADDRESS: amskier@amskier.com												
INSURED Camp Phoenix, Inc. 39931 Parada ST #B Newark, CA 94560	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Markel Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: PMA Insurance Group</td> <td></td> </tr> <tr> <td>INSURER C: AmWins Brokerage of New England</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Markel Insurance Company		INSURER B: PMA Insurance Group		INSURER C: AmWins Brokerage of New England		INSURER D:		INSURER F:	
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INSURER D:													
INSURER F:													

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>	8502CY4144715	7/15/2019	7/15/2020	EACH OCCURRENCE	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 10,000		
							PERSONAL AND ADV INJURY	\$ 1,000,000		
							GENERAL AGGREGATE	\$ 3,000,000		
							PRODUCTS - COMP/OP AGG	\$ 1,000,000		
								\$		
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	8502CY4144715	7/15/2019	7/15/2020	COMBINED SINGLE LIMIT	\$ 1,000,000		
								BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE	\$		
							Deductible: Comp.; Coll.	\$ 1000; 1000		
D	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	MKLV1EUL101649	7/15/2019	7/15/2020	EACH OCCURRENCE	\$ 1,000,000		
								AGGREGATE	\$ 1,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2019010464750Y	7/15/2019	7/15/2020	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>WC STATUTORY LIMITS</td> <td style="text-align: center;">OTHER</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	
	WC STATUTORY LIMITS	OTHER								
								E.L. EACH ACCIDENT	\$ 1,000,000	
								E.L. DISEASE - EACH EMPLOYEE	\$ 1,000,000	
				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000					

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

Certificate holder is included as Additional Insured with respect to the activities of the named insured during 2019 Camp Season. Workers' Compensation is confirmation of coverage only. Coverage is contingent upon policy renewing.

CERTIFICATE HOLDER

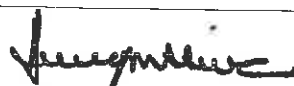
Oakland Unified School District
 Attn: Risk Management
 1000 Broadway Suite 440
 Oakland, CA 94601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

HENRY M. SKIER
 President



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PARTNERSHIP OVERVIEW

Camp Phoenix offers a 3-week, overnight summer immersion program focused on math, science, reading, leadership and outdoor education for low-income middle-schoolers. Our goal is to ensure under-resourced youth are not losing learning in the summer, but in fact, expanding their identities as achievers and leaders in their communities. Additionally, Camp Phoenix campers have access to year-round weekend excursions that build upon key summer camp themes and reconnect kids with nature.



Camp Phoenix Program Overview:

- **Campers:** 80 low-income middle-schoolers total from Oakland and San Jose (rising 6th-8th graders). Rising 8th graders participate in a unique leadership program as “Phoenix Flock Leaders,” taking on special responsibilities during summer camp. These youth must be returning campers and apply through an additional application. Campers are encouraged to return each summer to maximize their “Phoenix Phamily” experience.
- **Fees:** Camp is \$60 per camper, however discounts are available for any child who needs them, and families can pay anywhere from \$0 to \$40 with provided discounts. Lodging, 3 daily meals plus snacks, and transportation to camp and back to Oakland are provided.
- **Program:** All campers work in small math/science and reading groups daily during Achievement time (3.5 hours a day) with instructors and college-aged teaching assistants. Campers also participate in Stanford-developed social-emotional and leadership curriculum throughout the rest of the day, as well as outdoor education activities and fieldtrips. Technology is not permitted at camp (phones, ipod, etc.). A licensed nurse, doctor or medical professional is present at our campsite for each day. All campers and families are required to attend one Family Orientation session before camp begins.

PARTNER SPOTLIGHT: Greenleaf was a founding school partner and Greenleaf Family Coordinator Rodolfo Perez has worked for CP every summer since 2013, even living on our campsite for the first 2 summers. He does phenomenal work communicating with families regularly.

Our program is unique in that it asks families to trust us to care for their children over an extended period of time. This trust only comes with strong relationships, which is why we partner with schools and organizations to catalyze this process. Partners benefit because their students get first priority for enrollment, and return to school refreshed academically and emotionally in the fall.

Registration: School partners significantly help Camp Phoenix with the sign up of campers for our summer and year-round programs.

- We ask that there be one person as liaison between Camp Phoenix and their students/families, helping pass out and collect registration forms/receipts and communicating with Camp Phoenix staff on progress.
- After an initial pack of registration forms has been delivered, we ask partners to print any additional camp registration forms needed themselves.
- It's best when this liaison person already has strong relationships with students and families, and will go out of their way to help a student enroll by calling/texting families, re-printing lost forms, etc. Even meet, call or text families to encourage them to enroll after forms have been passed out, as well as remind families as summer camp approaches. Camp Phoenix may ask school partners to help track down a family member if they haven't been able to reach them, etc.

Recruitment: School staff are key levers in identifying and encouraging students to join Camp Phoenix.

- We ask that school partners find at least one opportunity for Camp Phoenix to make an informational presentation to families with translation support—BUT the more opportunities the better!
- We ask that school partners keep Camp Phoenix in mind when pre-scheduled events and meetings are taking place (back to school nights, parties, grade-level parent meetings, etc), so we can give information to families when they are already planning to be at the school-site.

Camper Data Support: This data is used to inform our summer instructors regarding student groupings and student goals.

- We ask that school partners provide math and reading data for enrolled students before camp begins upon request. Data such as: qualitative and quantitative information regarding student needs academically and social-emotionally. We understand some data is confidential, and are flexible in regards to the format of the data.

Resources Support: We rely on our partners to be as accessible as possible for families and campers.

- We may ask to use classroom or other space for family meetings, events, fundraisers, etc.
- We do not ask for financial contribution from schools, but we do ask that leadership keep CP in mind for any grants or collaboration-funding opportunities that they come across.
- We also ask partners to send CP summer job opportunities to their staff, and encourage any interested staff to work with CP. We find this to be extremely beneficial for both staff and campers.

Feedback and Communication: This helps us learn how we can improve, and keeps us abreast of campers' continued growth once they return to school.

- We ask that partners engage in a debrief conversation after camp, so that we can be informed on camper progress, impact of camp, and receive feedback on program/registration process/overall partnership. We will also set goals for enrollment for the upcoming year and discuss upcoming registration process/timeline.
- We invite all partners to come visit camp and see what their students are up to! We hope you come.
- We ask partners to provide testimonials for Camp Phoenix to use in marketing materials, impact reports and grants.
- Camp Phoenix sends partners an overview of the results for each of their students academically and social-emotionally after each summer immersion season.

Tentative Timeline:

Process	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug
Partner debrief meetings: Feedback, testimonials, camper data, etc. Goal setting and process for upcoming year.												
Support Year-round Excursion sign-up (4-6 weekend trips)												
Summer recruitment and enrollment: organize family meetings for CP, pass out and collect forms/receipts, communicate with CP and families												
Camper Data exchange: CP may ask for reading, math and social-emotional data on enrolled campers												
Family and Camper Orientation Meetings												
Camp Phoenix Summer Program												

PARTNERSHIP WORKSHEET

Site: _____

Registration:

1. Who will be the main contact for Camp Phoenix? (will pass out, print and collect registration forms and receipts for summer and year-round enrollment. Will also communicate with CP in regards to enrollment progress)
2. Who might other "influencers" be on your staff that know families well and could help call/text families about enrollment?

Recruitment:

3. What meetings or events do you already have scheduled with families who qualify for Camp Phoenix?
4. What is the process for organizing a meeting specifically for Camp Phoenix if needed?

Camper Data Support and Resources Support:

5. Who would we get in contact with to obtain data about students? What is the recommended process/format?
6. For staff summer CP job opportunities?
7. For using school-site space?

Feedback and Communication:

8. Would the principal like to be in debrief meeting? Any other staff?
9. Please recommend staff for testimonials to provide for Camp Phoenix once students return to school in the Fall.



CAMP PHOENIX

Summer Dates

July 22nd to

August 9th

2019



Camp Phoenix is summer school, reimagined for middle-schoolers! We practice math, science and reading daily, while also building leadership, teamwork and confidence at our campsite in San Gregorio, CA (1 hour from Oakland).

Sign up! **18-day, overnight summer camp**
\$60 per child total (discounts available)

Low-income 5th, 6th and 7th graders
Bus from Oakland, meals and lodging provided

• www.campphoenix.org info@campphoenix.org (916)208-1462 •



OUR PHOENIX PHAMILY

We're so excited for you and your child to join our camp family. Once your child attends Camp Phoenix, they will also be invited to **free weekend field trips throughout the year** (hiking, camping, and to local science museums). They will also have **priority sign-up for camp next year**, and we hope they return again and again--even in high school.

We do everything we can to listen to families and respond to community needs, so please stay in touch.

Our families help us make camp possible by volunteering their time to help fundraise, talk to other parents, or give us feedback on our program. Get involved!

IMPORTANT INFORMATION

- Your child must attend the entire camp session. It is very difficult if your child must leave early, so think carefully about whether Camp Phoenix is right for your family. Families may visit on Family Day, but besides that designated day, families are not permitted to visit camp—as it makes children much more homesick. When a child leaves camp early it causes other kids at camp to feel sad as well, and can be very disruptive to camp culture. Our hope is that campers keep their brains strong and fresh, but also gain confidence in themselves and independence.
- Your child and a parent or guardian is required to attend a Camp Phoenix Family Information Meeting in July to attend camp. At this meeting, we will discuss safety and camp rules, Family Visit Day, and your child will take a math and reading test so that our instructors can have the best information to teach your child. More information will be provided.
- Your child will be provided a sleeping bag and water bottle if requested.

REGISTRATION + FEE

- There is a \$60 registration fee but discounts are available!
- Returning campers have priority sign-up until March 1. After March 1, returners can still sign-up, but their space is not guaranteed
- For first-time campers, spaces are first-come, first-served until filled
- You will receive a receipt notifying you whether your child has a secure spot for camp, or is on the waitlist
- Students who are put on a waitlist may be notified as late as July 23th if a spot opens up. We will call families who are on the waitlist in the order that they registered.



QUESTIONS

Please contact us if you have any questions or concerns. Jacqueline Soohoo at (916)208-1462 (English only), or Rodolfo Pérez (510)379-6939 (español e inglés).

Don't forget!

All pages must be completed for each camper and if the camper will bring prescription medication, (for example inhalers, creams, or daily medication) the health form **MUST** be signed by a doctor.



CAMP PHOENIX REGISTRATION FORMS

www.campphoenix.org • info@campphoenix.org

Section 1: Basic Information

Camper's Name

Last Name First Name Middle Initial

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade completed In June '19 _____

Gender: M F _____

Parent/Guardian

Last Name First Name

Primary Phone * () _____ Secondary Phone # () _____

*** This is the number we will use to contact you before and during camp. Please be sure you provide us with a correct number that you check frequently.**

Email _____ Text message ok? Y N

Ethnicity of child (circle one): Multi-racial, White, Asian, Pacific Islander Latinx/Hispanic, African American, Native American, Middle Eastern

What is the primary language spoken by parents at home? _____

If English is not the primary language spoken at home, who in your family speaks the most English? _____

Cabin Mate request: _____

Section 2: Camper Registration Fee

There is a \$60 fee to register each camper, which is non-refundable. However, Camp Phoenix's purpose is to bring overnight, summer camp to youth who are not be able to afford it. Therefore, if you can't pay the full \$60 fee, we will happily provide a discounted rate for your child--**we will not turn away any child due to amount of payment!** We believe that our community has an abundance of generosity and can help each other, and we recommend that you pay the full \$60 if you are able, so that families with less can receive help. (Camp Phoenix fundraises to make camp happen, and the true cost that we must fundraise per youth is \$3,000). **Thank you!**

Please submit payment during the in-person Family Orientation dates, either Friday, July 12, or Saturday, July 13, 2019. (We will contact you to confirm which date you will attend in late June).

Please check a box below:

- I will pay the full \$60 registration fee for my camper during Family Orientation in July
- I am not able to pay the full fee and I will contact Jacqueline Soohoo (English only, 916-208-1462, Jacqueline@campphoenix.org), or Rodolfo Perez (English or Spanish, 510-379-6939, rodolfo.perez@ousd.org) to receive a discounted registration fee.



CAMP PHOENIX REGISTRATION FORMS

www.campphoenix.org • info@campphoenix.org

Section 3: Camper Information and Academic Information

1) What are your camper's interests and hobbies? _____

2) Does the camper have any fears regarding camp (or in general)? _____

3) What do you especially hope the camper gets out of camp this year? _____

4) How did you hear about Camp Phoenix?

Friend

My Child's School

Other _____

Camp Phoenix creates a rigorous and fun academic experience for campers, and we want to ensure that we have as much background information on each child's academic record to tailor our instruction to their needs.

5) What school did your child attend for this current school year? _____

6) What school will your child attend next year (this fall)? _____

7) Please provide your consent:

I give my child's teacher and school permission to release information regarding my child's academic performance to Camp Phoenix.

Signature of custodial parent or guardian

Date



CAMP PHOENIX REGISTRATION FORMS

www.campphoenix.org • info@campphoenix.org

Section 4: Camper Health Information

Sometimes, for the comfort of the campers, it is necessary to administer non-prescription medications. Under the supervision of the Camp Director, may we have permission to give your child the following medications:

1) Please Circle

- YES NO Cough Drops for sore throat
- YES NO Children's Benadryl for allergies
- YES NO Sudafed for nasal congestion
- YES NO Cough Syrup for coughs
- YES NO Caladryl for skin rashes or insect bites
- YES NO Tylenol Jr. for headaches, pain, or temperature
- YES NO Tums for upset stomach
- YES NO Ibuprofen for pain caused by ankle sprains and minor injuries

*Special instructions for administering any of the above medications: _____

2) This child requires an **inhaler, nebulizer, or other medical device** and will bring it to camp.

If yes: Must carry it with him/her while at camp. Will check it in upon arrival at camp.

How often does your child use the inhaler in a typical week? _____

3) Please describe any **allergic reactions** to insect bites, stings, and note treatment required:

4) Does the child carry an **EpiPen**? Yes No

If yes, why does she/he need one? _____

5) Has your child had lice or lice eggs in their hair in the previous 2 months?

6) Please describe any **Dietary Restrictions** and/or **Food Allergies**. If there is a food allergy, is contact OK?

7) Does your child have a history of **bed-wetting** or **sleep-walking**? Please explain.

8) Is there **anything else** you would like to tell Camp Phoenix Directors about your child?



CAMP PHOENIX REGISTRATION FORMS

www.campphoenix.org • info@campphoenix.org

Child's Name: _____

INSURANCE INFORMATION		
Health Ins. Co.:	_____	
Policy Number:	_____	
Family Physician:	_____	
Address	_____	
Phone Number	()	_____
Family Dentist	_____	
Phone Number	()	_____
Tetanus Immunization Date: _____		
HEALTH RECORD		
(Check applicable conditions or allergies)		
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Aggression towards others
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Aggression towards self
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Anxiety/Nervous	<input type="checkbox"/> Running Away
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bi-Polar	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Obsessive/Compulsive	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Depression	<input type="checkbox"/> ADHD
<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Difficulty with Peers	
<input type="checkbox"/> Dietary restrictions (Nut Allergy, Glucose, Lactose intolerance)		
<input type="checkbox"/> Eating disorders (Anorexia, Bulimia, Overeating)		
<input type="checkbox"/> Abuse issues (physical, emotional, sexual)		
<input type="checkbox"/> Behavior Problems: _____		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Operations, serious injuries, diseases, restrictions on physical activity:		

EMERGENCY INFORMATION		
Authorized persons to be called in case of an emergency, when parents cannot be reached. At least two contacts other than a parent/guardians are required:		
Name	Phone	Relationship
_____	() _____	_____
_____	() _____	_____
RELEASE AUTHORIZATION		
Persons AUTHORIZED to pick up child from the facility (Parents must be listed below):		
Name	Phone	Relationship
_____	() _____	_____
_____	() _____	_____
DO NOT RELEASE		
Persons NOT AUTHORIZED to pick up child from the facility:		
Name	Phone	Relationship
_____	() _____	_____
_____	() _____	_____
Child in custody of (check one):		
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> CASA: _____	<input type="checkbox"/> Social Worker

PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Camp Phoenix (CP) to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CP to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that CP will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release CP from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the CP staff to administer all non-prescriptions indicated in Section 2 on Page 2, including sunscreen, as needed.

Parent/Guardian Signature: _____ Date: _____

CAMP PHOENIX REQUEST FOR MEDICATION AND PHYSICIAN'S INSTRUCTIONS

- All medication, prescriptions and non-prescriptions must be given to Camp Director.
- Please put all bottles of medication in a plastic bag labeled with the camper's name.
- Doctor's instructions are required if **prescription medication** is being sent to camp.

Section 1: Physician's Instructions for Acute or Chronic Problem

If your child is under doctor's care for an acute or chronic problem, your physician needs to know that the child will be away from home for several days. Please have physician give instructions in this space for care of child.

Section 2: Prescription Medication (The medication must be in its prescription container)

Print Name of Child
(Last, First): _____

Gender: M F

Birth Date: _____

I request that my child (named above) be assisted by an authorized person in taking prescribed medication (described below) at OVV Camp in compliance with the program's policies and procedures.

Signature of custodial parent or guardian _____

Date signed _____

Home Telephone _____

Medications

Description of prescribed medications shall be completed by child's physician

	#1	#2	#3
Name of Medication			
Purpose of Medication			
Dosage Prescribed			
Time Schedule			
Dose Form (liquid, tablet, etc...)			
Date of Prescription			
Length of Time Medication is Necessary			
Precautions, special instructions, possible adverse effects, or comments:			

To Be Completed By Physician

The above named child, for whom the above medication is prescribed, is under my care.

Print Name of Physician: _____

Signature of Physician: _____

Date Signed: _____

Telephone Number: _____

Address (street, city, state, and zip): _____

CAMP PHOENIX POLICIES AND CONDITIONS OF ENROLLMENT

Camp Phoenix emphasizes **RESPECT** in all areas of the camp experience.
To achieve this, the following are some of our conditions and policies.

Parents and Guardians:

Please read these policies with your camper and sign below to show you have read and understand.

1. The Camper and his/her parents/guardians agree to abide by the rules and regulations set by Camp Phoenix for the health, safety, and welfare of all the campers.
2. The Camper is are expected to use appropriate language, is not allowed to smoke or chew tobacco or possess any smoking materials, and may not use or possess alcoholic beverages or illegal drugs.
3. All medications, drugs, aspirin, cough syrup, etc. must be kept in the Camp Phoenix Health House under the control of the Camp Director.
4. Campers may not receive phone calls. Parents can expect to receive a phone call each week of camp updating them on how their camper is doing.
5. Campers may not receive visitors without appointment arranged through Camp Director.
6. Cell Phones, Radios, tape players, Walkmans, iPods, MP3 players, video games, etc. are not permitted at Camp Phoenix.
7. Campers are to remain in their cabins after "lights out."
8. All personal belongings are to remain unlocked at camp. The Camp Director reserves the right to look through any camper's belongings for inappropriate items if deemed necessary.
9. **During Camp Phoenix session(s), if parents or guardians leave their place of residence for an extended period of time, the Camp Director (916)208-1462, must be advised as to where they can be reached in case of an emergency.**
10. Camp Phoenix is not responsible for articles of clothing or personal belongings lost or damaged.
11. Racial and sexual harassment, or any other form of harassment, is not permitted while at Camp Phoenix.
12. Fighting and violence is not permitted and could result in the camper(s) immediate removal from Camp Phoenix
13. All rules and policies are strictly enforced. Any criminal act(s) or failure to abide by Camp Phoenix rules may result in immediate dismissal from camp.
14. **Parent/Guardian acknowledges by signature below that he or she is responsible to provide transportation home if the camper is unable to complete a session due to homesickness, illness, or inappropriate behavior. If transportation must be provided, parent/guardian or sponsoring organization will be responsible for the cost of transportation.**

Acknowledged by:

Camper's Name (Please Print)

Camper's Signature

Date

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date

RELEASE HOLD HARMLESS AND INDEMNIFICATION FORM FOR CAMPER PARTICIPATION IN CAMP PHOENIX PRESENTATIONS

Camp Phoenix develops presentations designed to inform the public about the Camp Phoenix program. Your child may be photographed and recorded as part of preparing the visual presentations. The visual and/or recorded presentation may be in the form of a video program, printed promotional materials, or Web page on the Internet. As part of the Camp Phoenix experience, Counselors, Volunteers, and Campers photograph their week at Camp Phoenix. Some of these pictures may end up being used in said visual presentations. We can make no remuneration for participating in this project. Your consent to your camper's participation is required, as is this Release, Hold Harmless, and Indemnification Form. If you wish to allow your student to participate, please sign below.

To: Camp Phoenix

I hereby give my consent for my child/children, _____, to be videotaped and/or photographed and recorded for use in the preparation of a Camp Phoenix presentation, to be used for legitimated informative purposes and to be shown to persons with a legitimate interest in Camp Phoenix.

I hereby waive all rights to any remuneration for my child's participation. I release any and all rights, title, and interest that we may have to the materials created for the presentation. I further agree that the materials may be used in whole or in part, for non-commercial broadcasting purposes and for all other purposes in any manner or media, including the Internet, in perpetuity.

As a condition of participation in said project, I hereby indemnify and hold harmless Camp Phoenix, its employees, and its volunteers, for any injury, accident, illness, death, or damage to property, occurring during or by reason of participation in said activity.

Signature of custodial parent or guardian

Date

PARENT RELEASE FOR TRANSPORTATION

In consideration of (student's name) _____ having been accepted to attend Camp Phoenix, and I, the undersigned, understand that my child, if transported by a privately owned vehicle or charter bus, hereby release Camp Phoenix, the staff, volunteers, leadership and individuals of the Board from any financial responsibility because of sickness of the student while going to, returning from, or attending Camp Phoenix, or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

Signature of custodial parent or guardian

Date



2018 IMPACT REPORT

We empower low-income youth through academics, outdoor discovery, and personal growth to become leaders within their communities.

"At Camp Phoenix, I like how I tried new things instead of staying at home and playing video games all day."

- Camper Osvaldo "Pollo Loco"



LETTER FROM OUR EXECUTIVE DIRECTOR

Dear Phoenix Phamily,

Raise your glasses Phoenix Phamily, summer 2018 is complete! Clap Clap! Woot Woot! With another magical summer of creek hikes, star-dotted skies and teary-eyed campfire hugs under our belt, we're proud to bring you the results of our 6th year of Camp Phoenix joy in this latest Impact Report. But more so, we're humbled by the broader story of results that Camp Phoenix is a part of, including higher Oakland graduation rates.



Six summers of joyful, academic camp has shown incredible results and filled nearly 400 summers for low-income, Bay Area youth. Campers make enormous academic and social-emotional gains each summer, growing over two months in learning equivalency on average. Since 2012, we've grown from serving 25 6th-graders during the summer, to serving more than 115 middle-schoolers throughout the year. We've expanded our year-round excursions to include 50 hours of outdoor exploration and leadership development. This past summer, we launched our Counselor-in-Training program for alumni high schoolers, who mentored younger kids through homesickness, academic camp "brainfeeding," and explored their own professional and leadership skills through camp internships and workshops.

What we're doing together is working, and it's showing on a larger scale. When Camp Phoenix first launched in 2012, graduation rates for African American and Latinx were at approximately 53%. Since then, rates have dramatically risen to 70% and 64%, respectively, with the collective efforts of the school district, organizations like Camp Phoenix, as well as educators, families and youth themselves. No doubt, a marked increase in accessible summer opportunities is also a part of this story. Oakland Unified School District made it a priority to fill the summer gap through strategic partnerships with organizations like Camp Phoenix, and since 2012 they've gone from serving just 11% of students each summer, to nearly 20%.

But now is not the time to rest on recent successes. The White House's proposed federal budget eliminated funding for summer and afterschool programs, an unprecedented move that would have completely cut over \$1 billion towards youth most in need. And this past summer, OUSD faced a deduction of over \$300,000 in federal summer funding, resulting in a decrease of students served.

Support, funding and advocacy for Camp Phoenix's work must stay strong so that the experience of our campers becomes the societal norm and not the "rare success story." Glenda "Owly," a previous camper of three years and one of our 2018 Counselors-in-Training, says: "Camp has been one of the greatest experiences of my life. There will never be another place like camp, it's our safe and happy place. I truly wish every kid could have this experience," (check out her full quote in her Instagram post on page 5).

All of us together are a part of a collective movement truly moving the needle for low-income youth towards justice, but our work is not done. If anything, it's more important than ever. Recently, we've seen our Phoenix Phamily (including our campers and staff) more activated towards making change than ever before. Let's keep up the work to see this leadership multiply again and again. Thank you for being a part of this critical movement for our youth, our communities and ourselves--cheers!

Together in community,

Jacqueline Soohoo
Co-founder and Executive Director

OUR CAMPERS



112
youth

84 summer
campers
112 year-round
explorers

- Campers gained on average **over 2 months** of learning in reading and made more than **26%** growth in mathematics
- **97%** of campers made academic growth in math or reading

**"I have learned more things about myself at Camp Phoenix. For example, reading can be super fun if you get into it."
-Camper Elias "FMS Fire"**



We use a Camp Phoenix-designed pre and post-exam for Mathematics and the standardized Pearson's assessment for Reading.



"I learned that I am independent and that I am smart. I found myself here because I can do math here without being judged and I can be myself." -Camper Ossfary "Red Rose"

92%

of campers feel more confident about trying new things that they might not be good at the first time



94% reported they improved at working with a team
92% of them say they feel better about their futures as a result of Camp Phoenix

Camp Phoenix utilizes the National Research Center's Youth Outcomes Toolkit Survey to assess social-emotional outcomes with campers.

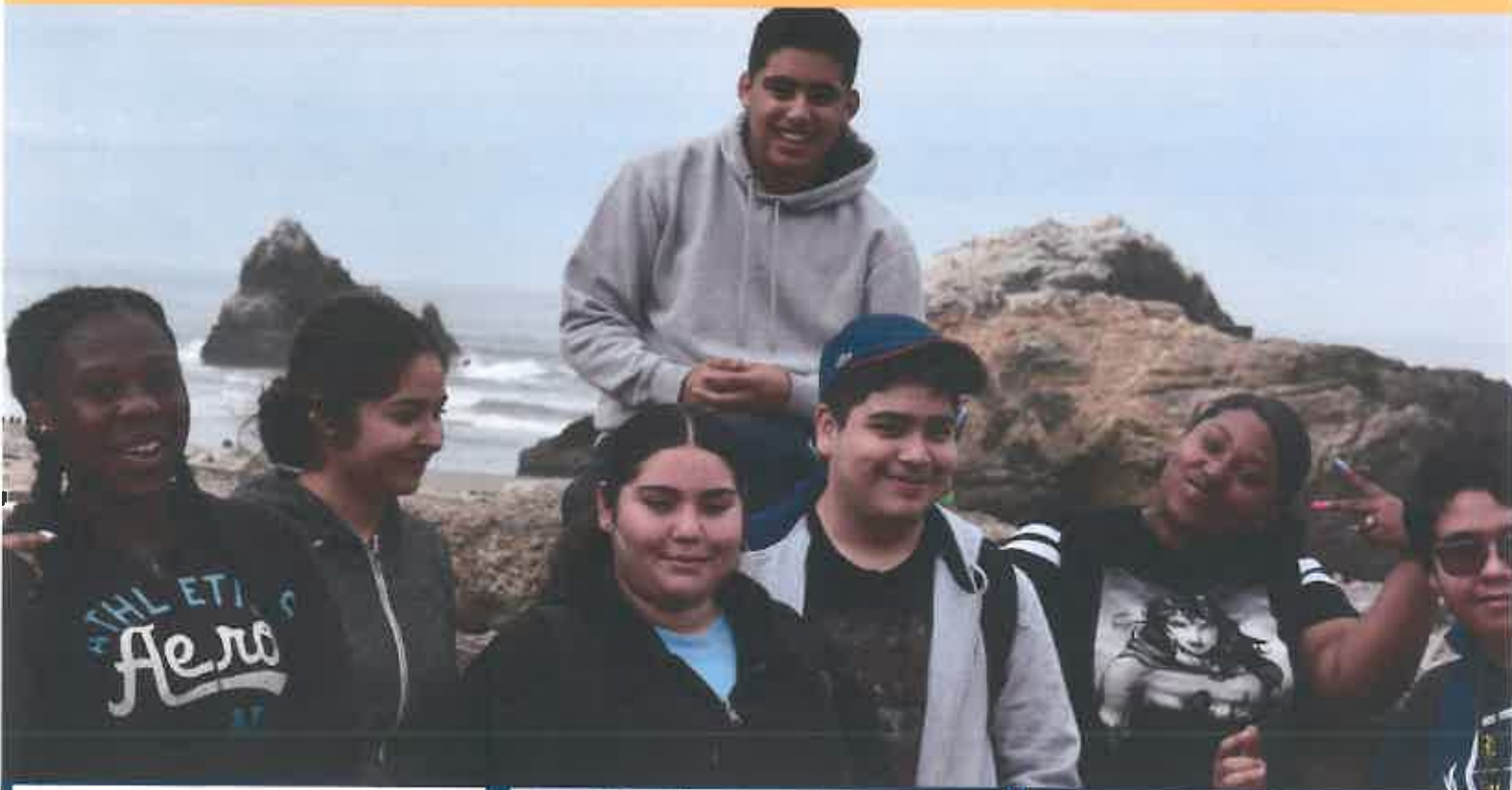
OUR COUNSELORS-IN-TRAINING

10

High-school
alumni Counselors-
in-Training

100% of CITs reported an increased understanding of their leadership styles and pathways towards impacting their community

"The CIT program is like a dream come true, it gave me the chance to come back with old friends and also create special bonds with new campers. I've learned that I am ready to make a change in lives the right way and use my struggles and experiences as an advantage." - Taliyah "Eclipse"



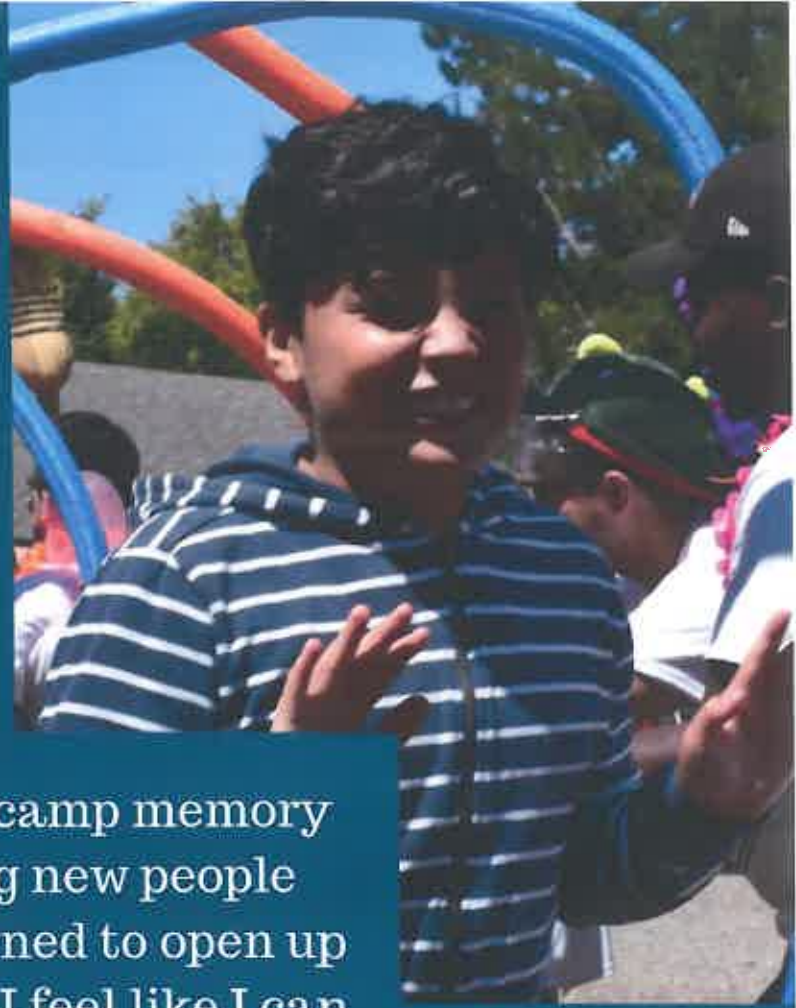
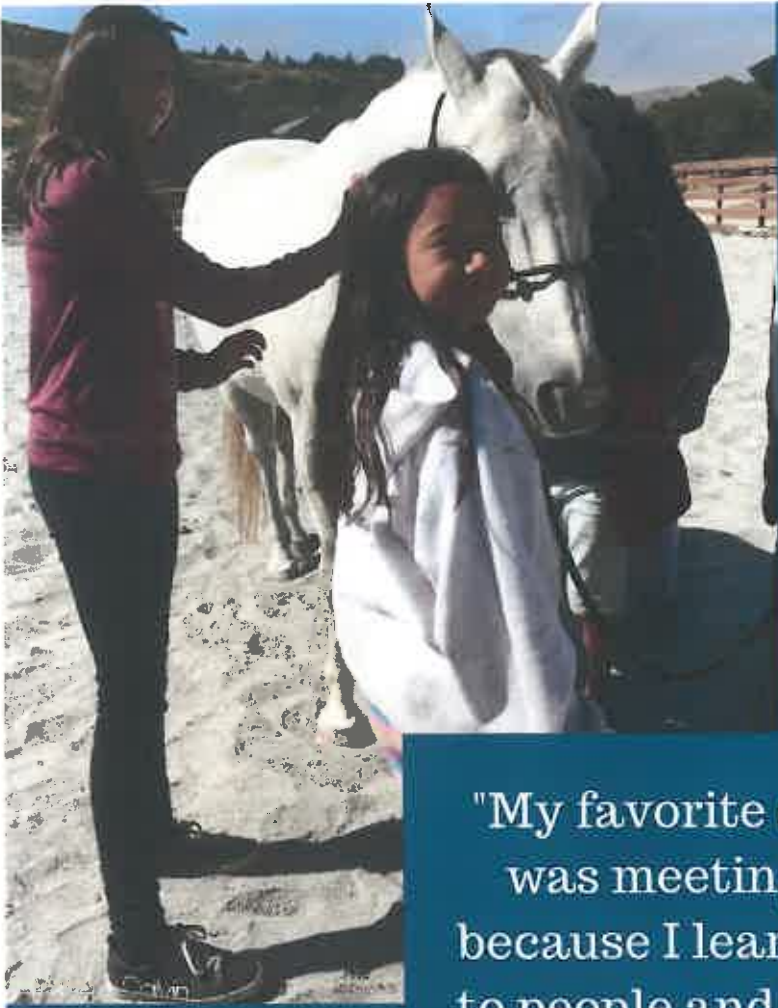
mamiiglendaa_



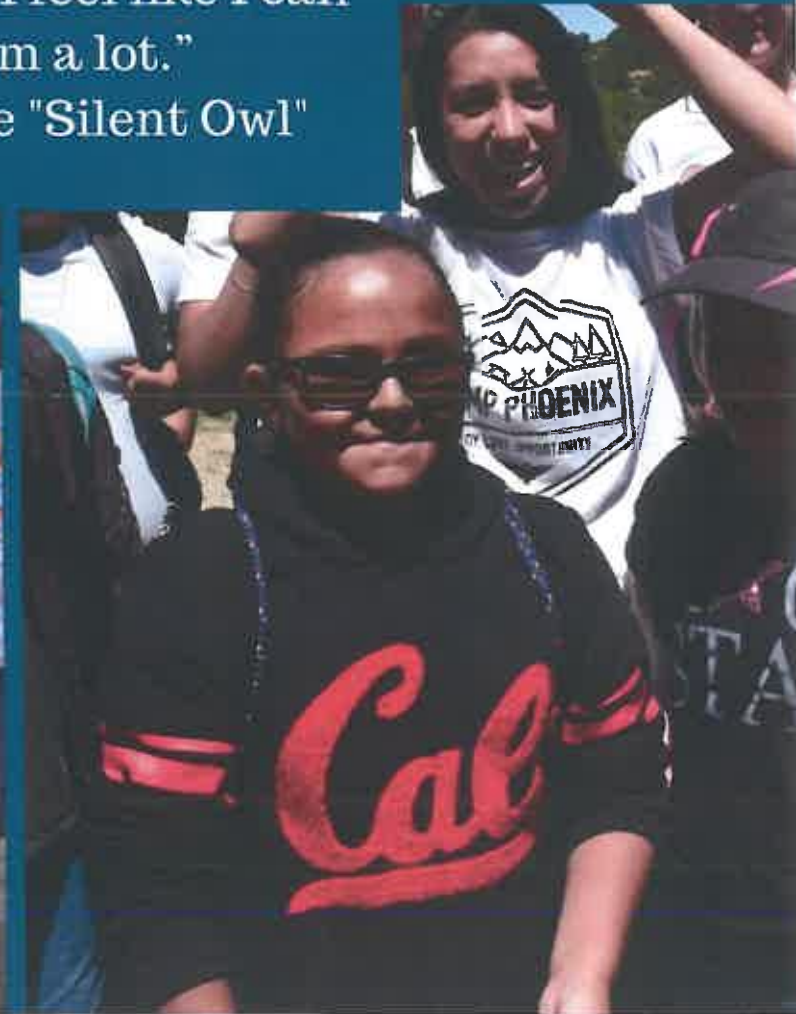
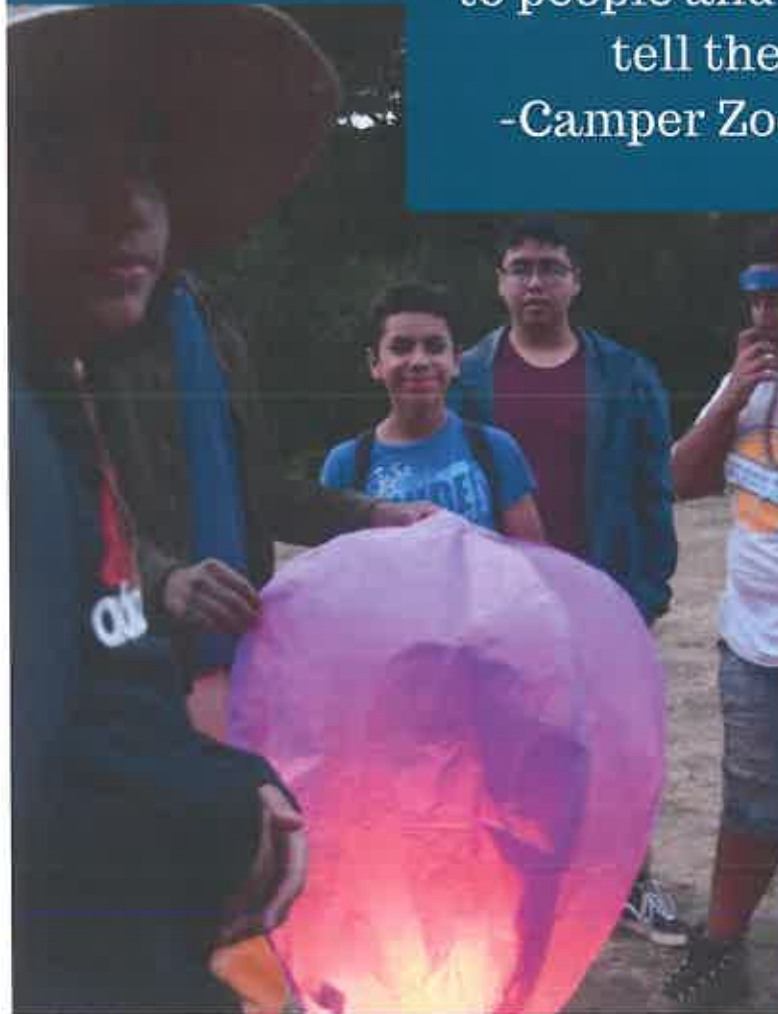
mamiiglendaa_ Camp has been one of the greatest experience of my life. Spending 3 of my summers with people I have grown so close to was amazing and being able to go back and have that same connection was incredible. There will never be another place like camp, it's our safe and happy place. I'm so thankful to have been introduced to camp 6 years ago and that we've been their "guinea pigs" to all their new programs together. I truly wish every kid could have this experience. It was so

much fun going back 3 years later and thinking back to all the memories we made and continue to make. Meeting new people and making new friendships was awesome too. I miss it so so much already it's the only thing I talk about. I really hope I get to go back next summer. Camp Phoenix will forever be in my heart 🍷🍷 *clap clap woot woot* @campphoenix

**Post-camp Instagram post
by Glenda "Owly"**



"My favorite camp memory was meeting new people because I learned to open up to people and I feel like I can tell them a lot."
-Camper Zoe "Silent Owl"



OUR STAFF



42

staff

81% share the racial or economic backgrounds of our campers

- 90% of staff report Camp Phoenix was valuable to their professional development.
- 90% of staff felt like advocates for equity and opportunity
- 90% of them are more interested in pursuing a career in educational equity because of their experience working at Camp Phoenix.



STAFF SOUNDBITES

"I love how Camp Phoenix helps kids grow in academics and helps them prepare for middle school. Plus they have great ways to make camp fun for kids without using electronics."

-Counselor Victor "El Don"



"I loved Camp Phoenix's commitment to the values of intentional community, inclusion, social justice, love, joy, and opportunity."

-Anonymous Staff Member

We survey our staff after every summer through a Camp Phoenix-designed, likert-scale type survey.

OUR SCHOOL PARTNERS



Oakland school
partners

Oakland Unified School
District Summer Lead
Agency for 4 years

Coliseum College Prep Academy
Elmhurst Community Prep
Frick Impact Academy
Greenleaf Elementary
KIPP Bridge
LIFE Academy
Roosevelt Middle School
Unity Middle School



"The first cohort of Frick students attended Camp Phoenix in 2017, most with great trepidation because they had never been away from home before. When I visited them at camp, I found an overwhelming joy and sense of belonging along with a brand new joy in learning. I was astounded and incredibly impressed by what I saw and the cost to families is pretty unbelievable. The students who attended fell in love with Camp Phoenix, as did I, and they returned for the following year. "

-Catherine Cotter, School Counselor, Frick Impact Academy

YEAR-ROUND EXCURSIONS



Camp Phoenix added over 50 additional hours of year-round programming

"Today we hiked and talked about resilience. Resilience is important in my life because if I think I failed a test in school, I know I can be resilient and work my way back up to a good grade."
- Camper Victoria
"Moonwalker"

We increased year-round programming from three excursions in 2017 to nine in 2018, adding over 50 additional hours of outdoor exploration and leadership development for campers.

We also diversified the programming from largely hiking and camping activities to include other educational activities, such as visiting a computer museum where the youth learned the basics of coding, to visiting a college campus and exploring local science museums.

OUR DONORS

We are incredibly appreciative of our donors who provide the needed spark to make Camp Phoenix happen. Without these generous supporters, Camp Phoenix would not be able to provide joyful learning opportunities to youth at just \$40 per child. Our donors make our impact possible.

PHOENIX FIRE STARTERS (\$25,000+)

Livermore Valley Wine Foundation
The Quest Foundation
Warriors Community Foundation

LANTERN BEARERS (\$10,000-24,999)

Barrios Trust
Children's Support League of the East Bay
The Guardsmen
Harvard Business School Section F Charity Auction
Judges Walk Family Fund
The Lampert-Byrd Foundation
Sarah Schuppisser and Michael Bull
Youth Outside

COLOR CELEBRATORS (\$3,500-9,999)

Galen Wilson
Judith Kulich
Lowell Berry Foundation
National Coalition of Black Women, Silicon Valley
Oakland Unified School District
Pam Clemmons
Son Chang

BANANA SLUG KISSERS (\$1,000-3,499)

Allison MacQueen Felder
Anne Craib and Jim Farmer
Annie and Robbie Lorusso
Anonymous
Clif Bar Family Foundation
James Paek

IN-KIND SUPPORTERS

Cal State East Bay
Clif Bar
Computer History Museum
Devika Saxena
Grandflow
Greenleaf Produce
Grocery Outlet
Exploratorium
John Bliss and Kim Thompson
Jennifer Mao
Just Be Yoga
Marsha Roberts
Oakland Zoo
Pepsi Co.
Sarah Schuppisser
Teach For America - Bay Area
Vida Verde
Warriors Community Foundation
and Oracle Arena
Zs Associates



OUR DONORS

BANANA SLUG KISSERS CONTINUED

Larry Slater
Maria Antonia Hernandez
Sai-Ling Soohoo
Shar Ceasar Douglas

REDWOOD FOREST EXPLORERS (\$500-999)

Alexander Dunton	Helene O'Brien
Allison Slater	Ian Bednowitz
Daniel Frey	Joseph Natoli
David Schneider	Matt Rusca
Diane and Gregory Bruce	Nathalie Salles
Edmond Padrones	Patricia Kates
Francisco Gutierrez	Rachel Doughty
Greg Bernstein	

STAR GAZERS (\$250-499)

Aditya Saxena	Matthew Dietly
Aly Bonde	Michele Himmelberg Farmer
Bitter Badger Inc.	Margarita Golod
Brian Thompson	Nickie Hoppe
Charles Mao	Paul Mann
Dan Duett	Peter Sullivan
Dan Weeks	Suzanne Lytle
Jackie Lynn Ray	Tim Head
Jamie Yoo Otto	Tyson Hom
Jessica Stewart	Roger Tsai
Karla Barrios	Subhashri Suresh
Kathryn Palmieri	Terry Clark
Louisa Brown	Virginia Duan

CAMPFIRE CREW (UP TO \$249)

Adam Laskowitz	Allison Wroble
Alison Friedman	Anchal Ahuja
Aliza Zenilman	Andrew Johnson
Allison MacQueen	Anindita Saha



OUR DONORS

CAMPFIRE CREW CONTINUED

Anne Marks
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Betty Chin
Betty Liao
Cameron Stephenson
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Carolyn Devol
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Catherine Cotter
Catherine Norbeck
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Gloria Lee
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Stefani Weiss
Steve Brown
Steve Rock
Terry Clark
Tew Boonyawan
Thomas Daggett
Victor Mao
Vrinda Agarwal
Weiwei Bi
William Lin
Yesh Gowda
Yina Dong

OUR BOARD & VOLUNTEERS

JAMES "RAFIKI" PAEK

ELLEN "ROAR" BOZZO

GALEN "BUFFALO" WILSON

SARAH "SHE-RA" SCHUPPISSER

**MARIA ANTONIA "LUCUMA"
HERNANDEZ**

**ANAYVETTE "SPRINKLES"
MARTINEZ**

JUDITH "WOLF" KULICH

Camp Phoenix is also proud to work with 25 talented and dedicated volunteers who serve on four board committees, tackling challenging and exciting priorities to drive a sustainable program.

SAM Search Results
List of records matching your search for :

Search Term : camp phoenix*
Record Status: Active

No Search Results

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2018-2019



Basic Directions	
<i>Additional directions and related documents are in the Knowledge Center on the Intranet and Contracts Online 2.0 Tool</i>	
Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.	
<ol style="list-style-type: none"> Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation. Ensure contractor meets the <u>consultant requirements</u> (including the Excluded Party List, Insurance and Talent Consultant Verification) Contractor and OUSD contract originator complete the contract packet together and attach required attachments. 	
Attachment Checklist	<input checked="" type="checkbox"/> For All Consultants: Authorization to Work, which indicates vendor has cleared the registration and background check <input checked="" type="checkbox"/> For All Consultants: Results page of the Excluded Party List (https://www.sam.gov/) <input checked="" type="checkbox"/> For All Consultants: Statement of qualifications (organization); or resume (individual consultant).

Contractor Information					
Contractor Name	Camp Phoenix	Contractor's Contact	Jacqueline Soohoo		
OUSD Vendor ID #	000925	Title	Executive Director		
Street Address	39931 Parada St, #B	City, State	Newark, CA	Zip Code	94560
Telephone	916-208-1462	Email (required)	jacqueline@campphoenix.org		
Contractor History	Previously been an OUSD contractor? Yes		Worked as an OUSD employee? No		

Compensation and Terms – Must be within the OUSD Billing Guidelines					
Anticipated Start Date	7/1/2019	Date Work Will End	8/9/2019	Other Expenses	\$0.00
Pay Rate Per Hour (required)	\$0.00	Number of Hours (required)			

Requisition No.	Budget Number	Resource Name	Amount
19/20 Funds		21st CCLC Supplemental	\$ 9,360.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total Contract Amount			\$ 9,360.00

OUSD Contract Originator Information					
Name of OUSD Contact	Julie McCalmont	Email	julie.mccalmont @ousd.org		
Site/Dept. Name	922/Community Schools and Student Services Dept	Site #	922	Phone	510-879-2709

Approval and Routing (in order of approval steps)					
Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued.					

1.	Administrator / Manager (Originator)	Name	Julie McCalmont	Phone	510-879-2709	Fax	510-879-4605
	Site/Department (Name & #)	922/Community Schools & Student Services Dept		Date Approved	4/15/19		
	Signature			<input type="checkbox"/> Administrator verifies vendor is not excluded on https://www.sam.gov/			
2.	Resource Manager	Type of Funds:	<input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted <input type="checkbox"/> Grant				
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (CSSSP)						
	Signature				Date Approved		
3.	Network Superintendent/Executive Director						
	Signature				Date Approved		
4.	Chiefs / Deputy Chiefs	Consultant Aggregate	<input type="checkbox"/> Under <input type="checkbox"/> Over \$ _____				
	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site						
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work						
	Signature				Date Approved	4/16/19	
5.	Superintendent, Board of Education <i>Signature on the legal contract</i>						
Legal Required if not using standard contract		Approved			Denied - Reason		
Procurement	Date Received			PO Number			