Board Office Use: Le	gisla	tive F	ile Info.
File ID Number	14-	1680	
Introduction Date	8	27	14
Enactment Number		14-	1541.
Enactment Date	8-	27-1	40



Community Schools, Thriving Students

Memo

То	Board of Education
From	Antwan Wilson, Superintendent By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action Vernon Hal, Deputy Superintendent, Business & Operations
Board Meeting Date (To be completed by Procurement)	August 27, 2014
Subject	Memorandum of Understanding - Safe Passages (contractor) - 232/Coliseum College Prep Academy (site)
Action Requested	Approval of a Memorandum of Understanding (MOU) between District and Safe Passages, for services to be provided primarily to 232/Coliseum College Prep Academy.
Background A one paragraph explanation of why the consultant's services are needed.	The After School Education and Safety (ASES) Program is the result of the 2002 voter approved initiative, Proposition 49. This proposition amended California Education Code 8482 to expand and rename the former Before and After School Learning and Safe Neighborhood Partnerships Program. The ASES Program funds the establishment of local after school education and enrichment programs. These programs are created through partnerships between schools and local community resources to provide literacy, academic enrichment and safe, constructive alternatives for students in kindergarten through ninth grade. The ASES program is defined within the language of SB 638 and Education Code (EC) sections 8482 through 8484.6.
Discussion One paragraph summary of the scope of work.	Approval by the Board of Education of a Memorandum of Understanding between the District and Safe Passages, Oakland, CA, for the latter to provide services as lead agency to provide program coordination, math intervention, homework support, student supervision and a variety of enrichment services for Coliseum College Prep Academy's comprehensive After School Program in the capacity of the After School Education and Safety (ASES) Grant for the period of July 1, 2014 through August 21, 2015, in the amount of \$92,907.00.
Recommendation	Approval by the Board of Education of a Memorandum of Understanding (MOU) between the District and Safe Passages for the latter to provide Arts, Recreation, Leadership and Family Literary activities in its capacity as a Comprehensive After School Program Lead Agency at Coliseum College Prep Academy for the period July 1, 2014 through August 21, 2015.
Fiscal Impact	Funding Resource: <u>6010/After School Education and Safety (ASES) Grant</u> in an amount not to exceed <u>\$92,907.00</u> .
Attachments	 Memorandum of Understanding Certificate of Insurance Program Plan and Budget Statement of qualifications



MEMORANDUM OF UNDERSTANDING ROUTING FORM 2014-2015

Basic Directions

- Services cannot be provided until the MOU is fully approved and a Purchase Order has been issued.
- 1. Contractor and OUSD Administrator reach agreement about scope of work and compensation.
- 2. Contractor and OUSD Administrator agreed upon terms are reflected in the Memorandum of Understanding.
- 3. OUSD Administrator verifies contractor does not appear on the Excluded Parties List.
- 4. OUSD contract originator creates the requisition on IFAS.
- 5. Within 2 weeks of creating the requisition, the OUSD Administrator submits completed MOU packet to Legal for approval.

			Ag	ency Information	
Agency Name	Safe Pass	sages		Agency's Contact Person	Josefina Alvarado-Mena
Street Address	et Address 250 Frank Ogawa Plaza, Ste. 6306		Title	Executive Director	
City	Oakland			Telephone	510/238-6368
State	CA	Zip Code	94612	Email	jalvarado@oaklandnet.com
OUSD Vendor N	umber	1005510			
Attachments	 State Prog 	ement of qualifica ram Planning Too	tions of and Budget	' compensation insurance	Parties List. (www.sam.gov/portal/public/Sam/)

	Con	pensation and	Terms - Mus	t be within OU	SD Billing G	uidelines		
Anticipated Start Date	07/01/20	14 Date wo	rk will end	08/21/2015	Total Cont	ract Amount	\$92,907	-
			Budget I	nformation			1	
Resource #	Resource Na	Name Org Key #		#	Object Code	Amount		Req. #
6010 ASES			2321553401			\$92,907.00	R01	50501
					5825	\$		
					5825	\$		
					5825	\$		
		OUS	D Contract O	iginator Inform	ation			
Name of OUSD Con	ntact	Army Ca	rozza	Email		Amy.Carozza	@	ousd.k12.ca.us
Telephone		510/639	-3201	Fax		510/6	39-3214	
Site/Dept. Name		232/Coliseum Colleg	ge Prep Academy	Enrollment Gra	ades	6th	through	8th
		Approval	and Routing (i	n order of appr	oval steps)			
Services cannot be proservices were not prov	vided before a PC							
Please sign under the	appropriate colur	nn.	A	proved		Denied - Reas	on	Date
1. Site Administrato	Dr.		ab	10	-			7 22/14
2. Oakland After Sc	hool Programs	Office .	Ming	2+				7/23/14
3. Network or Exect	utive Officer		i	1	-			7/23/2
4. Cabinet (CAO, C	CO, CFO, CSO	, Asst Sup)	Maria	Duntos				8414
5. Board of Educati	on or Superinte	ndent	at 1	V				8/1/14
Procurement	Date Received							144

THIS FORM IS NOT A CONTRACT

Memorandum of Understanding 2014-2015 Between Oakland Unified School District and Safe Passages

- 1. Intent. This Memorandum of Understanding ("MOU") establishes the Oakland Unified School District's ("OUSD") intent to contract with <u>Safe Passages</u> ("AGENCY") to serve as the lead agency to provide after-school and/or summer educational programs and to serve a sufficient number of students and run services for a sufficient number of days to earn the core grant allocation of funding at <u>232/Coliseum College Prep Academy</u> under the following grants:
 - After School Education and Safety Program ("ASESP")
 - California Department of Education ("CDE") 21st Century Community Learning Center (21st CCLC)
 - Oakland Fund for Children and Youth This MOU will also outline services provided on OUSD school grounds through the Oakland Fund for Children and Youth ("OFCY") After-School Initiative funds that shall be utilized as matching funds to CDE ASESP and 21st CCLC funds.
 - Private grants
- 2. **Term of MOU.** The term of this MOU shall be July 1, 2014 to August 21, 2015 and may be extended by written agreement of both parties.
- 3. Termination. OUSD may at any time terminate this MOU for any or no reason upon not less than five (5) days written notice to AGENCY. OUSD shall compensate AGENCY for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this MOU for cause should AGENCY fail to perform any part of this MOU. In the event of termination for cause, OUSD may secure the required services from another contractor. If OUSD's cost of procuring services from another contractor exceeds the cost of providing the services pursuant to this MOU, AGENCY shall pay the additional cost.
- 4. **Compensation.** The ASESP and 21st CCLC grant award amount for 232/Coliseum College Prep Academy is \$92,907.00 . AGENCY shall be entitled to compensation from these funds in accordance with the following terms and conditions:
 - 4.1. Total Compensation. Subject to the provisions of 4.2 Positive Attendance and the provisions of 4.3 Administrative Fee, AGENCY shall receive the amount of the grant award less OUSD's administrative fees and other site costs agreed to by the Site Administrator and AGENCY.
 - 4.2. **Positive Attendance.** Payment for services rendered related to the ASESP and 21st CCLC grants shall be based on actual student attendance rates (\$7.50 a day per student), not estimates, as those programs are "positive attendance based." OUSD reserves the right to modify the annual core allocation based on reported attendance. In the event that payments made to AGENCY exceed the reported attendance for the Core grant, the AGENCY will return payments to OUSD at the rate of \$7.50 a day per student. Documentation of attendance must be submitted through the OUSD/OFCY attendance systems in order for invoices for payment of services for the ASESP and 21st CCLC grants to be processed. Exhibit A (Attendance Reporting Schedule 2014-2015")
 - 4.2.1. Reconciliation Process for Positive Attendance Based Grant Funds. OUSD will adjust the payment of the "positive attendance based" grants based on quarterly review of monthly invoices and attendance for services rendered related to the ASESP, 21ST CCLC (Core Grant) for any adjustments resulting from the reconciliation of the attendance reports for that quarter's months. The attendance reconciliation process will assess the program's performance with respect to the required compliance with the grant mandated attendance rates. Based on the

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

- 4.2.2. Administrative Charges and Reconciliation. Reconciliation process for positive attendance based grants must factor in the subtraction of administrative and other OUSD central charges, as outlined in section 4.3, from any grant amounts earned through attendance (OUSD indirect, custodial, evaluation, and After School Programs Office administrative and training/technical assistance fees).
- 4.3. **OUSD Administrative Fees.** OUSD shall charge and withhold up to 14% from the overall ASESP and 21st Century grant awards for central indirect, administrative, custodial, evaluation, and direct service training and technical assistance.
- 4.4. AGENCY Administrative Fees. AGENCY understands and agrees that it may not charge more than 4% of the total contract amount as administrative fees and that its administrative fees must be set at an appropriate dollar amount to keep the ASESP and 21st Century grants within the grant-mandated allowable 15% for total indirect/administrative costs. The agency administrative fees charged to the ASESP and 21st CCLC grants must be used for direct administrative costs and cannot be used for agency indirect costs. Direct administrative costs consist of expenditures for administrative activities that provide a direct benefit to the ASESP and 21st CCLC programs. Indirect costs consist of expenditures for administrative activities that are necessary for the general operation of the agency, but that cannot be tied to the ASESP and 21st CCLC programs.
- 4.5. **Program Budget.** Due to result-based budgeting, the grant will remain as part of the site budget. Funds will be encumbered from the site budget on behalf of AGENCY for the school year 2014-2015 and will not exceed \$92,907.00 in accordance with Exhibit B. **Exhibit B** ("ASESP/21st CCLC Planning Tool/Comprehensive After School Program Budget for AGENCY 2014-2015").
- 4.6. Modifications to Budget. Any modifications to the approved grant budget must be approved by OUSD, AGENCY, and CDE before expenditures of funds for modified line items are authorized. Except as expressly set forth herein, OUSD shall not be liable to AGENCY for any costs or expenses paid or incurred by AGENCY in performing services for OUSD. The granting of any payment by OUSD, or the receipt thereof by AGENCY, shall in no way lessen the liability of AGENCY to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by OUSD and in that case must be replaced by AGENCY without delay.
- **Program Fees.** The intent of the ASESP and 21st CCLC programs is to establish local programs 4.7. that offer academic assistance and enrichment for students in need of such services regardless of their ability to pay. Though it is not against the rules to charge fees for participation in programs, the CA Department of Education discourages it because it could exclude students in need from attending and taking advantage of the after school program. Fees should not create a barrier to participation in the after school program. After school services must be equally accessible to all students targeted for services regardless of their ability to pay. Programs that propose to charge fees may not prohibit any family from participating based on their inability to pay and must offer a sliding scale of fees and scholarships for those who could not otherwise afford to participate. Any income collected from fees must be used to fund program activities specified in the grant application. AGENCY shall do full accounting of fees collected, and documentation shall be kept for 5 years for auditing purposes. If AGENCY decides to charge fees, this decision shall be made collaboratively with the Site Administrator, and AGENCY shall work collaboratively with the Site Administrator and parent leaders to develop an appropriate program fee structure for the school community. AGENCY shall provide the OUSD After School Programs Office with written documentation of the program fee

structure prior to charging any program fees, and shall provide OUSD with additional documentation upon request, to ensure grant compliance.

- 5. **Scope of Work.** AGENCY will serve as lead agency at <u>232/Coliseum College Prep Academy</u>, will be responsible for operations and management of the ASESP, 21st CCLC, OFCY, and private grants contracted to AGENCY by OUSD for fiscal year 2014-2015. This shall include the following required activities:
 - 5.1. **Student Outcomes.** AGENCY shall achieve the student outcomes as described in the grant application narrative and articulated in documents from the program evaluation team. AGENCY agrees to develop school specific outcomes, as defined in partnership with the principal. AGENCY recognizes that the principal is the chief decision maker for after school and summer programs, and ensures that school site objectives are met.
 - 5.1.1. Alignment with Community School Strategic Site Plan (CSSSP). AGENCY will ensure the after school program aligns with OUSD and <u>232/Coliseum College Prep Academy</u> and objectives to ensure the success of students as articulated in the Community School Strategic Site Plan (CSSSP). AGENCY will work in partnership with the school principal to ensure that the program components are aligned with and complement OUSD standards and school site curriculum.
 - 5.2. Oversight. AGENCY will provide oversight, fiscal management, payroll services, technical assistance, and facilitation of collaboration with other service providers. Agency must ensure compliance with ASESP and 21st CCLC funding guideline requirements and follow OUSD after school policies and procedures. This includes compliance with OUSD staffing requirements and policies including No Child Left Behind and other legislative mandates.
 - 5.3. Enrollment. AGENCY will enroll <u>6th</u> through <u>8th</u> grade students at <u>232/Coliseum College Prep Academy</u>, to serve sufficient number of students and run services for a sufficient number of days to earn the full core grant allocation of funding.

5.4. **Program Requirements**

- 5.4.1. **Program Hours.** The program shall be offered Monday through Friday, every regular school day annually, commencing immediately upon the conclusion of the regular school day, operating a minimum of 15 hours/week, and until 6:00 pm daily. Instructional activities must include a balance of both academic and enrichment/recreation components.
- 5.4.2. Program Days. The program shall be offered a minimum of 177 180 days during the 2014 2015 school year. AGENCY will close the ASESP and 21st CCLC program no more than a maximum of 3 days in the 2014-2015 school year for staff professional development, as permitted by Education Code. Programs that receive 21st CCLC Supplemental grant funds or private funding for summer shall additionally operate a sufficient number of days and hours in the summer, on weekends, and during intercession in the manner prescribed by the grant legislation and/or funder, in order to meet attendance goals required by the CA Department of Education and/or the funder
- 5.4.3. **Program Components.** AGENCY agrees to provide programming that supports the guidelines as outlined in the ASESP and 21st CCLC grants for students at 232/Coliseum College Prep Academy . AGENCY acknowledges and agrees to provide programming consistent with grant guidelines including, but not limited to:
 - Educational and Literacy. An educational and literacy element that must provide tutoring and/or homework assistance designed to help students meet state standards in one or more of the following core academic subjects: reading/language arts, mathematics, history and social studies, or science. A broad range of activities may be implemented based on local student needs and interests.

- Enrichment. The enrichment element must offer an array of additional services, programs and activities that reinforce and complement the school's academic program. Enrichment may include but is not limited to arts, youth development, leadership, recreation, sports, music, career awareness, college interest, service learning and other youth development activities based upon student needs and interests. All programs must offer both enrichment and recreation/physical fitness activities as core components of the after school program and summer program.
- Family Literacy Services. In all programs receiving 21st CCLC grant funds, AGENCY shall assess the need for family literacy services among adult family members of the students to be served by the program. All programs will, at a minimum, either refer families to existing services or coordinate with local service providers to deliver literacy and educational development services.
- **Supplemental and Summer Services**. In all programs receiving 21st CCLC Supplemental grant funds or private funding for summer, AGENCY will provide educational and enrichment programming in the summer, on weekends, and/or during intercessions. A broad range of activities may be implemented based on local student needs and interests, and district guidelines for summer programming.
- 5.4.3.1. Snacks/Supper/Beverages: AGENCY shall meet Federal and State meal and snack requirements and all meals and snacks must be provided by OUSD Nutrition Services department. Nutrition Services shall:
 - 5.4.3.1.1. Provide meals and beverages that meet State and Federal standards;
 - 5.4.3.1.2. Provide the number of meals and beverages requested by AGENCY unless/until Nutrition Services determines that AGENCY's participation is lower than the snack/meal/beverage count provided by the AGENCY, in which case, the number will be adjusted;
 - 5.4.3.1.3. Provide all supplies including utensils, napkins, forks, required;
 - 5.4.3.1.4. Support compliance by AGENCY with required State and Federal administrative requirements;
 - 5.4.3.1.5. Provide annual training to AGENCY.
- 5.4.3.2. Each AGENCY participating in the Nutrition Services snack/meal/beverage program shall:
 - 5.4.3.2.1. Attend annual training. In the event that the person responsible for snack distribution changes, AGENCY will make arrangements with Nutrition Services for training of new employees or representative of the AGENCY;
 - 5.4.3.2.2. Complete After School Snack and Supper Menu Production Worksheets (MPW) on a daily basis;
 - 5.4.3.2.3. Ensure meal count is accurate;
 - 5.4.3.2.4. Submit completed MPW to cafeteria staff by the next business day;
 - 5.4.3.2.5. Return leftovers to cafeteria;
 - 5.4.3.2.6. Ensure that only students are served and receive food from the program;
 - 5.4.3.2.7. Ensure that meals are not removed from campus
 - 5.4.3.2.8. Immediately report to OUSD Site Coordinator and Nutrition Services any concerns related to food safety or food contamination

- 5.4.3.3. AGENCY will be billed at the rates immediately below, for meals by Nutrition Services under the following conditions.
 - 5.4.3.3.1. MPW not completed and submitted by the next business day;
 - 5.4.3.3.2. Snacks are ordered and not picked up
- 5.4.3.4. In addition to any applicable liability associated with audit findings. AGENCY will be charged the following for each meal that OUSD is unable to claim due to AGENCY's failure to comply with program requirements:
 - 5.4.3.4.1. Snack: \$1.00
 - 5.4.3.4.2. Supper: \$3.50
- 5.4.3.5. AGENCY will be liable for audit findings and/or assessments (See Section 12 below) that are attributable to AGENCY's failure to comply with the rules and regulations of the Nutrition Services program, including liability if reimbursement is denied Nutrition Services because of AGENCY's failure to comply with program reguirements.
- 5.4.4. **Staff Ratio.** The staff to youth ratio shall not exceed 1:20, with no more than 20 youth for each qualified, adult staff supervisor.
- 5.5. **Data Collection.** AGENCY will work with OUSD to collect and analyze data on student enrollment, student attendance, student academic performance, student satisfaction, and parent satisfaction. This includes, but is not limited to:
 - 5.5.1. Accountability Reports. Providing OUSD with the following set of program accountability reports:
 - Financial reports
 - Activity reports
 - Outcomes reports: behavioral and academic
 - 5.5.2. Attendance Reports. Providing OUSD with attendance reports using the OUSD/OFCY attendance systems and maintaining required attendance records utilizing the OUSD/OFCY attendance systems, including completion of mandatory monthly reports. Original written documentation of all daily attendance records, including all daily sign in/out sheets, will be maintained by Agency for 5 years for auditing purposes.
 - 5.5.3. **Use of Enrollment Packet.** AGENCY will use OUSD After School Program Parent Permission and Student Information enrollment packet, including early release waiver, for all after school participants. (**Exhibit C**) AGENCY will seek approval from the OUSD After School Programs Office for any modifications to the OUSD enrollment packet, in advance of distribution.
- 5.6. **Maintain Clean, Safe and Secure Environment.** Maintaining clean, safe, and secure program environments for staff and students in conjunction with OUSD guidelines. AGENCY, as they view necessary, will initiate and establish additional cleanliness, safety, and security policies and protocol sufficient to ensure staff, student and family member safety.
- 5.7. **Meeting Participation.** AGENCY will participate in technical assistance, training, orientation, monthly meetings and other support and resource development activities provided by OUSD and collaborative partners in conducting program planning, implementation, and evaluation. These include required regular meetings with the school principal or other identified designee to ensure collaboration with the school vision. AGENCY staff will participate in meetings facilitated by the OUSD After School Programs Office to address program quality, program improvement and general troubleshooting.

- 5.8. **Relationships.** AGENCY will maintain six essential collaborative relationships to ensure partnerships towards effective program implementation:
 - Administration, faculty, and staff of 232/Coliseum College Prep Academy
 - OUSD After School Programs Office
 - OUSD central administration departments
 - Parents/Guardians
 - Youth
 - Community organizations and public agencies
- 5.9. Licenses. AGENCY shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

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

- AGENCY shall provide each Site Administrator and the OUSD After School Programs Office with a schedule of all after school program field trips and/or off site events and/or off site activities by the first day of each semester, and a schedule of all summer field trips and/or off site events and activities by the first day of the summer program, if AGENCY is providing summer services (**Exhibit D**)
- AGENCY hereby certifies that after school and summer program staff and/or subcontractors will comply with the following procedures for all field trips, off site events and off site activities:
- 6.1. Licenses Permission Slips/Acknowledgement. Field trip/excursion permission slip must be signed by parent(s)/guardian(s) of all student participants and an acknowledgement must be signed by all adult chaperones both of which shall include the following information:
 - 6.1.1. a full description of the trip and scheduled activities
 - 6.1.2. student/adult participant health information
 - 6.1.3. "Notice of Waiver of All Claims: Education Code § 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against any school district, charter school, or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, regardless of who holds the claims. If the field trip or excursion to which this permission slip applies is out-of-state, I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion."
- 6.2. After school and summer program staff or subcontractors leading trip must have a written list of students attending trip.
- 6.3. No student shall be prevented from making a trip due to lack of sufficient funds.
- 6.4. After school and summer program staff or subcontractors leading trip shall have a sufficient first aid kit in his or her possession or immediately available. If the trip is conducted in areas known to be infested with poisonous snakes, this first aid kit shall contain medically accepted snakebite remedies.
- 6.5. **Health Conditions/Medication:** Trip participant health information will be gathered and reviewed in advance of trip and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (eg food allergies). A plan will be developed to collect, secure, and dispense prescription medications from their original containers only and consistent with physician's instructions.

6.6. Supervision

6.6.1. AGENCY Executive Director must review and approve supervision plan.

- 6.6.2. Trip as structured is appropriate to age, grade level and course of study.
- 6.6.3. Chaperones are all AGENCY employees or subcontractors, parent(s)/guardian(s), or other authorized chaperones and are 21 or older. After School and Summer Program Coordinators and lead trip staff are satisfied that all chaperones are willing and able to perform required duites, including understanding and implementing instructions, understanding health information for students in their group, and responding effectively in the event of an emergency. Trip attendees shall be limited to assigned school or early childhood education or after school program staff, students and authorized chaperones. Guests, including but not limited to friends and other family members, are strictly prohibited absent prior written approval of the after school program staff leading trip shall provide any adult chaperones who may accompany the students with clear information regarding their responsibilities. Chaperones shall be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities. Chaperones shall not consume alcoholic beverages or be under the influence of controlled substances while accompanying and supervising students on a trip.
- 6.6.4. When a trip is made to a place of business or industry, staff shall arrange for an employee of the host company to serve as conductor.
- 6.6.5. Adult:Student Ratio is at least 1:10 or higher if swimming or wading or high risk trip. If the trip involves water activities, this ratio shall be revised to ensure closer supervision of elementary grade or younger students, appropriate to their ages. The ratio of adults to students on field trips and excursions shall be reasonable under the circumstances.
- 6.6.6. Safety requirements have been met (eg: current First aid/CPR training of at least one chaperone, first aid kits, emergency contact and health info, instructions for chaperones, staff and chaperones have cell phones which are charged and available for communication).
- 6.7. Transportation Requirements: The after school and summer program or subcontractors shall ensure compliance with all state laws and may transport by the use of its own equipment, contract to provide transportation or arrange transportation by the use of other equipment to enrolled after school and summer participants provided that: (A) parent/guardians' written permission has been obtained in advance; (B) After School Program Coordinator and/or Summer Program Coordinator has confirmed that: transportation arrangements are safe and appropriate; (C) all drivers have valid California driver's license; (D) all drivers have received fingerprint clearance; (E) provided that such transport is covered under driver or registered owner's personal automobile insurance or AGENCY automobile liability insurance policy for at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage; (F) all drivers and registered owners of private or rented vehicles used shall complete and sign declaration of driver forms assuring that: (i) the driver is at least 21 years of age and holds a current valid California driver's license;(ii) the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years; and (iii) the driver provides proof of sufficient insurance; (G) if after school or summer program arranges and/or contracts with a third party to provide this transportation, the organization or company with whom they contract must be licensed as a transportation provider, be certified to transport students (e.g., School Pupil Activity Bus certification) and have at least \$5,000,000 automobile and \$1,000,000 General Liability insurance; (H) arrangements have been made for additional vehicle for use in event of illness or emergency: and (1) students receive instruction in safe conduct on bus or other transport; and (J) drivers shall receive safety and emergency instructions and information which shall be kept in their vehicle, including health and emergency information for each student riding in his/her vehicle.
- 6.8. AGENCY must have reasonable confirmation that all organizations involved in the trip have demonstrated expertise and exhibit reasonably safe and reputable operating procedures and business practices appropriate to student trips.

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

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

6.11.1. Definition of High Risk Activities

- 6.11.1.1. Because of concerns about the risk to student safety, the after school program coordinator shall not permit the following activities on campus or during AGENCY sponsored after school or summer program trips, events and activities unless the activity is properly supervised, students wear protective gear as appropriate, and each participant has insurance coverage:
 - Amusement Parks
 - Interscholastic Athletic Activities
 - Bicycle riding
 - Circus Arts
 - Hiking (Moderate to rigorous terrain or length) vs short nature "walks"
 - Hang gliding
 - Horseback riding
 - Ice Skating
 - In-line or Roller Skating
 - Rock climbing, climbing walls
 - Skateboarding or use of non-motorized scooters
 - Snow sports of any kind
 - Trampoline; Jumpers
 - Motorcycling
 - Rodeo
 - Target Shooting
 - Water Activities including but not limited to: swimming, snorkeling, scuba diving, sailing, boating, kayaking, river rafting, water slides, water skiing etc.
 - Outdoor active, experiential programs (Ropes course, pulley, etc.)
 - Other activities determined by the school principal to have a high risk to student safety
- 6.11.1.2. The cost of insurance coverage for such activities shall be borne by the student and/or AGENCY.
- 6.11.1.3. Students who operate or ride as a passenger on a bicycle, non-motorized scooter or skateboard upon a street, bikeway or any other public bicycle path or trail shall wear a properly fitted and fastened bicycle helmet that meets the standards of law. Students also shall be required to wear such helmets while wearing in-line or roller skates.
- 6.11.2. Department of Justice and FBI fingerprinting and fingerprint clearance must be obtained for all non-District employee chaperones. Chaperones who continue beyond one school year will need to get fingerprint clearance once every three years from the time they begin chaperoning on after school program trips. Chaperones shall act in accordance with district policies,

regulations and school rules. A person who is required to register as a sex offender pursuant to Penal Code 290 shall not serve as a chaperone on any field trip.

- 6.11.3. No chaperone shall be assigned to provide supervision or instruction of students unless he/she has submitted evidence of an examination within the past 60 days to determine that he/she is free of active tuberculosis. Chaperones whose skin test negative shall thereafter be required to take tuberculosis test every four years or sooner if deemed necessary by AGENCY.
- 6.11.4. Letter must be sent to parent(s)/guardian(s) and a meeting must be held for staff, chaperones, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions.
- 6.11.5. Sleeping arrangements and night supervision are safe and appropriate.
- 6.11.6. **Vendor Proof of Insurance:** After School Program Coordinator and/or Summer Program Coordinator has obtained proof of insurance from all private vendors including:
 - Facility
 - Program

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

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

6.12.3. Swimming Activities

- 6.12.3.1. Parents/guardians must provide written permission for the student to swim and must indicate the student's swimming ability. Students whose parents do not give permission for their child to swim shall be identified in advance of trip and a tracking system designed to ensure they do not enter pool or swim area.
- 6.12.3.2. Swimming facilities, including backyard pools, must be inspected by the AGENCY Executive Director and after school program staff before the trip is scheduled.
- 6.12.3.3. Owners of private pools must provide a certificate of insurance, designating OUSD and AGENCY as an additional insured, for not less than \$2,000,000 in liability coverage.
- 6.12.3.4. Lifeguards must be designated for all swimming activities. If lifeguards are not provided by the pool owner or operator, the AGENCY Executive Director shall ensure their presence. The AGENCY Executive Director shall ensure that lifeguards are Red Cross certified or equivalent and must be at least 21 years old. A swim test must be administered before any student is permitted in the deep end of the pool or swim area. A tracking system shall be designed in advance of trip to identify those students who have and have not passed the swim test.
- 6.12.3.5. The ratio of adult chaperones to students shall be at least one to ten. In grades 4-6, this ratio shall be at least one to eight. In grades K-3, this ratio shall be at least one to four.
- 6.12.3.6. Specific supervisory responsibilities shall be determined in advance to accommodate the varying swimming abilities of students. These responsibilities shall be clarified in writing and reviewed verbally before the trip.
- 6.12.3.7. Emergency procedures shall be included with written instructions to adult chaperones and staff.

- 6.12.3.8. Staff and chaperones assigned to supervise students must wear swim suits and know how to swim and be at each side of the pool or swim area actively monitoring students at all times.
- 6.12.3.9. The After School Program Coordinator and/or Summer Program Coordinator may require students to wear flotation devices, depending upon their age and swimming ability.
- 6.12.3.10. A buddy-system or other means of surveillance shall be arranged in advance and strictly enforced during swimming activities.

6.13. Additional Requirements for trips to East Bay Regional Park District Bodies of Water (swimming pools, lagoons, shoreline parks and lakes) and Related Facilities

- 6.13.1. At least 2 weeks prior to trip date, all persons attending trip, including, but not limited to, each and every student, teacher, instructor, chaperone, supervisor, parent, administrator, volunteer, or aide (hereinafter "participant") will provide to the School District Office of the General Counsel an original, properly completed, signed and dated East Bay Regional Park District Waiver (attached as Exhibit E), executed by either the participant if he or she is 18 years of age or older, or the participant's parent or legal guardian if the participant is under 18 years of age
- 6.13.2. Should AGENCY fail to provide an original, properly completed, signed and dated East Bay Regional Park District Waiver for each trip participant as defined in Section 6.13.1 above, AGENCY agrees to hold harmless, defend and indemnify OUSD, its officers, employees, volunteers and agents from all claims and actions resulting therefrom.
- 7. Financial Records. AGENCY agrees and understands that OUSD is responsible for fiduciary and programmatic oversight for the expenditure of the ASESP and 21st CCLC grant funds contracted to AGENCY by OUSD for fiscal year 2014-2015. AGENCY will function as a sub recipient of funding and as such will follow all required fiscal guidelines and meet outlined standards as referenced in applicable Federal and State sub recipient guidelines. AGENCY will ensure that all contracted funds of this MOU are expended as per grant guidelines.
 - 7.1. Accounting Records. AGENCY will maintain its accounting records based upon the principles of fund accounting.
 - 7.2. **Disputes.** AGENCY shall make all records related to ASESP, 21ST CCLC available to OUSD for review. OUSD and AGENCY shall meet and confer regarding any disputes as to the amount of actual expenses before taking any action to collect funds.

8. Invoicing

- 8.1. **Billing Structure.** AGENCY shall only invoice for actual expenditures incurred. Supporting documentation must be presented along with monthly invoices upon request. Billing details must be provided upon request to OUSD to ensure compliance with related sub recipient and grant guidelines.
- 8.2. **Unallowable Expenses.** AGENCY may not purchase computers or capital equipment using ASES, 21st Century Core Grant, 21st Century Direct Access, or 21st Century Family Literacy funds.
- 8.3. **Invoice Requirements.** AGENCY will submit invoices with evidence of the following staff qualifications for each AGENCY employee and AGENCY agent, including employees of subcontracting agencies and volunteers: TB Clearance, current CA Department of Justice and FBI fingerprint clearance, and Instructional Aide requirement. AGENCY will utilize the required OUSD invoicing and staff qualifications form (Exhibit F) for regular invoice submission.
- 8.4. **Submission of Invoices.** AGENCY must submit invoices to OUSD on a timely and regular basis for services rendered. OUSD will not accept invoices submitted more than thirty days beyond the end of each fiscal quarter. No invoices will be accepted more than 30 days past the end of June 30

of the contractual fiscal year. AGENCY must also submit invoices according to specific invoicing deadlines as outlined by OUSD to ensure timely processing. (Exhibit G)

- 8.5. **Submission of Invoices for ASESP and 21st Century Grants.** For services rendered related to the ASESP and 21st CCLC grants, OUSD shall pay AGENCY, on a monthly basis, for appropriately documented expenses related to the ASESP and 21ST CCLC grants, with a cumulative total for 2014-2015 not to exceed \$92,907.00 in accordance with the attached Exhibits to this Memorandum. Invoices for payment of services shall be submitted by the 10th of each month to the OUSD After School Programs Office, utilizing the required OUSD invoicing and staff qualifications form (Exhibit F). OUSD will strive to adhere to second Accounts Payable check run per the published schedule of monthly payments if invoices are submitted in accordance with the deadlines and requirements set forth in this section and the accompanying Exhibits.
- 9. Ownership of Documents. AGENCY agrees that, pursuant to California law, it shall maintain program and fiscal documentation for the ASESP and 21st CCLC programs for a minimum of five years. All documents created by AGENCY pursuant to this MOU, including but not limited to reports, designs, schedules, registration packets, early release waivers, and other materials prepared, or in the process of being prepared, for the services to be performed by AGENCY, are and shall be at the time of creation and thereafter the property of OUSD, with all intellectual property rights therein vested in OUSD at the time of creation. OUSD shall be entitled to access to and copies of these materials during the progress of the work. Any such materials in the hands of AGENCY or in the hands of any subcontractor upon completion or termination of the work shall be immediately delivered to OUSD. If any materials are lost, damaged or destroyed before final delivery to OUSD, AGENCY shall replace them at its own expense and AGENCY hereby assumes all risks of loss, damage or destruction of or to such materials. AGENCY may retain a copy of all materials produced under this MOU for its use in its general business activities.

10. Changes

- 10.1. **Agency Changes.** AGENCY may, at any time, by written order, make changes consistent with Section 5 Scope of Work of this MOU. If such changes cause an increase or decrease in the budgeted cost of or the time required for performance of the agreed upon work, an equitable adjustment as mutually agreed shall be made in the limit on compensation as set forth in Section 4 or in the time of required performance as set forth in Section 5.4, or both. In the event that AGENCY encounters any unanticipated conditions or contingencies that may affect the scope of work or services and result in an adjustment in the amount of compensation specified herein, AGENCY shall so advise OUSD immediately upon notice of such condition or contingency. The written notice shall explain the circumstances giving rise to the unforeseen condition or contingency and shall set forth the proposed adjustment in compensation. Such notice shall be given to OUSD prior to the time that AGENCY performs work or services related to the proposed adjustment in compensation. Arry and all pertinent changes shall be expressed in a written amendment to this MOU and signed by OUSD prior to AGENCY's implementation of such changes.
- 10.2. **Changing Legislation.** AGENCY understands that changes in Federal, or state legislation or District policy may impact funding levels, grant requirements, and responsibilities of AGENCY during an academic school year. This MOU may be amended during the 2014-2015 fiscal year to reflect additional changes resulting from such legislation.

11. Conduct of Consultant

- 11.1. Child Abuse and Neglect Reporting Act. AGENCY will comply with the Child Abuse and Neglect Reporting Act (CANRA) guidelines as Mandated Reporters to report suspicions of possible child abuse to the appropriate reporting agency as stated in California Penal Code § 11164 11174.
- 11.2. **Staff Requirements.** AGENCY will adhere to the following staff requirements for each AGENCY "agent", including employees, staff of subcontracting agencies, and volunteers. AGENCY will

provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8.3 which include:

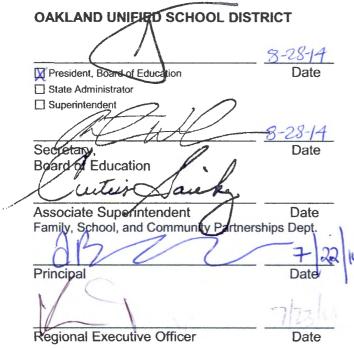
- 11.2.1. **Tuberculosis Screening.** Current documentation of negative TB Test (PPD) on file for each AGENCY agent working with students.
- 11.2.2. **Fingerprinting of Agents.** Current California Department of Justice (CDOJ) fingerprint clearance and FBI fingerprint clearance for each AGENCY agent working with students. AGENCY shall not permit its agents to come into contact with students until CDOJ and FBI clearance is ascertained, and AGENCY shall certify in writing to OUSD that none of its agents who may come into contact with pupils have been convicted of a violent or a serious felony. AGENCY shall further certify that it or its subcontracting agencies have received and reviewed fingerprint results for each of its agents, and Agency or its subcontracting agencies shall request and review subsequent arrest records for all agents who may come into contact with OUSD pupils in providing services to the District under this Agreement.
- 11.2.3. Minimum Qualifications. AGENCY staff and agents who directly supervise students and are included in the 1:20 staff to student ratio must meet the following minimum qualifications for an instructional aide: a high school diploma or its equivalency and one of the following: (a) an AA degree; or completion of 48 semester units in college; or (b) successful completion of the Instructional Assistant exam, administered by the Alameda County Office of Education.
- 11.3. **Removal of Staff.** In the event that OUSD, in its sole discretion, at any time during the term of this MOU, desires the removal of any AGENCY related persons, employee, representative or agent from OUSD school site and/or property, AGENCY shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons. In the event OUSD requests the removal of any AGENCY related persons, employee, representative or agent from OUSD school site and/or property, the OUSD site administrator shall provide to the AGENCY written, supporting rationale for the decision. OUSD After School Program Office, after conferring with Legal and the Executive Officer supporting the site, shall decide, taking all the facts and circumstances into account, if AGENCY may reassign an employee or agent to another OUSD site. Prior to the removal or change of any AGENCY staff member who is a regular part of the after school program, AGENCY shall inform the Site Administrator with as much notice as possible, and will work with the Site Administrator to ensure a smooth transition in staffing.
- 11.4. **Conflict of Interest.** AGENCY shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. AGENCY shall not hire any officer or employee of OUSD to perform any service by this Agreement. AGENCY affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between AGENCY's family, business or financial interest and the services provided under this MOU, and in the event of change in either private interest or services under this MOU, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.
- 11.5. **Drug-Free / Smoke Free Policy.** AGENCY understands that OUSD does not permit drugs, alcohol, and/or smoking at any time in any buildings and/or grounds on OUSD property. AGENCY agrees to adhere to this policy for its students, staff, visitors, employees and or subcontractors.
- 11.6. Non-Discrimination. Consistent with the policy of OUSD in connection with all work performed under Contracts, AGENCY shall not engage in unlawful discrimination in employment on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation. AGENCY agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, AGENCY agrees to require like compliance by all its subcontractor(s).

- 12. Indemnification. AGENCY shall indemnify, hold harmless and defend OUSD and each of its officers, officials, employees, volunteers and agents from any loss, liability, audit fines, assessments, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by OUSD, AGENCY or any other person and from any claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of performance of this MOU. AGENCY's obligations under the preceding sentence shall apply jointly and severally regardless of whether OUSD or any of its officers, officials, employees, volunteers or agents are actively or passively negligent, but shall not apply to any loss of liability, fines, penalties, forfeitures, costs or damages caused solely by the active negligence or by the willful misconduct of OUSD. If AGENCY should subcontract all or any portion of the work or activities to be performed under this MOU, AGENCY shall require each subcontractor to indemnify, hold harmless and defend OUSD, its officers, officials, employees, volunteers or agents in accordance with the terms of the proceeding paragraph.
- 13. Insurance. Throughout the life of the MOU, AGENCY shall pay for and maintain in full force and effect with an insurance company(s) admitted by the California Insurance Commissioner to do business in the State of California and rated not less than "A/VII" in Best Insurance Rating Guide, the following policies of insurance:
 - 13.1. **Commercial General Liability** insurance which shall include contractual, products and completed operations, corporal punishment and sexual misconduct and harassment coverage, and bodily injury and property damage liability insurance with combined single limits of not less than \$1,000,000 per occurrence.
 - 13.2. **Worker's Compensation** insurance, as required by the California Labor Code, with not less than the statutory limits.
 - 13.3. Property and Fire insurance shall provide to protect: Real Property, against risk of direct loss, commonly known as Special Form and Fire Legal Liability, to protect against liability for portions of premises leased or rented; Business Personal Property, to protect on a Broad Form, named peril bases, for all furniture, equipment and supplies of AGENCY. If any OUSD property is leased, rented or borrowed, it shall also be insured the same as real property.

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

- 14. Litigation. [This section is intentionally deleted by the parties].
- 15. Incorporation of Recitals and Exhibits. The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
- 16. **Counterparts**. This MOU and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 17. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The District certifies to the best of its knowledge and belief, that it and its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, verifies that this vendor does not appear on the Excluded Parties List. https://www.sam.gov/portal/public/SAM

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



MOU template approved by Legal May, 2014

AGENCY	
7/2/14	
Agency Director Signature Date	
Josefin Alvarado Mena, CET)
Print Namo Titlo	

Print Name, Title

Attachments:

- Exhibit A. Attendance Reporting Schedule
- Exhibit B. Planning Tool/Comprehensive After School Program Budget
- Exhibit C. Enrollment Packet, including Early Release Waiver

Exhibit D. List of Anticipated Field Trips, Off Site Events and Off Site Activities

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

File ID Number: <u>14-14-80</u> Introduction Date: <u>8-27-14</u> Enactment Number: <u>14-154</u> Enactment Date: <u>8-27-1407</u> Bv:

Exhibit A

Attendance Reporting Schedule

Oakland Unified School District After School Programs Attendance Reporting Schedule			
Monthly Attendance Period	Deadline to Input Attendance Data into Cityspan		
July 1 – July 31, 2014	August 10, 2014		
August 1 - August 30, 2014	September 10, 2014		
September 1-30, 2014	October 10, 2014		
October 1-30, 2014	November 10, 2014		
November 1-30, 2014	December 10, 2014		
December 1-31, 2014	January 10, 2015		
January 1-31, 2015	February 10, 2015		
February 1-28, 2015	March 10, 2015		
March 1-31, 2015	April 10, 2015		
April 1-30, 2015	May 10, 2015		
May 1-31, 2015	June 10, 2015		
June 1-30, 2015	July 10, 2015		

Exhibit B

ASES and 21st CCLC After School Program Plan and After School Budget Planning Spreadsheet

(Template distributed separately)

INSERT HERE

2014-15 Elementary/Middle School After School Program Budget

AFTE	R SCHOOL BUDGET PLANNI	NG S	SPREADS	HEET				-
LEMEN	TARY & MIDDLE SCHOOLS 02 2014							
					OFCY	Program		China i san
Site	Coliseum College Prep Academy (Middle School)			ASES	Match Funds	Fees (if applicable)		Other Lead Agency Funde
					i unus	appricable)		readed to a to office
Site #:	1		Resource 6010 P		-			
verage #	of students to be served daily (ADA):	%	OUSD	ead Agency	Lead Agency	Lead Agency		Lead Agency
	TOTAL GRANT AWARD		\$150,0	00	\$82,000		\$0	\$0
	COSTS: INDIRECT, ADMIN, EVAL, PD, AL, SUPPLIES							
031000	OUSD Indirect (5%)	-	\$7,143					
	OUSD ASPO admin, evaluation, and training/technical		\$7,143					
	assistance costs		\$9,346					
	Custodial Staffing and Supplies at	-						
-	3.17409359427633%	-	\$4,238					
	TOTAL SITE ALLOCATION	-	\$129,2	74		- 10 - and 110 - and 10		
St. Samela	NINE REAL PROPERTY AND INCOMENTATION OF THE PROPERTY AND INCOMENTATION OF THE PROPERTY AND INCOMENTATION OF THE	-	\$125,2	14	-			
ERTIFIC	ATED PERSONNEL		alla alla			A second second		
1120	Quality Support Coach/Academic Liaison REQUIRED		\$2,500				\$0	
	Certificated Teacher Extended Contracts- math or ELA							
1400	academic intervention or Common Core academic		\$11 100				\$0	
1120	enrichment Certificated Teacher Extended Contracts- ELL		\$11,183				\$U	
	supports							
							\$0	
_	Total certificated		\$13,683				\$0	
	A REAL PROPERTY OF THE REAL PR		and a second sec	050793034034049413	Entering of the second s			ALCONTRACT OF A VERY NOVEMBER
	ED PERSONNEL				-	and the second s		
2205	Site Coordinator (list here, if district employee)	-	\$0	\$0			\$0	\$
2220	SSO (optional)	-	\$9,500		Carlo Stal and Carlo Stal and		\$0	
		-	\$0					
	Total classified		\$9,500	\$0			\$0	\$
BENEFITS	3							
	Employee Benefits for Certificated Teachers on							
3000's	Extended Contract (benefits at 24%)	_	\$3,284					
2000	Employee Benefits for Classified Staff on Extra		04 000					
3000's	Time/Overtime (benefits at 20%) Employee Benefits for Salaried Employees (benefits at	-	\$1,900					and a state of the
3000's	40%)		\$0				10000000000 200000000000000000000000000	
3000's	Lead Agency benefits (rate: 25%)			\$5,000	\$5,400			
-	Total benefits		\$5,184	\$5,000	\$5,400		\$0	\$
BOOKS	ND SUPPLIES		and the second s	a USCANSIDIA		-		
	Supplies (OUSD only, except for Summer							
4310	Supplemental) Uniforms		\$3,000		\$4,338		\$0	1
4310	Curriculum (OUSD only)		\$0				\$0	
5829	Field Trips		\$5,000	The state of the s			\$0	
4420	Equipment (OUSD only)		\$0		\$4,000		\$0	\$
	League Fees				\$6,000			
	Bus tickets for students							
	District professional development on district PD days						-	
	(Bridging the Bay conference, Youth Work Methods trainings)			\$500				
	Total books and supplies		\$8.000	\$500	\$14,338	\$0	\$0	s
	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER O	-	\$3,000	0000	014,000			*
	CTED SERVICES					the second s	ale all	
5825	Site Coordinator (list here if CBO staff) Program Assistant \$22 x 12 hrs/wk x 40 wks + \$22 x		\$0	\$20,000				
5825	20 hrs (PD)			\$9,680	\$1,320			
	Academic Instructors 4 x \$17hr x 1.25 hr x 144 days +							
5825	4 x \$17hr x 20hrs (PD)		\$0	\$7,480	\$7,480			
5005	Enrichment Facilitator (Music) \$22 x 1.5 x 144+\$22 x				SE 100			
5825	20hrs (PD) Enrichment Facilitators (Art) 2 x \$17 x 1.25hr x 144				\$5,192			
5825	days + 2 x \$17 x 20hrs (PD)			\$0	\$6,800			
5825	Enrichment Facilitators (Sport Fitness) \$17 x 1.25hr x 144 days			\$3,060				
	Enrichment Facilitator (sports) 1 x \$30 x 1.5hrs/day x			\$5,460				1

2014-15 Elementary/Middle School After School Program Budget

Site Name:	Coliseum College Prep Academy (Middle School)			ASES	OFCY Match Funds	Program Fees (if applicable)		Other Load Agency Funds
Site #: 232			Resource 6010.	Program 1553				
verage #	of students to be served daily (ADA):	%	OUSD	Lead Agency	Lead Agency	Lead Agency		Lead Agency
	Enrichment Facilitators (sports) 3 x \$22 x 1.5hrs/day x	I						and the second
5825	108 days + \$22 x 20hrs (PD) Enrichment Facilitator (STEM gaming) \$22 x 3 hrs x			\$12,012				
5825	144 days + \$22 x 20hrs (PD)			\$3,084	\$6,860			
5825	AmeriCorps Academic Mentors 3 x 670 stipend/month x 10 months			\$10,050	\$10,050			
5825	STEM Instructor(s) \$22 x 3hrs/day x 144 days plus \$17 x 1.25hrs x 144 days +\$17 x 20hrs (PD)			\$12,564	\$340			
5825	Director of Extended Learning			012,304	\$15,200			
5825								
5825								
5825								
5825								
	Total services		\$0	\$83,390	\$53,242	\$0	\$0	\$0
-KIND D	IRECT SERVICES							
-							\$0	\$0
							\$0	
								-
							-	
	Total value of in-kind direct services						\$0	\$0
Seator	a second second second	2		and a stand second of sound	44 THE GLASSER SEC			
EAD AG	SENCY ADMINISTRATIVE COSTS							
	Lead Agency admin (4% max of total contracted \$)	-		\$4,016.56	\$9,020			\$0
UBTOT	and the second sec	-						
	Subtotals DIRECT SERVICE	86	\$38,610	\$88,890	\$72,980	\$0	\$0	\$0
	Subtotals Admin/Indirect	-15	\$18,483	\$4,017	\$9,020	\$0		\$0
OTALS	Total budgeted per column		\$57,093	\$92,907	\$82,000	\$0	\$0	\$0
	Total BUDGETED	100	\$150	1-	\$82,000	\$0	\$0	\$0
	BALANCE remaining to allocate		\$					
	TOTAL GRANT AWARD/ALLOCATION TO SITE		\$150		\$82,000			
				,	001,000			
	ATCH REQUIREMENT: quires a 3:1 match for every grant award dollar							
otal Mat	tch amount required for this grant:		50,000					
	count toward 25% of this match requirement:		12,500					
	ng match amount required:		37,500					
emainin			and the second se					
latch sh	ould be met by combined OFCY funds, other site ivate dollars, and in-kind resources. This total		82,000					

Required Signatures for Budget Approval: 2 Principal: Lead Agency:

OUSD Afte funded by After School Education and Safety (ASES	r School Programs S) and 21 st Century Community Learning Center (21 st CCLC) Grants
Elementary	C After School Program Plan y & Middle Schools 014 – 2015
SECTION 1: School Site Information	
School Site: Coliseum College Prep Academy	Lead Agency: Safe Passages
Principal Signature:	Lead Agency Signature:
After School Site Coordinator Name (if known at this ime): Robert Campbell	Date: 4/10/2014
SECTION 2: After School Alignment with Communit Mark the following Strategic Priority areas of the school's CS strategy.	ty School Strategic Site Plan (CSSSP) SSP where this after school program is identified as a high leverage
X_Balanced Literacy and Literacy Across the Curricul X Science, Technology, Engineering, and Mathematic	
X_ Science, Technology, Engineering, and Mathematic X_ Transitions and Pathways Pre-K to 12	
X_ Science, Technology, Engineering, and Mathematic X_ Transitions and Pathways Pre-K to 12 X_ College, Career and Workforce X_ Accelerating Students through Targeted Approache	cs (STEM)
X_ Science, Technology, Engineering, and Mathematic X_ Transitions and Pathways Pre-K to 12 X_ College, Career and Workforce X_ Accelerating Students through Targeted Approache X_ Extended Learning Time	cs (STEM) es
X Science, Technology, Engineering, and Mathematic X Transitions and Pathways Pre-K to 12 X College, Career and Workforce X Accelerating Students through Targeted Approache X Extended Learning Time X School Culture (including Meaningful Student Enga X Health and Wellness	cs (STEM) es
 X_ Science, Technology, Engineering, and Mathematic X_ Transitions and Pathways Pre-K to 12 X_ College, Career and Workforce X_ Accelerating Students through Targeted Approache X_ Extended Learning Time X_ School Culture (including Meaningful Student Enga X_ Health and Wellness X_ Interrupting Chronic Absence (Attendance) 	cs (STEM) es
X Science, Technology, Engineering, and Mathematic X Transitions and Pathways Pre-K to 12 X College, Career and Workforce X Accelerating Students through Targeted Approache X Extended Learning Time X School Culture (including Meaningful Student Enga X Health and Wellness	cs (STEM) es

and 21st CCLC After School Programs 2014-2015

1

State 3 - 4 primary goals of the After School Program and intended impacts for participating students.

- 1. Youth who participate in the Safe Passages After School Program will improve and strengthen their academic skills. The After School Program Coordinator with the support of the Program Assistant and Academic Instructors will track and monitor the academic progress of enrolled youth on a regular basis using benchmark and other assessments. Data from the assessments will be used in cycles of inquiry to monitor the effectiveness of academic interventions and to re-evaluate and reconfigure flexible groups in order to provide personalized learning and balanced literacy to students that attend the After School program.
- 2. The Safe Passages After School Program will provide innovative and engaging enrichment activities that will support the academic, social, and emotional development of enrolled youth.
- 3. The Safe Passages After School Program will develop a strong collaborative partnership with clear and consistent lines of communication between the lead agency team members, parents, and school site staff to ensure the Safe Passages After School Program maintains a consistent high quality program that will support the healthy development of all enrolled youth.
- 4. The Safe Passages After School Program will engage all participating youth in processes that build their selfefficacy. In order to facilitate these students' efficacious feelings of accomplishment and success, youth will showcase their work to others during the year at school events and the Safe Passages After School Showcase/Portfolio Presentation.

SECTION 3: OUSD Strategic Questions Complete the matrix for at least two of the following four OUSD Strategic questions.					
Strategic Questions/Desired Outcomes As a result of our ASP efforts	Strategic Activities What after school strategic activities will support the desired outcomes?	Outcomes of Strategic Activities What short-term outcomes will you expect from your efforts by the end of the school year?	Data used to assess the strategic activities What data will be collected to measure these outcomes?		
High School Graduation: How many more Oakland children are graduating from high school?	Targeted Academic Intervention in support of academic readiness to pass the CAHSEE	85% students will have higher test scores as a result of targeted academic intervention.	SRI scores and benchmark assessments		
Satisfactory School Day Attendance: How many more Oakland children are attending school 95% or more?	Quality enrichment that is attractive to students; provision of caring adults in ASP will create connections	Students enrolled in After School programs will have a higher average daily attendance rate than	Daily attendance data for the students will support the measurement of this		

	to caring adults that increase student engagement in school; clear, regular communication with families regarding student attendance in the After School program.	students that do not attend After School programs.	outcome.
Job Skills/Career readiness: How many more students have meaningful internships and/or paying jobs?			
Health and Well-being: How many more Oakland children have access to, and use, the health services they need?	ASP will collaborate with School Based Health Centers (where available) and other health staff through the Coordination of Services (COST) process to ensure that students are accessing needed health services.	100% of students in need of health services will be referred for services.	The data will include the number of COST referrals and number of health visits (where available).

For 2014-2015, my site will operate the following program model:

Traditional After School: voluntary program open to all students, with enrollment priorities targeting certain students
 Extended School Day: additional class periods added to the bell schedule during after school hours for students of a particular grade and/or all students of the school

X Blended/Hybrid: combination of some extended day and some traditional after school programming

Description and Rationale for Selection of Lead Agency

Describe how the selected Lead Agency partner will support the school's plans for Full Service Community School development.

In alignment with the spirit of the OUSD Strategic Plan, the Safe Passages After School Program partnership with the school community is a "true, authentic collaboration" that supports the goals of a thriving student community. Among other goals, Safe Passages After School program supports the school's Full Service Community School Quality Indicator 1 goal – to provide quality learning experiences for students by ensuring that students are provided a quality

extended day program. The program also furthers the efforts to support broader enrichment goals beyond academic intervention with youth leadership opportunities, sports, creative opportunities for artistic expression, such as art, music, and dance. In addition, the program supports the goal of balanced literacy and targeted intervention by providing targeted intervention to students through the COST process and in the one hour of academic programming each day. Safe Passages uses the SRI and Benchmark data to personalize instruction during intervention sessions.

SECTION 5: ATTENDANCE, PROGRAM DATES, AND PROGRAM SCHEDULE

In order to remain in compliance and meet minimum funding requirements, the after school program must commence immediately upon the conclusion of the regular day and operate at least until 6pm *on every regular school day* for elementary and middle schools. (EC 8483)

High school programs are required to operate a minimum of 15 hours per week.

Required # of Program Days your program will operate during School Year 20	014-2015: 180 days required*
Projected Daily Attendance during School Year 2014-2015:	120
Program Schedule	
Submit program schedule as an attachment, using the standard program sche	edule template.

* CDE allows programs to close for a maximum of 3 of these days during the school year for professional development. Families must be notified of these program closure dates in advance, and the lead agency must maintain documentation of professional development activities offered on these dates.

SECTION 6: Academics

Your site should plan to offer a range of academic supports including:

1) Targeted Interventions 2) Skill-Building 3) Homework Support 4) Tutoring

Other possible supports may include computer lab, library exploration, project-based learning, coordination with SES tutoring.

Academic activities should be aligned with school goals and support specific student achievement needs defined by the school. Activities should be based on sound instructional strategies aligned with the regular school day program.

		and a state of the				
	Target Popula- tion	Academic Support (choose one)	CSSSP goal(s) or school need supported by activity	Measurable Outcomes	Description of program/activity	Instructional Strategies
1	All Students	X Homework Support Tutoring Skill Building Academic Intervention Other	This activity supports academic achievement through skill building activities that reinforce concepts introduced during the school day	Increase in homework completion	Support with assigned homework and skill building activities that reinforce grade level Math & ELA content standards	Students will be grouped by grade level. 1/18 adult student ratio
2	All Students	 Homework Support Tutoring X Skill Building Academic Intervention Other 	This activity supports academic achievement through skill building activities	Increase in student understanding of core content subjects, GPA, and CST scores	Students will receive instruction in core content areas	Students will be grouped by grade level. 1/18 adult student ratio
3	All Students	 Homework Support X Tutoring Skill Building Academic Intervention Other 	This activity supports Academic Achievement through individualized support	Increase in student understanding, GPA, CST scores, and academic confidence	Skill building activities that reinforce grade level Math & ELA content standards	Students will be grouped by grade level. 1/18 adult student ratio
4	Students with below a 2.5 GPA and students who score	 Homework Support Tutoring Skill Building X Academic Intervention Other 	This activity supports Academic Achievement	Increase in student understanding, GPA, CST scores, and academic confidence	Students with below a 2.5 GPA and students who score below or far below basic on the CST will receive additional	Students will be Grouped by grade level and content area focus 1/5 adult student ratio

belov far b basid the 0	elow c on			instruction in core content areas (1:5 ratio)	
Lear	uage ☐ Tutoring ners ☐ Skill Buildir ☐ Academic I X Other	g Academic Achievemen	t vocabulary development	mentor to develop English Language skills	1/10 adult student ratio
activities activities often sup Type of	should provide stude should intentionally a	nts with the opportunity to nd creatively build skills to nealth and wellness, pos CSSSP goal(s) or	o apply their classroo hat support students'	ts of the ASES and 21 st Century g m learning in a real, hands-on wa success in school and in life. En arts learning, and student engager Targeted Skills	y. Enrichment richment activities ment. Measurable
Enrich- ment		school need supported by activity			Outcome
Sports & Fitness	X Student Identifie X School Identifie X Parent Identifie Other (specify)	support the health and	Students will have the opportunity to participate in non- competitive sports, seasonal team sports, and tournaments	 College/Career Readiness X Social & Emotional Learning Leadership Academic (specify) X Health and Wellness Other (specify) 	Students will engage in at least 45 minutes of physical activity
Sports & Fitness Girls	X Student Identifie X School Identifie X Parent Identified Other (specify)	support the health and	Students will have the opportunity to participate in non- competitive sports, seasonal team sports, and tournaments	 College/Career Readiness X Social & Emotional Learning Leadership Academic (specify) X Health and Wellness Other (specify) 	Students will engage in at least 45 minutes of physical activity
STEM	X Student Identifie X School Identifie X Parent Identified	exposed to Science	Students will have the opportunity to learn, experiment,	X College/Career Readiness College/Career Readines College/Career Readines College/Career Readiness College/Career Readines College/Care	Increased exposure to STEM programming

Performing Arts	X Student Identified X School Identified X Parent Identified Other (specify)	Students will be exposed to a variety of enrichment activities that will give the opportunity to creatively express themselves	Students will have the opportunity to participate in performing arts programming	 College/Career Readiness X Social & Emotional Learning Leadership Academic (specify) X Health and Wellness Other (specify) 	Increased exposure to performing arts programming
Visual Arts	X Student Identified X School Identified X Parent Identified Other (specify)	Students will be exposed to a variety of enrichment activities that will give the opportunity to creatively express themselves	Students will have the opportunity to participate in visual arts programming	 College/Career Readiness X Social & Emotional Learning Leadership Academic (specify) X Health and Wellness Other (specify) 	Increased exposure to visual arts programming

SECTION 8: FAMILY ENGAGEMENT / FAMILY LITERACY

After school provides an excellent context to foster parent involvement, connect families to the larger school community, and share important information related to the after school and regular school day programs. After school family engagement efforts should be aligned with school day efforts, and support school goals for family involvement. A variety of activities may be offered, including: parent workshops, family celebrations, parent-and-child-together activities, parent leadership and volunteer opportunities.

Family literacy is a required component of all 21st Century after school programs. Family literacy services support the educational goals of adult family members, connect them to resources and services in the community, and increase their ability to support their student's learning and development. For 21st Century grantees who receive Family Literacy funding: *The activities listed below must align to your 21st Century Family Literacy budget plan.*

Type of Activity	CSSSP goal(s) or school need supported by activity	Brief Description	Measurable Outcome	Alignment with school day family engagement / family literacy efforts or resources
Student/Family Recruitment at Registration	Provide a quality Extended Learning Program.	ASP Coordinators communicate with families at school registration to ensure 100% program enrollment.	100% of slots for the After School Program are filled at the start of the year, and a waiting list for the program is maintained and kept current.	Integration with the school's registration efforts allows the ASP Coordinator to connect with every family at the school to inform them of the After School program offerings.

7

Communicate regularly with families to ensure student success	Build effective partnerships with families	Program staff communicates regularly with families regarding student progress.	100% of students' families of enrolled in After School will communicate with an After School staff person 3-10 times a year.	After School communication with families supports the schools efforts to raise attendance and to partner with families in their child's education.
Student Showcases	Creating a welcoming, caring student community where differences are celebrated	Students showcase their work to families and community members.	100% of students enrolled in After School will create pieces for and invite family members to attend showcases of work.	Showcases of student work in After School align with the school effort to maintain a culture that supports student progress and structures for acknowledgement and to build student and family ownership of learning.

SECTION 9: Chronic Absence Action Plan

Improving school day attendance for all students and reducing chronic absenteeism is one of the key OUSD strategic goals. The district goal is that all students will attend school at least 95% of the required school days or more, thereby achieving satisfactory attendance. Students who attend school 90% or less of required days are considered chronically absent. Students whose attendance falls in the "grey zone" between 90% - 95% are considered at risk of chronic absenteeism.

In partnership with the school day, after school programs can play an important role in supporting student attendance by doing things like celebrating good attendance, informing parents about the importance of attendance, uncovering what challenges students/families are facing that cause them to miss school, regularly monitoring student attendance data, contacting families to let them know their child was missed at school, etc., in addition to providing meaningful after school learning experiences that help keep students engaged and coming.

Below are several key strategies that after school programs can implement in partnership with the school day, in order to promote positive attendance, and support students and families who are struggling with attendance. Select *at least two* of the following strategies below, and identify specific action steps that your program will implement for each strategy.

ASES and 21st CCLC After School Programs 2014-2015

Strategies to Support Attendance	Action Steps
a) Recruit and address the needs of students who are at risk of chronic absenteeism.	By analyzing previous school-day attendance data at the start of the school year, the school ASP Coordinator, in collaboration with the site leadership team and COST, will identify students' at risk of chronic absenteeism whose families they will invite to enroll their students in After School at the school wide registration session.
b) Inform parents about the importance of attendance and encourage parents to help each other get their students to class.	The ASP Coordinator or other program staff will contact families daily if their child is enrolled but does not attend the After School program. The importance of program attendance will be discussed with families in all correspondence.
c) Track students with poor program attendance and reach out to find out why and how attendance could be improved.	The ASP Coordinator, in collaboration with site leadership, will utilize the Coordination of Services Team meeting to intervene for increased attendance.
d) Celebrate good attendance and/or offer meaningful incentives to attract and reward students for attending our program.	The After School Program will highlight students with perfect attendance with certificates at the end of each quarter.
SECTION 10: Transforming School Culture and Climate After school programs can play a critical role in support the helping to make schools positive, supportive places for all s	school's efforts to transform school culture and climate,
a) The following are paths that OUSD schools are taking to climate. What strategy/strategies is your school utilizing to	
X PBIS (Positive Behavioral Interventions and Support) _X_ Restorative Justice _X_ Social and Emotional Learning Bullying Prevention Other: (please specify)	
	ASES and 21st CCI C After School Progra

SES and 21st CCLC After School Programs 2014-2015 b) How will the school and lead agency partner work together to ensure that the after school program is aligned and supporting these efforts, and helping to transform school culture and climate? (ie. shared professional development, curriculum, coaching, planning meetings, COST meetings, etc.)

The After School Coordinator will continuously communicate with both extended day and regular day instructors as well as the COST. Coordinators will help facilitate communication between morning and afternoon instructors to ensure the program is integrated and services are coordinated for students and families.

c) Reducing the disproportionate suspension rates of African American students is a key priority for OUSD. Please describe any special efforts your after school program is taking to support the school engagement, social-emotional well-being, and/or academic success of African American students at your school (ie. Manhood Development circles, Ethnic Studies curriculum, recognition ceremonies for student accomplishments, Black professionals as role models or mentors, etc.):

The Safe Passages After School Program supports these OUSD efforts to ensure equity in behavioral practices, maximize every students' school engagement, social-emotional well-being, and academic success by: (1) using culturally competent instructional strategies, (2) incorporating critical pedagogy and youth participatory action research (YPAR) as curricular foundations for resiliency, transformation, and student engagement, (3) training staff and students in cultural asset instruction, cultural asset mapping, and related counter-narrative resiliency strategies, and by (4) building upon a strong youth development framework with sufficient alternative to exclusionary discipline practices.

SECTION 11: Coordination with Other Service Providers In the Full Service Community School model, the school becomes a hub of services where various types of service providers come together, work together, and coordinate their efforts to meet the holistic needs of students and families.

The after school Site Coordinator or Director will actively participate in which of the following school group(s), in order to increase alignment between after school and school day efforts?	X COST team (Coordination of Services Team) X SST (Student Study Team) SSC (School Site Council) X ELT (Educational Leadership Team) PTA X Attendance Team/Workgroup CSSSP (Community School Strategic Site Planning) team School Culture/Climate Committee Other (specify)
List key community partners whom you will actively collaborate with to accomplish the goals of your program.	La Clinica de La Raza, Alameda County, EBAC, PCA, AIM High, and other partner agencies.

List all subcontractors who will be paid to deliver after	TBD
school services.	
Identify other service providers and support personnel at	Students, parents, school staff, Principal, OUSD AS
your school (ie. school psychologist, School Based Health	Program Office, and other CBO and puplic partners
Center staff, counselor, mental health therapist, school	implementing afterschool programming, the members of
nurse, parent liaison, etc.) whom you will actively	the COST, school counselor, and parent engagement
collaborate with to accomplish the goals of your program.	staff.

ASES and 21st CCLC After School Programs 2014-2015

2014-15 After School Enrollment Policy for CCPA Middle School

OUSD has established district-wide guidelines for Target Population and Enrollment in ASES and 21st Century After School Programs. Within these guidelines, each school will create a site-specific After School Enrollment Policy that will be made public to the school community through the following methods:

- Enrollment policy will be included in After School Enrollment Packet and program materials.
- Enrollment policy will be discussed at after school parent orientation/meetings.
- Enrollment policy will be shared with school faculty.

Target Population: (Describe targeted student populations in order of priority. Specify data that will inform student selection.)

Target Population(s)	Specific Data to Inform Selection of Program Participants	(High School Only) Indicate if participation is <i>Optional</i> or <i>Mandatory</i> for each target population	
English Language Learners	CELDT		
Students who scored BB or FBB on the most recent CST	CST Scores		
Students who earned below a 2.5 AGPA during the previous marking period	Student Data on Aeries		

Grade levels prioritized for programming: 6-8

Note: The ASES and 21st CCLC grants require that programs are open to all students of the school, if space remains after outreach is done to targeted students. (For example, if program slots remain open after you have reached out to fill slots with target populations identified above, then by law, you must accept a kindergarten family that desires program services, even if your program prioritizes students in grades 1-5.)

Additional Notes:

- Successful after school programs are heterogeneous and include several target populations.
- Sites cannot simply utilize a first come-first serve process for enrolling students; sites should establish priorities for participation.
- Programs are intended to help close the achievement gap by serving a variety of students with academic and other needs.
- In alignment with OUSD's strategic goal to reduce chronic absenteeism, programs should consider targeting students at risk
 of chronic absenteeism, as determined by individual attendance rates between 90 95% during the current school year.
 (Programs should collaborate with school site leadership to obtain student attendance data.)
- Program must enroll adequate numbers of students to meet CDE attendance targets.

Enrollment Process and Timeline: (Summarize your enrollment timeline below. Describe how your school will identify and recruit students beginning in Spring 2014. Indicate how families will be notified of 2014-15 enrollment before the last day of school, June 12, 2014.)

Timeline	After School Enrollment Steps/Process	Individual(s) responsible
May 2014	13-14 participants will have the opportunity to re-enroll	After School Coordinator, AS staff, CCPA staff, and parents.
Spring & Summer 2014	Outreach and enrollment of new students and rising 6 th graders during summer school, summer mailings, and orientation events.	After School Coordinator, AS staff, CCPA staff, and parents.
August 2013	Mandatory Back to School registration.	After School Coordinator, AS staff, CCPA staff, and parents.

Important dates to include in your timeline:

- April June: Spring enrollment for 2014-15 programs.
- Families will be notified of 2014-15 after school enrollment before the last day of school, June 12, 2014.
- After school programs begin on 1st Day of school, with enrollment at a minimum 75% capacity.
- August September: New school year enrollment of families for remaining program slots.
- Remaining program slots will be filled by September 30, 2014.
- All programs must maintain waitlists after program slots are filled.

Principal Signature:

Lead Agency Signature:

ASES and 21st CCLC After School Programs 2014-2015

2014-15 Assurances for Grant Compliance and After School Alignment with School Day

Principal and Lead Agency representative will review and discuss each assurance below, and initial next to each item to signify agreement. Attached separately are the following documents referenced below: 1) Grant Assurances signed by OUSD Superintendent, 2) After School MOU template, and 3) Quality Support Coach/Academic Liaison Role Description.

Principal initials	Lead Agency initials	2014 – 15 Assurances for Grant Compliance and After School Alignment with School Day
8th	92	Site Administrator and Lead Agency Director/Site Coordinator have reviewed the CA Dept of Education's ASES and/or 21 st Century Grant Assurances, and understand mandated grant compliance elements.
381	A	Site Administrator and Lead Agency Director have reviewed the Lead Agency After School MOU together, and agree to the requirements outlined in the MOU for the lead agency partner.
All	An	Site Administrator will meet regularly with Site Coordinator to ensure program is meeting identified goals.
ABL	An	Site will share student outcome data to better refine program (Attendance data, test scores, Report Cards, IEP's, etc).
JBh	fan	The principal and lead agency partner have reviewed and discussed the Quality Support Coach key responsibilities. Both Principal and lead agency partner understand that this role is critical for strengthening staff practices and the quality of the after school program. Site will identify a certificated, qualified individual to serve as the program's Quality Support Coach and to fulfill all responsibilities outlined in the role description.
aBw	Au	Site will invite Site Coordinator and appropriate after school staff to participate in school day meetings and professional development opportunities, in order to ensure consistency in standards of teaching and learning and positive school climate.
aber	An	Site will invite Site Coordinator to participate on SSC, COST, SST, and/or CSSSP teams to ensure coordination of services.
aBw	AM	Site will coordinate the use of facilities and site level resources in support of program goals.
aBus	ten	Site will provide Site Coordinator with office space that includes access to internet and phone.
Bh	AM	Site Administrator will share the School Site Safety Plan with the Site Coordinator and discuss appropriate policies and procedures to ensure safety during the after school hours.
Principal	Signature:	

ASES and 21st CLC After School Programs 2014-2015

Quality Support Coach (formerly called "Academic Liaison")

After school research clearly shows that high quality programs result in increased youth outcomes. The higher the program quality, the more youth outcomes are achieved. The Quality Support Coach is a required position and plays a critical role in supporting after school program quality through the following high leverage staff capacity-building activities:

- Provide classroom observations, coaching support, and trainings to improve staff practices and program quality.
- Support the after school program's *Assess -- Plan Improve* program quality improvement cycle by helping after school programs gather and review data on program quality, make plans for improvement, and receive training and coaching supports aligned to improvement plans.
- Bridge the after school program with school day goals, priorities, curriculum, pedagogy, and data.
- Provide lesson planning support and lesson modeling to strengthen after school instruction.
- Help develop/design after school academic offerings and curriculum, and support alignment of after school
 activities with the Common Core standards

The Quality Support Coach can be a credentialed teacher from the school faculty or other qualified professional working with the school (for example, a Literacy Specialist, Math Coach from LCI, BTSA Coach, etc.). This individual will receive training and specific direction on the Quality Support Coach role from the OUSD After School Programs Office. The After School Programs Office will provide specific deliverables aligned with the key job duties listed above. The required budget allocation for this position is \$2,500 for the year, equivalent to 83 hrs/year at a Paid-In-Service contract rate of \$30.12/hour.

Quality Support Coaching Planning

a) Please identify who will fulfill the Quality Support Coach role for 2014-15:

X A credentialed teacher on staff who has effective skills and experiences in coaching and/or adult learning

- □ A qualified professional who is part of the school staff
- An OUSD coach connected to the school (i.e. LCI Literacy or Math coach, BTSA coach, etc.)
- □ Other individual (please specify in detail):

If known, please specify the name of the person who will fill the Academic Liaison role, and identify his/her role in the school: TBD

b) Some schools are challenged in finding a qualified individual on staff who can fulfill the Quality Support Coach role. In this case, the OUSD After School Programs Office will work actively to try to find an OUSD coach to match with the school. Please mark:

My school needs support in finding an individual who can effectively fulfill the role of Quality Support Coach. Yes X No

Teachers on Extended Contract for Direct Service

In addition to a Quality Support Coach, some schools choose to have teachers on extended contract to provide direct service to students after school, such as after school intervention, support with programs like Achieve 3000 or Fast Forward, and academic enrichment.

Please list specific after school classes/activities that will be facilitated by teachers paid on extended contract. Important note: Teachers on extended contract who are providing direct services to students after school must be paid at the negotiated rate of \$23.16/hr (per OEA contract). After school grant funds can be utilized for this direct service work. The Quality Support Coach cannot provide direct service to students. The Quality Support Coach is primarily responsible for providing coaching and training, and is paid at the negotiated Paid-In-Service rate of \$30.12 for their staff capacitybuilding services. Teachers doing direct service work after school must be paid with an extended contract.

teacher on extended contract
1 hour per day four days a week

Principal Signatu

Lead Agency Signature:

ASES and 21st CCLC After School Programs 2014-2015

After School Safety and Emergency Planning for 2014-15

After School Safety and Emergency Planning A) The Comprehensive School Site Safety Plan will incorporate the After School Program. The Principal and Site Coordinator will discuss plans and procedures for after school safety, and the Site Coordinator will have access to the Comprehensive School Site Safety Plan. X Yes I No. If no, explain after school plans to ensure student and staff safety should an incident of violence or other crisis/emergency occur on or near the school campus during after school hours: B) Describe the training that site will provide after school staff on safety procedures, including lockdown procedures and communication protocols for crisis response. After School staff will receive training on safety procedures and run through lockdown and crisis protocols during their August orientation to the site. C) Principal and Site Coordinator have reviewed the OUSD After School Emergency/Crisis 1st Level Response Notification Protocol. X Yes D No **Facility Keys** Will the After School Program have access to facility keys for all areas where after school programming occurs? X Yes □ No If no, indicate how the school campus will be secured if crisis should occur during after school hours and if lockdown is necessary: SSO Staffing: (check one) □ Site has a school day SSO who can accommodate after school related work as part of their regular salary. X Site will pay Extra time/Over time (ET/OT) to accommodate an after school SSO.

Site does not need an SSO or does not have the resources to have an after school SSO.

Principal Signature:

Lead Agency Signature:

ASES and 21st CCLC After School Programs 2014-2015

Professional Development and Staff Wellness

Professional Development: After school staff should receive adequate professional development, including coaching support and trainings, in order to grow and improve their practice. Programs should utilize data from the YPQA/SAPQA youth program quality assessment tool to determine the areas of focus for professional development.

a) Programs are allowed up to three days of program closure during the school year to offer staff professional development. Please indicate which three days (if any) your program plans to close this year for PD: TBD

b) What professional development, coaching, and training supports will be provided by the lead agency partner? Safe Passages After School will provide quarterly professional development for Site Coordinators and Instructors and weekly coaching will be provided by the Supervisors of the Site Coordinators.

c) What professional development opportunities will be provided by the school site? The After School Coordinator and Instructors will be invited to participate in PD activities provided by the school site as appropriate.

d) ASPO professional development will consist of the mandatory August Institute (week of Aug. 4-8), mandatory monthly site coordinator meetings (2 hrs/month), Youth Work Methods trainings (4 hours in October during non-student day), the annual Bridging the Bay after school conference, and various professional learning communities (time commitment varies). Please mark:

I understand that professional development helps ensure program quality. My program is committed to providing/accessing professional development opportunities for after school staff, based on needs identified by program data. My program will adequately budget for staff time to participate in professional development over the course of the year (for key line staff, recommended at least 20 hours of PD/year). X Yes \Box No

Staff Wellness

e) Please describe ways your program will work to support staff wellness over the course of the year: Profession development trainings will focus on self-care topics including stress management and wellness techniques. Additional health and wellness benefits are accessible for full-time Safe Passages staff as part of their benefits package.

Principal Signa

Lead Agency Signature:

ASES any 21st CCLC After School Programs 2014-2015

Exhibit C OAKLAND UNIFIED SCHOOL DISTRICT ASES AND 21ST CENTURY AFTER SCHOOL PROGRAMS

PARENT PERMISSION AND STUDENT INFORMATION - ELEMENTARY AND MIDDLE SCHOOLS

I give my child permission to participate in the 2014–2015 ______ After School Program. Name of School: Date of Birth Grade Student's Name Parent/Guardian Name (Please print) Today's Date Signature City Home Address Zip Work Phone Cell Phone Home Phone EMERGENCY CONTACT INFORMATION In case of emergency please contact: Phone: work/home/cell Name Relationship Does your child have health coverage? Yes No Name of Medical Insurance Policy/ Insurance # Primary Insured's Name Medical History that may be of importance Medication Student is taking List any Allergies Name of Child's Doctor Telephone I authorize After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After School Program. Parent/Guardian Name Signature Date

After School MOU 2014-2015, page 17 of 30

RELEASE OF LIABILITY

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

Parent/Guardian Signature: _____ Date ____

STUDENT RELEASE/ PICK UP POLICY

As parent/guardian, I understand that the After School Program will begin immediately after school is out and will end by <u>6:00 p.m</u>. Students will not be released to go home from the After School Program until they are signed out by the parent/guardian or one of the individuals listed below:

 $\mathbf{\nabla}$

Л

Parent/Guardian/Caretaker Signature

When I am unable to pick my child up, I give After School Program staff permission to release my child to:

Name/Relationship

Phone Numbers: Home/Work/Cell

Date

Name/Relationship

Phone Numbers: Home/Work/Cell

REMEMBER: Please pick up your child on time. The program ends by 6:00 p.m. If students are not picked up by 6:00 p.m., After School Program staff are required by law to report to Child Protective or law enforcement. Please note: Three instances of tardiness in picking up your child will result in his/her dismissal from the program.

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

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

_____Parent/Guardian Signature

After School MOU 2014-2015, page 19 of 30

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

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

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

Parent/Guardian Signature

EARLY RELEASE WAIVER (OPTIONAL)- ELEMENTARY AND MIDDLE SCHOOL STUDENTS

- Elementary School students are expected to participate in the after school program <u>every</u> day until 6pm, for a total of 15 hours per week.
- Middle School students are expected to participate in the after school program <u>at least 3</u> days per week until 6pm, for a minimum total of 9 hours per week of participation.

Students who are able to fulfill these attendance requirements have priority for enrollment.

Based on the OUSD Early Release Policy, families can request Early Release of their child from the after school program for any of the following reasons:

- Parallel Program
- Family Emergency
- Personal Family Circumstance
- Medical appointment
- Transportation
- Community safety
- Child accident
- Other conditions, as deemed appropriate

School Site: _____

Name of Program: _____

Name of Student: _____

Grade: _____

I request early release of my child from the After School Program at ______ o'clock p.m.

(please check reason)

□ I am concerned for my child's safety in returning home by him/herself after dark.

I am unavailable to pick my child up after this time.

• Other: _____

As parent/guardian, I hereby release and discharge the Oakland Unified School District and its officers, employees, agents and volunteers from all claims for injury, illness, death, loss or damage that my child may suffer as a result of his/her early release from the After School Program.

Signature of Parent/Guardian

Date

WAIVER OF PICK UP POLICY AND PERMISSION TO RELEASE WITHOUT SUPERVISION (OPTIONAL)

FOR STUDENTS AGES ____ AND OLDER ONLY School Site: _____

Name of Student: _____

Grade: _____

Date of Birth of Student: _____

If I arrive later than the dismissal time or am unable to pick up my child at the end of the After School Program:

□ I give the After School Program staff permission to release my child from the afterschool program without supervision.

As parent/guardian, I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from all claims for injury, illness, death, loss or damage as a result of the release of my child without supervision if I arrive later than dismissal time or am unable to pick up my child at the end of the After School Program day.

Signature of Parent/Guardian

Date

Exhibit D

Schedule of Field Trips, Off Site Events and Off Site Activities for After School Program

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

Contact Information:	
Site Name	Lead Agency Name
	Name
Name of Contact	Email
Person	
Telephone	Fax

The following Field Trips, Off Site Events and Off Site Activities for the After School	
Program will occur during:	

- □ Fall Semester- August 25, 2014 to January 30, 2015
- □ Spring Semester- February 2, 2015 to June 11, 2015
- Summer Program (Specify dates: ______ to ______

Name of Field Trip, Off Site Event, and/or Off Site Activities	Date(s)	Time(s)

Site Coordinator Signature	_Date
Lead Agency Director Signature	Date
Site Administrator Signature	Date

After School MOU 2014-2015, page 23 of 30

EAST BAY REGIONAL PARK DISTRICT

WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

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

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

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

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

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

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

Participant's	Name	
		(Print)

Name of Custodial Parent or Guardian (if Participant is under 18):____

Signature:

(Print)

Date:

Participant Signature (if over 18) or Custodial Parent or Guardian Signature

EBRPD Waiver - Swim Use Rev. 3/09

After School MOU 2014-2015, page 24 of 30



INVOICING AND STAFF QUALIFICATIONS FORM

2014-2015

Basic Directions

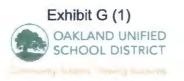
Complete the chart below for each subcontractor and attach with Lead Agency monthly invoices.

1. Employee, agent or subcontractor name.

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

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

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



PROCEDURE FOR INVOICING Oakland Unified School District Comprehensive After School Programs 2014-2015

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

- All 21st Century and/or ASES invoices <u>must be submitted to the OUSD After School Programs Office</u> in order to be processed and paid. We are located at 746 Grand Ave, Lakeview Campus, Room 3.
- All invoices must be generated <u>on your organization's letterhead</u>. This applies to both agency and individual contractors.
- To maintain invoicing consistency so that all necessary information is included, please <u>use the attached invoicing format</u>. Simply cut and paste the format onto your organization's letterhead. Please utilize the sample invoice as a guide. All of the information in the top section of the invoice template MUST be completed in order to process for payment. Also, in the body of the template, a detailed breakdown of charges must be provided, including number of hours worked and hourly rate. Failure to fully complete an invoice according to these specifications may result in a delay of payment.
- All invoices should cover only one calendar month, i.e. the 1st through the 30th or 31st.
- <u>Contractor</u>, <u>Agency</u>, <u>Site Coordinator</u>, <u>and Principal signatures</u> must be secured prior to submission of invoices to the After School Programs Office. All of these signatures must be originals.
- Invoices for the month are generally <u>due in the After School Programs Office by 5:00 p.m. on the 10th of the following month.</u> This is not a steadfast rule; for example, the invoice for September 1-30th is due in our office on the 11th of October (the 10th is a Sunday). Invoices that are submitted after the due dates listed below will be processed the following monthly invoicing period.

As of now, the schedule for OUSD payments is anticipated as follows:

Invoices due to our office by 5:00 pm on:	Accounts Payable checks to be mailed on:
August 8, 2014	August 23, 2014
September 10, 2014	September 25, 2014
October 10, 2014	October 25, 2014
November 10, 2014	November 22, 2014
December 10, 2014	December 23, 2014
January 9, 2015	January 25, 2015
February 10, 2015	February 26, 2015
March 10, 2015	March 26, 2015
April 10, 2015	April 25, 2015
May 8, 2015	May 23, 2015
June 10, 2015 for May invoices	June 26, 2015
June 12, 2015 for Final Billing	TBD

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

After School MOU 2014-2015, page 26 of 30



PROCEDURES for PAID INSERVICE/EXTENDED CONTRACTS and TIME SHEETS OUSD CERTIFICATED TEACHERS 2014-2015

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

Paying OUSD Certificated Employees (Teachers)

- Academic Liaisons should submit a Paid Inservice form and Extended Contract teachers should submit a "Request for Extended Contract" IN ADVANCE to approve all projected work to be completed, using appropriate Budget Org Key (Object Code usually -1120 or -1122)
- The FIRST submission of the Paid Inservice/Extended Contract paperwork must be accompanied by a timesheet in order to be processed by OUSD Payroll. No payment will be rendered until timesheets are submitted to our office.
- Have Employee sign Extended Contract & ALL Time Sheets
- Have Principal approve and sign Paid Inservice/Extended Contract & ALL Time Sheets
- Please be sure to submit ORIGINALS of all documents
- Please use only ONE SIDED Time Sheets
- Deliver to OUSD After School Programs Office All 21st Century and/or ASES Paid Inserivce/Extended Contracts and Time Sheets <u>must be submitted to the OUSD After School Programs</u> <u>Office</u> in order to be processed and paid. We are located at 746 Grand Ave., Lakeview Campus, room 3.
- Union Contract rate for teachers is \$23.16/hr.
- Union Contract rate for Academic Liaisons is \$30.12/hr.
- Once the Paid In-service form or Request for Extended Contract has been submitted and approved, only timesheets are required to be submitted for subsequent payments.

Paid In-service/Extended Contract Timesheets Due to After School Programs Office on the following anticipated dates:	OUSD Anticipated Payroll Issue Dates ***Please note: Allow 45 days processing time for the first submission. Future submissions take approximately 2 weeks .***
September 30, 2014	October 15, 2014
October 31, 2014	November 14, 2014
November 21, 2014	December 15, 2014
December 19, 2014	January 15, 2015
January 29, 2015	February 13, 2015
February 27, 2015	March 13, 2015
March 30, 2015	April 15, 2015
April 30, 2015	May 15, 2015
May 29, 2015	June 15, 2015
June 11, 2015	June 30, 2015

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

Exhibit G (3)

After School MOU 2014-2015, page 27 of 30



PROCEDURES for EXTENDED TIME and/or OVERTIME FORMS (ET/OT) for OUSD CLASSIFIED EMPLOYEES 2014-2015

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

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

- Complete "Combined ET/OT/CT and Move-Up/Acting Time Report", using appropriate Budget Org Key
- Have Employee Sign Form
- Have Site Coordinator Sign Form
- Have Principal Approve and Sign Form
- All Custodial ET/OT forms must be submitted to Custodial Services at 900 High Street.
- All SSO ET/OT forms must be submitted to the SSO Office at <u>1011 Union St</u>.
- Any other ET/OT forms for 21st Century and ASES classified staff must be delivered to Oakland SUCCESS After School Programs Office in order to be processed and paid. Please see payment schedule in chart below. Forms that are submitted after the due dates listed below will be paid on the following Payroll Issue Date. We are located at 746 Grand Ave, Lakeview Campus, Room 3.
- Rate varies depending on employee's hourly rate

ET/OT Forms Due to After School Programs Office on the following anticipated dates:	OUSD Anticipated Payroll Issue Dates
September 13, 2014	September 30, 2014
September 30, 2014	October 15, 2014
October 15, 2014	October 30, 2014
October 31, 2014	November 1542014
November 15, 2014	November 26, 2014
November 22, 2014	December 15, 2014
December 13, 2014	December 30, 2014
December 20, 2014	January 15, 2015
January 15, 2015	January 30, 2015
January 30, 2015	February 13, 2015
February 14, 2015	February 27, 2015
February 28, 2015	March 13, 2015
March 14, 2015	March 30, 2015
March 28, 2015	April 15, 2015
April 15, 2015	April 30, 2015
April 30, 2015	May 15, 2015
May 15, 2015	May 29, 2015
May 30, 2015	June 15, 2015
June 13, 2015	June 30, 2015

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

Exhibit H

After School MOU 2014-2015, page 28 of 30

Certificates of Insurance and Additional Insured Endorsement

INSERT HERE



SAFEPAS-01 VPXKERURKAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/16/2014

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORD BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSUI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION I the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does n certificate holder in lieu of such endorsement(s). PRODUCER License # 0726293 Arthur J. Gelligher & C.o. Insurance Brokers of CA., Inc. S05 N Brand Blvd, Suite 600 Glendale, CA 91203 CONTACT NAME: NAME Ed. (818) 539-2300 FAX Autor J. Gelligher & C.o. Insurance Alliance of CA NAME. Sofe Passages 250 Frank Ogawa Plaza #6306 Owkland, CA 94612 Insurers B : INSURER B : INSURER E : INSURE E : INSURER E : INSURE E :	ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELEOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUIDGINSURRER(S), AUTHORIZED EXPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. MODERN and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the entificate holder in lieu of such endorsement(s). DUCEN LICENS # 0726233 DUCEN LICENS # 072623 DUCENS LICENS & DUCENS LICENS & DUCENS LICENS LICENS & DUCENS LICENS LICENS & DUCENS LICENS & D	IMPORTANT: If the cartificate holder is an ADDITIONAL INSURED, the policy(is) must be endorsed. If SUBROCATION IS WAIVED, subject to the cartificate holder in field of such endorsement(s). Impolicities may require an endorsement. A statement on this cartificate does not conferrights to the cartificate holder in field of such endorsement(s). PRODUCER License # 0726293 Antur J. Gelligher & Co. Insurance Brokers of CA., Inc. 305 M Brand Bivd, Suite 600 Glendate, CA 91203 Imsurance Brokers of CA., Inc. 305 M Brand Bivd, Suite 600 Safe Passages Imsures A. Fondomic Coverance ADDERSE Imsures A. Fondomic Coverance Nusures D. Imsures A. Fondomic Coverance Nusures D. Imsures A. Fondomic Coverance Safe Passages Imsures A. Fondomic Coverance 200 Frank Ogawa Plaza #6306 Imsures A. Fondomic Coverance Ookland, CA 94612 Imsures F.: Insures A. Fondomic Anv Recultarement, The: Insurance AFFORDING Coverance Imsures F.: Insures F.: Imsures F.: Insures A. Fondomic Anv Recultarement, The: Insurance Beer RecolceD by Pablic Calmer Imsures F.: Insures F.: Imsures F.: Insures F.: Imsures F.: Insures F.: Imsures F.: This Is To Certify That The: Policis D or File Stoce Or Hest Boolcalment for Stoc	CENTRICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICID BELOW. THIS CERTRICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZZ REPRESENTATIVE OR PRODUCER, AND THE CERTRIFICATE MOLDER. IMPORTATI'. THe activities holds: is an ADDITIONAL INSURED, the policylics must be endorsed. If SUBROGATION IS WAVED, subject certificate holds: in lieu of such endorsement(s). PROUCER LICERSE # 0726293 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. Clendale, CA 91203 BUSIRED Safe Passages 250 Frank Ogawa Plaza #6306 Misures 1: Safe Passages 250 Frank Ogawa Plaza #6306 Misures 1: INSURER 0: INSURER 0: INSURER 1: COVERAGES COVERAGE Safe Passages 250 Frank Ogawa Plaza #6306 Misures 0: </th <th>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTTUTE A CONTRACT BETWEEN THE ISSUIRON INSURER(S), AUTHORIZON REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTATI'S II the cartificate holder is an ADDITIONAL INSURED, the policy(lies) must be endorsed. If SUBROGATION IS WAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not conferrights to the certificate holder in teur of such endorsement(s). PRODUCER LICENSE # 0726293 Arthur J, Gellapher & Co. Insurance Brokers of CA., Inc. 305 M Frand Brd, Subject to the terms and conditions of the policy (etail biolitics). Safe Passages 200 Frank Ogawa Piaza #6306 Dekiner, CA 91203 IMSURER 1 MISURED IMSURER 1 INSURER D IMSURER 1 Safe Passages 200 Frank Ogawa Piaza #6306 ZOVERAGES CERTIFICATE NUMBER: THIS IS TO CENTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN RESULED TO THE INSURED NUMBER THIS IS TO CENTIFY THAT THE POLICIES OF INSURANCE APFORDED BY THE POLICIES DESCRIPE MEENT IS SUBJECT TO MORE SUBJECT TO ENDITY HAT THE POLICIES INTER SHOWN NAY HAVE BEEN RESULED TO THE INSURED MADOR FOR THE POLICY PERICE COVERAGES CERTIFICATE NUMBER THIS IS TO CENTIFY THAT THE POLICIES INTER SHOWN NAY HAVE BEEN RESULED TO THE INSURED MEENT INTERNATION OF S</th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>5</th> <th>10/2014</th>	CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTTUTE A CONTRACT BETWEEN THE ISSUIRON INSURER(S), AUTHORIZON REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTATI'S II the cartificate holder is an ADDITIONAL INSURED, the policy(lies) must be endorsed. If SUBROGATION IS WAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not conferrights to the certificate holder in teur of such endorsement(s). PRODUCER LICENSE # 0726293 Arthur J, Gellapher & Co. Insurance Brokers of CA., Inc. 305 M Frand Brd, Subject to the terms and conditions of the policy (etail biolitics). Safe Passages 200 Frank Ogawa Piaza #6306 Dekiner, CA 91203 IMSURER 1 MISURED IMSURER 1 INSURER D IMSURER 1 Safe Passages 200 Frank Ogawa Piaza #6306 ZOVERAGES CERTIFICATE NUMBER: THIS IS TO CENTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN RESULED TO THE INSURED NUMBER THIS IS TO CENTIFY THAT THE POLICIES OF INSURANCE APFORDED BY THE POLICIES DESCRIPE MEENT IS SUBJECT TO MORE SUBJECT TO ENDITY HAT THE POLICIES INTER SHOWN NAY HAVE BEEN RESULED TO THE INSURED MADOR FOR THE POLICY PERICE COVERAGES CERTIFICATE NUMBER THIS IS TO CENTIFY THAT THE POLICIES INTER SHOWN NAY HAVE BEEN RESULED TO THE INSURED MEENT INTERNATION OF S		-						5	10/2014	
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does n certificate holder in lieu of such endorsement(s). Forduces in lieu of such endorsement(s). PRODUCER License # 0726293 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Bivd, Suite 600 Glendale, CA 91203 Contract PMONE Insure R Contract Puone Insure Reise Nouree R a: Nonprofits' Insurance Alliance of CA Nouree R and Nouree R and Nouree R Nouree R and Nouree R and Nouree R Nouree R and Nouree R and Nouree R Nouree R and Nouree	e terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the ertificate holder in lieu of such endorsement(s). DUCER License # 0726293 UPU Galagher # Co. Incance Brokers of CA., Inc. N Brand Bird, Suite 600 N Brand CA 94612 N Brand R Bird, Ca 94612 N Bran	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 lice of P026293 PROUVER License # 0726293 PROUVER License # 0726293 Soft Prand Bivd, Suite 600 Glendale, CA 91203 BINURED BINURED BINURE C BINURE BINURE C BINURE BINURE C BINURE BINURE BINURE BINURE C BINURE BI	the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to to certificate holds in lieu of such endorsement(s). PRODUCER License # 0726293 Arthur J, Gallapher & Co. Innance Brokers of CA., Inc. 505 N Brand Bird, Suite 600 Glendale, CA 91203 Insurez D Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 Insurez D Insurez D Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 Insurez D Insurez D <t< th=""><th>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 does not</th><th></th><th>CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN</th><th>TIVELY</th><th>OR NEGATIVELY AMENI</th><th>D, EXTEND OR AL</th><th>TER THE C</th><th>OVERAGE AFFORDED</th><th>BY TH</th><th>IE POLICIES</th></t<>	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 does not		CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN	TIVELY	OR NEGATIVELY AMENI	D, EXTEND OR AL	TER THE C	OVERAGE AFFORDED	BY TH	IE POLICIES	
PRODUCER License # 0726293 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. S05 N Brand Bird, Suite 600 Glendale, CA 91203 Contract MAME: PHONE Extl. (818) 539-2300 fAX: ADRESS. Glendale, CA 91203 Insurance Brokers of CA., Inc. Solation Bird, Suite 600 Glendale, CA 91203 Solation Sol	OUCER License # 0726293 nur J. Gallagher & Co. Insurance Brokers of CA., Inc. Image: Construct The Mate: Construct The Const	INSURED Image: A index in the instance Brokers of CA., Inc. Image: A index instance Brokers of CA., Inc. S05 N Brand Bird, Suite 600 Image: A index instance Brokers of CA., Inc. Image: A index instance Brokers of CA., Inc. S05 N Brand Bird, Suite 600 Image: A index instance Brokers of CA., Inc. Image: A index instance Brokers of CA. INSURED Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. INSURED Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer C. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Insurer D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Instance D. Image: A index instance Brokers of CA. Image: A index instance Brokers of CA. Instance D. Image: A index instance Brokers of CA. Image: A index instance Broker	COVERAGES Covract MAX Covract MAX <thcovract MAX <thcovract MAX</thcovract </thcovract 	COVERACT Market S05 N Frand Bivd, Suite 600 Glendale, CA 91203 Coveract Market Free Status S05 N Frand Bivd, Suite 600 Glendale, CA 91203 Market Market Free Status S05 N Frand Bivd, Suite 600 Glendale, CA 91203 Market Market Free Status Sole Passages 200 Frank Ogawa Piaza #5306 Distance Coverage Market		the terms and conditions of the polic	cy, certai	in policies may require an	he policy(ies) must endorsement. A st	be endorsed atement on t	. If SUBROGATION IS while certificate does not	VAIVEI confer), subject to rights to the	
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. Hone.	Uur J. Gallagher & Co. Insurance Brokers of CA., Inc. Prome Fig. Rev. Rep. (B18) 539-2300	Arthur J. Gallagher & Co., Insurance Brokers of CA., Inc. In	Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. Sol N Brand Bird, Suite 600 Glendale, CA 91203 Insurence Birokers of CA., Inc. Marce, Not Control (1998) 539-2300 If Xac, Note: (618) 539-2300 Missinger CA 91203 Insurence Alliance of CA Insurence Alliance of CA Insurence C Insurence Alliance of CA Insurence C Insurence Alliance of CA Insurence C Insurence of CA Insurence of CA Insurence of CA <th>Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. Image: CA 91203 Image: CA 91203</th> <th>-</th> <th></th> <th>rsement</th> <th>(S).</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. Image: CA 91203	-		rsement	(S).						
Job Th Brail Control Job Th Brail Control Job The Brail Control J	In Diale CA 91203 EMail: Address Models, CA 91203 INSURER, S. INORDROTIS' INSURANCE ALLIABLERY RED INSURER, S. INORDROTIS' INSURANCE ALLIABLERY 250 Frank Ogawa Plaza #6306 Oakland, CA 94512 INSURER E. INSURER, E. INSURER, E. INSURER, E. INSURER, E. INSURER, F. INSURER, E. INSURER, F. INSURER, E. INSURER, F. INSURER, E. INSURER, F. INSURER, E. INSURER, P. INSURER, E. INSURER, F. INSURER, E. INSURER, F. INSURER, E. INSURER, P. INSURER, E. INSURER, P. INSURER, E. INSURER, F. INSURER, E. INSURER, F. INSURER, E. INSURER, P. INSURER, E. IS TO CERTIFY THAT THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCIDED HERE DE HEREINE SUBJECT TO WHICH THIS RETHICATE, MAY BE ISSUED OF INSURANCE INSURANCE AFFORDED BY THE POLICIES DESCIDED HERE FOR CONSTRUCT ON OTHER DOCUMENT WITH RESPECT TO WHICH THIS X COMMERCIAL GENERAL LIABILITY INSURER, INSURER, INSURER, INSURANCE AFFORDED BY THE POLICIES DESCIDED HEREIN IS SUBJECT TO AND CANNES AUTONS INSURANCE, INTERNANCE AFFORDED AUTONS INSURANCE, INTERNANCE AFFORDED AUTONS INSURANCE, INTERNANCE AFFORDERED AUTONS I	All table to it y to an out of y to an out of the policy of the polic	Insure Diam Differentiate Google State Stat	AGONESSE			kers of (A inc	NAME: PHONE (DAD)	20 0000	FAX	/040)	520 2204	
Glendale, CA 91203 ADRESS: INSURED INSURER A : Nonprofits' Insurance Alliance of CA INSURED Safe Passages 250 Frank Ogawa Plaza #6306 INSURER E : Oakland, CA 94612 INSURER E : INSURER E : INSURER E : INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLIMENT WITH ME INSUBANCE AFFORDED BY PAID CAIMS. INSURER E : INSURER E : INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLIMENT WITH INSUBLE EXACUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSUR YTPE OF INSURANCE INSURER E : INSURER E : INSURER E : INSURER E : INSURER E : INSURER E : INSURER E : INSURATIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER E : INSURER E : INSURER E : INSURER E : INSURER E : INSURER E : INSURER E : INSURATION OCCUP INSURER E : INSURER E : <	Noale, CA 91203 Address Insurer, A: Nonprofits' Insurance Alliance of CA Insurer, A: Nonprofits' Insurance Alliance of CA Insurer, B: Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 WSURER B: Insurer, B: <	Glehdale, LA 91/203 ADDRESS INSURER(s) AFORDING COVERAGE NAIC # INSURED INSURER A: Nonprofits' Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance of CA INSURED Safe Passages 250 Frank Ogawa Piaza #6306 Insurance Alliance of CA Insurance Alliance of CA INSURER C: Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance of CA INSURER C: Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance of CA INSURER C: Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance C: Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance C: Insurance Alliance of CA Insurance Alliance of CA Insurance Alliance of CA This Is TO CERTIFY THAT THE POLICES LITEM OR CONDITION OF ANY CONTRACT ON OTHER DOCUMERT TO WRITCH THIS SUBJECT TO ALL THE TERMOR CONDICIDE UNANCE AFORDED BY THE POLICES LITEMANCE AFORDED BY THE POLICES LITEMANCE AFORDED BY THE POLICES LITEMANCE AFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMOR CONDICES LITEMANCE AFORDED BY THE POLICES LITEMANCE AFORDED BY THE POLICES LITEMANCE AND DE CONTRACT ON OTHER DOCUMERT IS SUBJECT TO ALL THE TERMOR CONTRACT ON OTHER DOCUMER LITEMANCE AND DE CONTRACT ON OTHER DOCUMERED ALLABA Instrumente Allaba	Cuendale, CA 91203 Adoress: INSURERS Adoress: Max INSURED Insurer, a: Nonprofits' Insurance Alliance of CA Max INSURER D: MSURER D: Insurer, b: Oakland, CA 94612 Insurer, b: Insurer, b: Insurer, b: Insurer, b: Insurer, b: </td <td>JADRESS: INSURESS: INSURESS: INSURESS: INSURESS: Safe Passages Z50 Frank Ogawa Piaza #6306 Owing Piaza #6306 Owing Piaza #6306 Owing Piaza #6306 OWERAGES COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES CENTIFICATE NUMBER: REVISION NUMBER:<</td> <td>50</td> <td>5 N Brand Blvd, Suite 600</td> <td></td> <td></td> <td>(A/C, No, Ext): (010)</td> <td>039-2300</td> <td>(A/C, No)</td> <td>: (010)</td> <td>339-2301</td>	JADRESS: INSURESS: INSURESS: INSURESS: INSURESS: Safe Passages Z50 Frank Ogawa Piaza #6306 Owing Piaza #6306 Owing Piaza #6306 Owing Piaza #6306 OWERAGES COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES CENTIFICATE NUMBER: REVISION NUMBER:<	50	5 N Brand Blvd, Suite 600			(A/C, No, Ext): (010)	039-2300	(A/C, No)	: (010)	339-2301	
INSURED INSURED INSURE D Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER D: INSURER C: INSURER C: INSURE C: INSURER C: INSURER C: INSURE CONTACT OF OTHER DOLUMENT WITH RE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICY INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS OF SUCH POLICY INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS OF SUCH POLICY INSURANCE AFFORDED BY THE POLICY EFF POLICY EFF INSURANCE A X COMMERCIAL GENERAL LIABILITY ADDILISUBR POLICY NUMBER POLICY NUMBER INSURES (En countered MED EXP (Any one person MED EXP (Any	INSURER A: Nonprofits' Insurance Alliance of CA INSURER A: Nonprofits' Insurance Alliance of CA MSURER B: Safe Passages 250 Frank Ogawa Plaza #6306 Oskland, CA 94612 VERAGES CERTIFICATE NUMBER: INSURER D: INSURER F: VERAGES CERTIFICATE NUMBER: REVISION NUMBER: INSURE TO THE INSURED NUMBERS: INSURE TO THE INSURED NUMBERS: INSURE NOT THAT THE POLICY PERIOD INCATE. INSURE TO CERTIFY THAT THE POLICY PERIOD OCATE. OR CERTIFY THAT THE POLICY PERIOD OCATE. TYPE OF INSURANCE ADDICY NUMBER: CERTIFICATE MAY BE INFO WORD INAL HAVE BEEN REDUCED BE PADIC CLAIMS. <th< td=""><td>INSURER A: Nonprofits' Insurance Alliance of CA INSURER D: INSURE D: INSURE D: INSURE D: INSURE D: INSURER D: INSURER D: INSURE D: INS</td><td>INSURER A: Nonprofits' Insurance Alliance of CA INSURER A: Nonprofits' Insurance Alliance of CA INSURER A: Nonprofits' Insurance Alliance of CA Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER D: INSURER D: INSURER F: COVERAGES COVERAGES COVERAGES COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER D ABOVE FOR THE POLICY PERIN INDICATED. NOTWITESTANDING ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICE DESCRIPED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED DESCRIPED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED DESCRIPED LARMAGE TO REINTED CLAIMS-MADE A X COMMERCIAL GENERAL LUBILITY A X COMMERCIAL GENERAL LUBILITY A CLAIMS-MADE ANTOMERCIAL GENERAL LUBILITY A ALLOWIED SCHEDULED ALLOWIED DED LAIMS-MADE ANTOMERCIAL GENERAL LUBILITY A ALLOWIED DED LAIMS-MADE A ANY ANTO A AN</td><td>INSURED Safe Passages 250 Frank Ogava Plaza #6306 Oakland, CA 94612 INSURER E: INSURER</td><td>G</td><td>endale, CA 91203</td><td></td><td></td><td>ADDRESS:</td><td></td><td></td><td></td><td>1</td></th<>	INSURER A: Nonprofits' Insurance Alliance of CA INSURER D: INSURE D: INSURE D: INSURE D: INSURE D: INSURER D: INSURER D: INSURE D: INS	INSURER A: Nonprofits' Insurance Alliance of CA INSURER A: Nonprofits' Insurance Alliance of CA INSURER A: Nonprofits' Insurance Alliance of CA Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER D: INSURER D: INSURER F: COVERAGES COVERAGES COVERAGES COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER D ABOVE FOR THE POLICY PERIN INDICATED. NOTWITESTANDING ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICE DESCRIPED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED DESCRIPED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED DESCRIPED LARMAGE TO REINTED CLAIMS-MADE A X COMMERCIAL GENERAL LUBILITY A X COMMERCIAL GENERAL LUBILITY A CLAIMS-MADE ANTOMERCIAL GENERAL LUBILITY A ALLOWIED SCHEDULED ALLOWIED DED LAIMS-MADE ANTOMERCIAL GENERAL LUBILITY A ALLOWIED DED LAIMS-MADE A ANY ANTO A AN	INSURED Safe Passages 250 Frank Ogava Plaza #6306 Oakland, CA 94612 INSURER E: INSURER	G	endale, CA 91203			ADDRESS:				1	
INSURED INSURED INSURER B : INSURER B : INSURER C : INSURE C : INSUR C : INSURE C : INSURE C : INSUR C : INSURE C : INSURE C	INSURER B :	INSURED INSURER B :	INSURED INSURE D INSURE D Safe Passages 250 Frank Ogawa Plaza #5306 Oekland, CA 94612 INSURE D : INSURE D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE D NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. MER TYPE OF INSURANCE MADE MADE MADDITION OF ANY CONTRACT OR OTHER DOCUMENTS (IMMOD/YTYP) LIMITS A COMMERCAL CORPUTATION CLAIMS-MADE X 201421017NPO 05/09/2014 05/09/2015 DECOLV INURY (PE presond) 3 A AVY AUTO ALL OWNED ALL	INSURED INSURED E INSURED E INSURED E 250 Frank Ogawa Plaza #5306 Ookland, CA 94612 INSURER E INSURER E INSURER E INSURER D INSURER E INSURER E INSURER E INSURER S IS TO CERTIFICATE NUMBER: REVISION NUMBERS REVISION NUMBERS COVERAGES CERTIFICATE NUMBER: REVISION NUMBERS THIS IS TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE ANALED ABOVE FOR THE POLICY PERIOD COMERCIAL GENERAL LISTER MAY DEDICISES OF INSURANCE LISTED DELOW HAVE BEEN ISSUED DESCRIBED DESCRIBED DESCRIBED DESCRIBED DESCRIBED DESCRIBED DESCRIBED DESCRIBED MEREN DOLLINGT TO WHICH THE TERMS, SOURCE DESCRIBED DESCRIBED DESCRIBED MEREN DOLLISTS INTO AUXIEST ON THE INSURANCE INTER DOLLOGY NUMBER MERENT TIPE OF INSURANCE INSURANCE INSUE TO ALL THE TERMS, SOURCE DESCRIBED THERE DOCUMENT INTER SUBJECT TO ALL THE TERMS, SOURCE DESCRIBED THERE DOCUMENT INTER SUBJECT TO ALL THE TERMS, SOURCE DESCRIBED THERE DOCUMENT INTER SUBJECT TO ALL THE TERMS, SOURCE AND CONDITIONS OF SUCH POLICY NUMBER INTER DESCRIBUTION OF ANY PARTIES DESCRIBED TO ALL THE TERMS, SOURCE									NAIC #	
Safe Passages INSURER C: 250 Frank Ogawa Plaza #6306 INSURER C: Oakland, CA 94612 INSURER D: INSURER C: INSURER C: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BADVE FG INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INS INS INS INS CAIMS-MADE A X COMMERCIAL GENERAL LUABILITY A CAIMS-MADE INS CENTIFICATE INT APPLIES PER: POLICY POLICY INS CENTLAGGREGATE LIMIT APPLIES PER: POLICY INS COMBINED SINGLE LIMIT A A INFORMERCIAL LABILITY A A A COMBINED SINGLE LIMIT A A A A	Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER C : INSURER C : INSURE C : INSURER C : INSURE	Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER C: INSURER D: INSURER C: INSURER F: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DAMED ABOVE FOR THE POLICY PERIOD INDICATES AND INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DAMED ABOVE FOR THE POLICY PERIOD INDICATES AND CONTINUES OF ON CONTENT OF ANY CONTRACT OF OTHER DOLUMENT WITH RESPECT TO VHICH THIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DAMED ABOVE FOR THE POLICY PERIOD INDICATES MAY MAY BEAR BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LISTED BELOW HAVE BEEN REDUCED BY THE POLICY PERIOD CLAMS. NEW TYPE OF INSURANCE MODULY INTES SHOWN MAY TAYE BEEN REDUCED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LISTED BELOW NUMBER NEW TYPE OF INSURANCE MODULY INTES SHOWN MAY THAY BEEN REDUCED BY THE POLICY BEEN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LISTED BELOW NUMBER A TORMERCIAL GENERAL LABULTY Z01421017NPO 05/09/2014 05/09/2015 DECH OCCURRENCE \$ 1,000,000 GENT AGGREGATE LIMIT APPLES PER: POLICY INDURY (PERESON) \$ 20,000 PERSONAL AGREGATE \$ 3,000,000 MATTOMOBILE LABULTY Z01421017NPO 05/09/2014 05/09/2015 BODILY INULY (PERESON) \$ 20,000 <t< td=""><td>Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 Insurer C : Insurer C : Insurer E : Insurer E : Insurer F : Insurer C : Insurer E : Insurer E : Insurer F :</td><td>Safe Passages INSURE 8:: INSURE 8:: INSURE 8:: INSURE 8:: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISED BELOW HAVE BEEN EXCLUSIONS AND CONDITIONS OF SUCH POLICY PERIOR CERTIFICATE NUMBER: REVISION NUMBER: REVISION NUMBER: INSURANCE REVISION NOUMERT WITH RESPECT TO WHICH THE CERTIFICATE NUMBER: REVISION NUMBER: REVISION NOUMERT WITH RESPECT TO WHICH THE CERTIFICATE NUMBER: REVISION NOUMERT WITH RESPECT TO WHICH THE CERTIFICATE NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: INTO THE INSURANCE LISED TO ALL THE PENDLO COULD NUMBER: INTO THE INSURANCE LISED TO ALL THE PENDLO <th colspan<="" td=""><td></td><td></td><td>_</td><td></td><td>INSURER A : NONPTO</td><td>onts insura</td><td>ince Alliance of CA</td><td></td><td></td></th></td></t<>	Safe Passages 250 Frank Ogawa Plaza #6306 Oakland, CA 94612 Insurer C : Insurer C : Insurer E : Insurer E : Insurer F : Insurer C : Insurer E : Insurer E : Insurer F :	Safe Passages INSURE 8:: INSURE 8:: INSURE 8:: INSURE 8:: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISED BELOW HAVE BEEN EXCLUSIONS AND CONDITIONS OF SUCH POLICY PERIOR CERTIFICATE NUMBER: REVISION NUMBER: REVISION NUMBER: INSURANCE REVISION NOUMERT WITH RESPECT TO WHICH THE CERTIFICATE NUMBER: REVISION NUMBER: REVISION NOUMERT WITH RESPECT TO WHICH THE CERTIFICATE NUMBER: REVISION NOUMERT WITH RESPECT TO WHICH THE CERTIFICATE NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: INTO THE INSURANCE LISED TO ALL THE PENDLO COULD NUMBER: INTO THE INSURANCE LISED TO ALL THE PENDLO <th colspan<="" td=""><td></td><td></td><td>_</td><td></td><td>INSURER A : NONPTO</td><td>onts insura</td><td>ince Alliance of CA</td><td></td><td></td></th>	<td></td> <td></td> <td>_</td> <td></td> <td>INSURER A : NONPTO</td> <td>onts insura</td> <td>ince Alliance of CA</td> <td></td> <td></td>			_		INSURER A : NONPTO	onts insura	ince Alliance of CA		
250 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER D :: INSURER E :: INSURER F :: COVERAGES CERTIFICATE NUMBER: INSURER F :: INSURER F ::	John Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER D: INSURER E: INSURER E: INSURER F: INSURER F:	200 Frank Ogawa Plaza #6306 Oakland, CA 94612 INSURER E: INSURER E: INSURER E: INSURER E: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEIN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTATIONICA ANY REQUIREMENT, TERM GR 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. RR TYPE OF INSURANCE ADDISUNG NRR TYPE OF INSURANCE ADDISUNG OCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RRR TYPE OF INSURANCE \$ 1,000,000 A COMMERCIAL GENERAL LUABILITY X 201421017NPO 05/09/2014 05/09/2014 DS/09/2015 DARXEET TO RENTED \$ 20,000,000 GENL ASGREGATE LUMIT APPLIES PER. RESONAL & ADVINUNTY \$ 1,000,000 S 20,000,000 MED ES/(Any one person) \$ 20,000,000 RAV ONTOBIL AUTOROBALL LUABILITY AUTOROBALL LUMIT INPO 05/09/2014 05/09/2014 05/09/2015 BODILY NULRY (PE person) \$ 20,000,000 AUTOROBALL LUABLUTY	A COVERAGES CERTIFICATE NUMBER: INSURER F: INSURER F: INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXPECT TO WHICH	230 Frank Ogawa Plaza #6306 INSURER 0: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: COVERAGES CERTIFICATE 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 PERDIANEMENT, TERM OR CONDITION OF ANY CONTRACT ON OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINITS SHOWN MAY HAVE BEEN REDUCED BY PARE DOLEARS. REVENUENDAME ADDICISIURS HINTS HAVM MAY HAVE BEEN REDUCED BY THE POLICY PERIOD A COMMERCIAL GENERAL LABULTY ADDICISIURS HOWN MAY HAVE DEEN CONDITION OF OUCHS. A COMMERCIAL GENERAL LABULTY ADDICISIUR A COMMERCIAL GENERAL LABULTY Z01421017NPO A UTOORGENE LABULTY Z01421017NPO A UNANTO ALLOWHOUR SCHOOL AND CONTROL FOR THE PROCESS (Ear GUMER SCHOOL AND CONTROL FOR THE PROCESS (Ear GUMER SCHOOL AND CONTROL FOR THE PROCESS (Ear GUMER SCHOOL AND CONTROL SCHOOL AND	INC	URED			INSURER B :					
Oakland, CA 94612 INSURER E :: INSURER F :: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE F/C INDIGATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFPORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY PFP INSR TYPE OF INSURANCE ADDISUBANCE LTR TYPE OF INSURANCE ADDISUBANCE CLAIMS-MADE ADDISUBANCE POLICY NUMBER INSP YOURY FF POLICY EFF OCLAIMS-MADE OCCUR X GENL AGGREGATE LIMIT APPLIES PER. POLICY POLICY JEECT LOC OTHER: COMBINED SINGLE LIMIT AUTONOBLE LUBBLITY 201421017NPO 05/09/2014 05/09/2014 ANY AUTOD ALL OWNED AUTOS AUTOS ALL OWNED AUTOS NON-OWNED 201421017NPO 05/09/2014 AL OWNED AUTOS AUTOS AUTOS BODILY INULRY (Per person BODILY INULRY (PER POLICE) AUTOS AUTOS BODILY INULRY	Oakland, CA 94612 INSURER E : INSURER F : INSURED THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS STATUTE INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, ICCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS. TYPE OF INSURANCE MODILSUBR POLICY NUMBER POLICY EFF (MMDD)YYYY LIMITS X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 GENT. AGGREGATE LIMIT APPLIES PER. 201421017NPO 05/09/2014 05/09/2015 EGNIRED SINGLE LIMIT 1,000,000 GENT. AGGREGATE LIMIT APPLIES PER. 201421017NPO 05/09/2014 05/09/2015 BODILY NUMY (PE person) \$ AUTOMOBILE LIABILITY Z01421017NPO 05/09/2014 05/09/2015 BODILY NUMY (PE person) \$ AUTOMOBILE LIABILITY Z01421017NPO 05/09/2014 05/09/2015 BODILY NUMY (PE person) \$ AUTOMOBILE LIABILITY Z01421017NPO 05/09/2014 05/09/2015 BODILY NUMY (PE person) \$ AUTOMOBILE LIABILITY	Oakland, CA 94612 INSURER E : INSURER F : INSURED COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: TEN OR CONDITION OF ANY REQUIREMENT, TEN OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OT NUMBER. THE INSURED AND PERMENT, THE INSURED ADDRED BY THE POLICIES DESCRIBED HEREIN IS USED OT ON HICH THIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE MODEL SUBJECT MAY PERTAIN. POLICY PERIOD POLICY PERIOD EACH OCCURRENCE \$ 1,000,000 INSR TYPE OF INSURANCE MODEL SUBJECT NAME POLICY PIRIO DS/09/2014 DS/09/2015 EACH OCCURRENCE \$ 1,000,000 INSR CLAIMS-MADE OCCUR X Z01421017NPO DS/09/2014 DS/09/2015 EACH OCCURRENCE \$ 3,000,000 MATOROBULE LUABILITY A Z01421017NPO DS/09/2014 DS/09/2015 DS/09/2015 DS/01/2014 DS/09/2015 DOLLY INURY (PE percon) \$ 2,000,000 MATOROBULE LUABILITY A Z01421017NPO DS/09/2014 DS/09/2015 DOLY INURY (PE percon) \$ 2,000,000 A ANTOROS X ANTOS ANTOROS	Oakland, CA 94612 INSURER E :: INSURER E :: COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERININCATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED TO ALL THE TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED TO ILE INSURANCE ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDICI SUND POLICY PERIN TYPE OF INSURANCE ADDIC SUBPRIATE POLICY PERIN TYPE OF INSURANCE ADDIC SUBPRIATE POLICY PERIN CLAIMS-MADE QUECY POLICY PERIN POLICY PERIN CLAIMS-MADE COUNT OF ANY CONTRACT OR OTHER DOCUMENT WITH THE TERM POLICY PERIN POLICY PERIN NTA Z01421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000 AUTOWOBILE LIABILITY AUTOS AUTOS AUTOS S POLICY PERINE P	Oakland, CA 94612 INSURER E :: INSURER F :: COVERAGES CERTIFICATE 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 ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY EXP EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. Ref Type of INSURANCE DOLCY INTERNATION POLICY PERF DOLCY INTERNATION Ref Commercial General LIABILITY ADDUCTIONS OF SUCH POLICIES PER. 201421017NPO 05/09/2014 05/09/2014 DISO/000 EACH OCCURRENCE \$ 1,000,0 GENERAL LABILITY ANY ALTO ScheDulce Liability Z01421017NPO 05/09/2014 05/09/2014 05/09/2014 DISO/000 EACH OCCURRENCE \$ 1,000,0 AITOMOBILE LIABILITY ScheDulce Liability Z01421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 ScheDulce LIMIT 1,000,0 A AVY ALTO ScheDulce LIABILITY Z01421017NPO 05/09/2014 05/09/2014					INSURER C :					
INSURER E: INSURER F: INSURER F: INSURE F: INSURER F: INSURER F: INSURER F: INSURER F: INSURER F: INSURER F: INSURER F: INSURE F: INSURER F: INSURER F: INSURER F: INSURER F: INSURER F: INSURER F: INSURE F: INSUR F: INSURE F: INSURE F: INSURE F: INSURE F: I	INSURER F: NUMBER: REVISION NUMBER: ADDICISION OF SUBJECT TO ALL THE TERMS, CLUSIONS OF SUGH POLICES: ADDICISION MAY PERTAIN, THE INSURANCE AFPORDED IN REPUICE DAMS. ADDICISION COMMERCAL GENERAL LUBILITY COMMERCAL GENERAL LUBILITY COMMERCAL GENERAL LUBILITY ADDICISION	Insurer : Insurer	INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREN MED ABOVE FOR THE POLICY PERIIN INDICATED. NOTWITHSTANDING AND Y REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS INSURANCE MDDISUBR MODISUBR CLAIMSMADE POLICY NUMBER POLICY VERF POLICY V	INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATES AND NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARE DUICES DESCRIBED HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARE DUICES DESCRIBED HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARE DUICES DESCRIBED HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARE DUICES DESCRIBED HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE DEEDE TO THE REDUCED BY THE POLICY PRODUCY INMUST IN THIS SHOWN MAY HAVE DEEDE TO THE REDUCED BY THE POLICY PRODUCY INMUST IN THE INSURANCE TO TERMED NEW MAY TYPE OF INSURANCE ADDICINUAR GENERAL LIABILITY LIMITS A CLAIMS-MADE Z01421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2015 DOBLY INURY (PE rescol) 3 A ANY AUTO ANTOS ANTOS Z01421017NPO 05/09/2014 05/09/2014 05/09/2015 BOOLY INURY (PE rescol) 3 A AUTOMED ANTOS AUTOMED Z01421017NPO 05/09			806		INSURER D :					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE F(INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE DOCUMENT WITH RE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DHEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS UNTR TYPE OF INSURANCE ADDICISURA ADDICISURA INSURATION POLICY NUMBER POLICY PER (MMDD/YYYY) POLICY PER (MMDD/YYY) POLICY PER (PER (PER (MMDR/Y)) <	VERAGES CERTIFICATE NUMBER: REVISION NUMBER: IIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WITCH THIS STRIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, (CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. X COMMERCIAL GENERAL LIABILITY MODISUMP POLICY NUMBER POLICY EFF (MMSDDYTYG) POLICY EFF POLICY EFF (MMSDDYTYG) POLICY EFF (MMSDDYTYG) MINDSDMAY GENT, AGGREGATE LIMIT APPLIES PER: POLICY OCUUR X 201421017NPO 05/09/2014 05/09/2014 05/09/2015 BODILY INURY \$ 1,000,000 PEREMISES (Ea accumence) AUTOMOBILE LABILITY AUTOS SCHEDULED ALL OWNED ALL OWNED	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 INSURANCE NOTWICHT THAT THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WITHCH THIS INSURANCE AFFORDED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURANCE INSURANCE INSURANCE INSURTY TYPE OF INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURTY CLAIMS-MADE OCCUR VID POLICY NUMBER INSURANCE INSURTY CLAIMS-MADE OCCUR X 201421017NPO INSURANCE INSURTY GENTL AGGREGATE LIMIT APPLIES PER: POLICY POLICY POLICY INSURTY 1,000,000 GENTL AGGREGATE LIMIT APPLIES PER: 201421017NPO 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 ANTONO SCHEDULED AUTOS SCHEDULED 201421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 3,000,000 ANY AUTO ALTOR SCHEDULED SCHEDULED SCHEDULED	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 PERIN INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE AFORDED BY THE POLICIES OF THE POLICY PERIN INDICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERM OR CONDUCED BY PARD CLAIMS. INS TYPE OF INSURANCE ADDIESURE POLICY NUMBER POLICY EFF POLICY EFF POLICY EFF POLICY CERT INS TYPE OF INSURANCE ADDIESURE POLICY NUMBER IMMODITYM LIMITS A COMMERCIAL GENERAL LIABILITY A 201421017NPO 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000 GENT. AGGREGATE LIMIT APPLIES PER: PROJUCY PROJUCY S \$ 3,000 PROJUCY IS INCLUED \$ 3,000 AUTONS AUTOS SCHEDULED SCHEDULED AUTOS \$ 1,000 ALTONOOPHEE LABILITY 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (PE person) \$ 2 AUTONS SCHEDULED AUTOS SCHEDULED SCHEDULED \$ 1,000	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY PREQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOLCUMENT WITH RESPECT TO ALL THE TERMS, ECRUISIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICYEER CLAIMS-MADE X OCCUR LIMITS A X COMMERCAL GENERAL LUBELTY CLAIMS-MADE X OCCUR X 201421017NPO 05/09/2015 EACH OCCURRENCE \$ 1,000,0 PREMISS (Ea acounting) \$ 500,0 PREMISS (Ea acounting) \$ 201,0 PREMISS (Ea acounting) \$ 201,0 PREMISS (Ea acounting) \$ 500,0 PREMISS (Ea acounting) \$		Cakiano, CA 54012			INSURER E :					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST TYPE OF INSURANCE ADDI_SUBR POLICY PAID CLAIMS. INST TYPE OF INSURANCE ADDI_SUBR POLICY PAID CLAIMS. INST TYPE OF INSURANCE ADDI_SUBR POLICY NUMBER POLICY EXP INST TYPE OF INSURANCE ADDI_SUBR POLICY NUMBER POLICY EXP INST CLAIMS-MADE X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PREMISES (Fee accurrence) MARGE TO RENTED PRODUCY PRODUCY LOC DS/09/2014 05/09/2015 BODILY INJUR' A ANY AUTO ALTON SCHEDULED SCHEDULED AUTOS SCHEDULED BODILY INJURY (Per acod A LOWNED AUTOS SCHEDULED AUTOS SCHEDULED BODILY INJURY (Per acod A LOWNED AUTOS X NONOWNED AUTOS BODIL	IIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS STRIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Image: transmark transmitter	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIP DEVICED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED ON 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 CLAMS. INR TYPE OF INSURANCE MODISURANCE 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 CLAMS. INR TYPE OF INSURANCE MODISURE CLAIMS-MADE QOCUR X CLAIMS-MADE OCCUR X GERNL AGGREGATE LIMIT APPLIES PER. 201421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 GERNL AGGREGATE LIMIT APPLIES PER. AUTOMOBILE LIMIT APPLIES PER. 201421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 ANY AUTO AUTOS X INTOS	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT OALL THE TERM EXERTIFY TYPE OF INSURANCE MIRE TYPE OF INSURANCE LIRK TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY Z01421017NPO OS/09/2014 OS/09/2014 OS/09/2015 DECOLY FULLY (PERPENDEND AUTONG SCHEDULED AUTONG AUTONG AUTONG NO-WINED ALLOWNED SCHEDULED AUTONG <	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, 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. INTRO OF MURANCE MODILSINGLE INTRO SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTRO OF MURANCE MODILSINGLE INTRO SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTRO OF MURANCE MODILSINGLE INTRO SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTRO OF MURANCE MODILSINGLE INTRO SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTRO OF MURANCE MODILSINGLE INTRO A COMMERCIAL GENERAL LUABILITY 201421017NPO A ANY AUTO ALL OWNED SCHEDULED ALTOS SCHEDULED AUTOS XUTOS AUTOS XUTOS AVALITO SCHEDULED ALLOWNED SCHEDULED ALLOWNED SCHEDULED ALLOWNED SCHEDULED ALLOWNED SCHEDULED ALLOWNED SCHEDULED ALLOWNED SCHEDULE					INSURER F :				1	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSU WD POLICY NUMBER (MM:DD/YYY) (MM:DD/YYY) A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY GENEL AGGREGATE LIMIT APPLIES PER: POLICY DECT LOC OTHER: AUTOMOBILE LIABILITY A ANY AUTO AUTOS AUTOS AUTOS X MONOWNED AUTOS X MONOW	DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CICLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDUSTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDUSTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDUSTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDUSTIONS OF SUCH POLICIES. LIMITS SUBJECT TO ALL THE TERMS, COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X 201421017NPO 05/09/2014 GENERAL AGGREGATE LIMIT APPLIES PER: POUCY PED: AUTOMOBILE LIABILITY ANY AUTO AUTON AUTON AUTON AUTON AUTON X INDE SCHEDULED AUTOS X NON-OWNED AUTOS X NON	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. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE ADDULSIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTR TYPE OF INSURANCE IS 1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: AUTOMOBILE LABELITY A ANY AUTO ALL OWNED AUTOS X NON-OWNED AUTOS X	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS INDUM MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST MODELSUER MODELSUER MODELSUER POLICY PERF EACH OCCURRENCE \$ 1,000 A COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2014 EACH OCCURRENCE \$ 1,000 GENTLAGGREGATE LIMIT APPLIES PER: POLICY PREMISSI (fa occurrence) \$ 000 \$ 000 \$ 000 \$ 000/9/2014 05/09/2014 05/09/2014 MED EXP (Any one person) \$ 20 A UTOMOBILE LABILITY A AUTOMOBILE LIABILITY Z01421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2015 BODILY INURY (Per accident) \$ 000 A MUTOMOBILE LIABILITY Z01421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2015 BODILY INURY (Per accident) \$ 000/11/10/10/10/10/10/10/10/10/10/10/10/	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 AFFORGED BY THE POLICIES DESCREED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE NOT ANY PERTAIN, THE INSURANCE AFFORGATE OR POLICY SET OULY STATE AND A DOLLARS. A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR X GENT AGGREGATE LIMIT APPLIES PER. POLICY DIFFE: AUTOMOBILE LIABILITY A ANY ALTO A ANY ALTO A ANY ALTOS X INDIVERSION AUTOMOBILE LIABILITY A MONOWNED ALTOS X RETENTIONS I 0,000 X INDIVERSION ALTOS X RETENTIONS I 0,000 X INDIVERSION AND EXPLOYED AND X INDIVERSION AND EXPLOYED	-					TO THE INCH				
TTR TTPE OF INSURANCE INSD W/D POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) A X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE CLAIMS-MADE X OCCUR X 201421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PROD GENERAL AGGREGATE GENERAL AGGREGATE POUCY PROT LOC OTHER: COMBINED SINGLE LIMIT GENERAL AGGREGATE AUTOMOBILE LIABILITY AUTO SCHEDULED AUTOS 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person AUTOS ALL OWNED AUTOS ALTOS MON-OWNED AUTOS SCHEDULED AUTOS AUTOS BODILY INJURY (Per person AUTOS BODILY INJURY (Per accident)) A MIRED AUTOS CLAIMS-MADE 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per accident)) A MIRED AUTOS X INBRELIA LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE DED X <	TYPE OF INSURANCE INSD YVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRO- 0 05/09/2014 05/09/2014 05/09/2014 05/09/2014 0 PERSONAL & ADV INJURY \$ 1,000,000 GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRO- \$ 3,000,000 PERSONAL & ADV INJURY \$ 1,000,000 OTHER: AUTOMOBILE LIABILITY ANY AUTO ANY AUTO \$ \$ 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ \$ ANY AUTO AUTOS X NON-OWNED AUTOS X NON-OWNED \$ \$ \$ X UMBRELLA LIAB OCCUR X 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ \$ \$ AUTOS X HIRED AUTOS X NON-OWNED AUTOS \$ \$ \$ \$ \$<	LTR TYPE OF INSURANCE INSD WYD POLICY NUMBER (IMMDD/YYY) MMDD/YYY) MMDD/YYY) EACH OCCURRENCE \$ 1,000,000 A X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 GENL AGGREGATE LIMIT APPLIES PER: POLICY PEC Loc \$ 1,000,000 OTHER: LOC POLICY PEC Loc \$ 1,000,000 AUTOMOBILE LABILITY AUTOMOBILE LABILITY Z 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ \$ 3,000,000 ANY AUTO ALTOS SCHEDULED AUTOS SCHEDULED \$ 1,000,000 ALTOS X INDRA OWNED ALTOS SCHEDULED ALTOS SCHEDULED \$ 1,000,000 ALTOS X INDRA OWNED ALTOS SCHEDULED ALTOS SCHEDULED \$ PROPERTY DAMAGE \$ A MUBRELLA LIAB OCCUR Z01421017UMBNPO 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ \$ <th>TYPE OF INSURANCE INSD WYD POLICY NUMBER IMM/DD/YYYY) IMM/DD/YYYY) EACH OCCURRENCE \$ 1,000 A X COMMERCIAL GENERAL LUABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2015 DAMAGE TO RENTED \$ 500 MED EXP (Any one person) S 201421017NPO 05/09/2014 05/09/2014 05/09/2015 DEMAGE TO RENTED \$ 500 GENL AGGREGATE LIMIT APPLIES PER: PROLY JEOT Loc \$</th> <th>ITR TYPE OF INSURANCE INSU WOD POLICY NUMBER (IMIXDATYY) (IMIXDATYY) (IMIXDATYY) A X commercial General Liability X Calins-made X Commercial General Liability \$ 1,000,0 GENT, AGGREGATE LIMIT APPLIES PER: POLICY Discord Discord S 201421017NPO 05/09/2014</th> <th>1</th> <th>NDICATED. NOTWITHSTANDING ANY F</th> <th>PERTAI</th> <th>MENT, TERM OR CONDITION, THE INSURANCE AFFOR</th> <th>N OF ANY CONTRA</th> <th>CT OR OTHER</th> <th>R DOCUMENT WITH RESP BED HEREIN IS SUBJECT</th> <th>PECT TO</th> <th>WHICH THIS</th>	TYPE OF INSURANCE INSD WYD POLICY NUMBER IMM/DD/YYYY) IMM/DD/YYYY) EACH OCCURRENCE \$ 1,000 A X COMMERCIAL GENERAL LUABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2015 DAMAGE TO RENTED \$ 500 MED EXP (Any one person) S 201421017NPO 05/09/2014 05/09/2014 05/09/2015 DEMAGE TO RENTED \$ 500 GENL AGGREGATE LIMIT APPLIES PER: PROLY JEOT Loc \$	ITR TYPE OF INSURANCE INSU WOD POLICY NUMBER (IMIXDATYY) (IMIXDATYY) (IMIXDATYY) A X commercial General Liability X Calins-made X Commercial General Liability \$ 1,000,0 GENT, AGGREGATE LIMIT APPLIES PER: POLICY Discord Discord S 201421017NPO 05/09/2014	1	NDICATED. NOTWITHSTANDING ANY F	PERTAI	MENT, TERM OR CONDITION, THE INSURANCE AFFOR	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
A X COMMERCIAL GENERAL LIABILITY Z01421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE CLAIMS-MADE X OCCUR X Z01421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE GENTL AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC PRODUCY JECT COC A AUTOMOBILE LIABILITY A AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT COMBINED SINGLE LIMIT A ANY AUTO ALL OWNED SCHEDULED AUTOS SCHEDULED BODILY INJURY (Per persent) A MIRED AUTOS X AUTOS X AUTOS SCHEDULED BODILY INJURY (Per persent) A EXCESS LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 BODILY INJURY (Per accident) A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGREGATE DED X RETENTION \$ 10,000 201421017UMBNPO 05/09/2015 AGREGATE WORKERS COMPENSATION 10,000 CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGREGATE </td <td>X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CLAIMS-MADE X CLAIMS-MADE X OCCUR X CLAIMS-MADE X GENT. AGGREGATE LIMIT APPLIES PER: POUCY JECT LOC POUCY JECT LOC NO00,000 GENT. AGGREGATE LIMIT APPLIES PER: S000,000 GENERAL AGGREGATE \$ 3,000,000 POUCY JECT LOC COMMONDILE LIABLITY \$ 1,000,000 AUTOMOBILE LIABLITY 201421017NPO 05/09/2014 05/09/2014 05/09/2015 GENERAL AGGREGATE \$ 3,000,000 ANY AUTO ALLOWNED SCHEDULED X NOH-OWNED \$ 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ 1,000,000 AUTOS X NOH-OWNED AUTOS X NOH-OWNED \$ 05/09/2014 05/09/2015 BODILY INURY (Per socident) \$ 0000 \$ 05/09/2015 BODILY INURY (Per socident) \$ 0000 \$ 05/09/2015 BODILY INURY (Per socident) \$ 05/09/2015 \$ 05/09/2015 BODILY INURY (Per socident) \$ 05/09/2015 \$ 05/09/2015 \$ 05/09/2015 \$ 05/09/2015<</td> <td>A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CLAIMS-MADE X COLAIMS-MADE X CLAIMS-MADE X COLAIMS-MADE X CENT. AGGREGATE LIMIT APPLIES PER. PRO- POLCY PRO- PERSONAL & ADV INJURY \$ 1,000,000 GENT. AGGREGATE LIMIT APPLIES PER. PRO- POLCY PRO- PERSONAL & ADV INJURY \$ 1,000,000 AUTOMOBILE LIABILITY A AUTOMOBILE LIABILITY \$ 1,000,000 A ANY AUTO ALL OWNED ALL OWN</td> <td>A X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 D5/09/2014 D5/09/2015 DECHERAL AGGREGATE S S D5/09/2014 D5/09/2015 D5/0</td> <td>A X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,0 GENT. AGGREGATE LIMIT APPLIES PER: POLICY PRO- THER: 1,000,0 GENERAL AGGREGATE \$ 3,000,0 AUTOWOBLE LIABILITY LOC 05/09/2014 05/09/2015 0</td> <td>INS</td> <td>TYPE OF INSURANCE</td> <td></td> <td></td> <td>POLICY EFF</td> <td>POLICY EXP</td> <td>LIMI</td> <td>TS</td> <td></td>	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CLAIMS-MADE X CLAIMS-MADE X OCCUR X CLAIMS-MADE X GENT. AGGREGATE LIMIT APPLIES PER: POUCY JECT LOC POUCY JECT LOC NO00,000 GENT. AGGREGATE LIMIT APPLIES PER: S000,000 GENERAL AGGREGATE \$ 3,000,000 POUCY JECT LOC COMMONDILE LIABLITY \$ 1,000,000 AUTOMOBILE LIABLITY 201421017NPO 05/09/2014 05/09/2014 05/09/2015 GENERAL AGGREGATE \$ 3,000,000 ANY AUTO ALLOWNED SCHEDULED X NOH-OWNED \$ 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ 1,000,000 AUTOS X NOH-OWNED AUTOS X NOH-OWNED \$ 05/09/2014 05/09/2015 BODILY INURY (Per socident) \$ 0000 \$ 05/09/2015 BODILY INURY (Per socident) \$ 0000 \$ 05/09/2015 BODILY INURY (Per socident) \$ 05/09/2015 \$ 05/09/2015 BODILY INURY (Per socident) \$ 05/09/2015 \$ 05/09/2015 \$ 05/09/2015 \$ 05/09/2015<	A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CLAIMS-MADE X COLAIMS-MADE X CLAIMS-MADE X COLAIMS-MADE X CENT. AGGREGATE LIMIT APPLIES PER. PRO- POLCY PRO- PERSONAL & ADV INJURY \$ 1,000,000 GENT. AGGREGATE LIMIT APPLIES PER. PRO- POLCY PRO- PERSONAL & ADV INJURY \$ 1,000,000 AUTOMOBILE LIABILITY A AUTOMOBILE LIABILITY \$ 1,000,000 A ANY AUTO ALL OWNED ALL OWN	A X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 D5/09/2014 D5/09/2015 DECHERAL AGGREGATE S S D5/09/2014 D5/09/2015 D5/0	A X COMMERCIAL GENERAL LIABILITY X 201421017NPO 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,0 GENT. AGGREGATE LIMIT APPLIES PER: POLICY PRO- THER: 1,000,0 GENERAL AGGREGATE \$ 3,000,0 AUTOWOBLE LIABILITY LOC 05/09/2014 05/09/2015 0	INS	TYPE OF INSURANCE			POLICY EFF	POLICY EXP	LIMI	TS		
CLAIMS-MADE A OCCUR X 201421017NPO 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2014 05/09/2015 05/09/2015 05/09/2015 05/09/2015 05/09/2015 05/09/2014 05/09/2014 05/09/2015 05/09/201	CLAIMS-MADE COCUR X 201421017/NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person) 3 0 X UMBRELLA LIAB OCCUR 05/09/2014 05/09/2014 05/09/2015 BODILY INJURY (Per person) 3 0 <	CLAIMS-MADE X COCUR X PREMISES (Ee occurrence) \$ 300,000 MED MED EXP (Any one person) \$ 20,000 GENT AGGREGATE LINIT APPLIES PER: \$ 1,000,000 POLICY JECT LOC COMPION \$ 3,000,000 GENT AUTONOBILE LIABILITY LOC \$ \$ 05/09/2014 05/09/2015 COMBINED SINGLE LIMIT \$ 1,000,000 AUTONOBILE LIABILITY AUTOS AUTOS AUTOS S COMBINED SINGLE LIMIT \$ 1,000,000 ALL OWNED AUTOS AUTOS AUTOS SCHEDULED S S S AUTOS AUTOS AUTOS AUTOS S S S S A MON-OWNED AUTOS AUTOS AUTOS S S S A MON-OWNED AUTOS S S S S S A Excess Lub CLAIMS-MADE CLAIMS-MADE S S S S DED X RETENTION \$ 1	CLAIMS-MADE A 201421017 NPO 05/05/2014 05/05/2015 05/05/2014 05/05/2014 05/05/2014 05/05/2014 05/05/2014 05/05/2014 05/05/2014 05/05/2014 05/05/2014 05/05/2015	CLAIMS-MADE COCUR X CLAIMS-MADE COCUR X GENT. AGGREGATE LIMIT APPLIES PER. PRO- POLICY JECT LOC OTHER LOC S AUTOMOBILE LIABILITY S 3,000,0 ANY AUTO ALITOS SCHEDULED ALITOS X ALITOS SCHEDULED ALITOS X ALITOS SCHEDULED ALITOS X ALITOS SCHEDULED ALITOS X COMBINED SINGLE LIMIT \$ AUTOS X SCHEDULED ALITOS SCHEDULED ALITOS X IMBRELLA LIAB OCCUR SCHEDULED ALITOS X IMBRELLA LIAB OCCUR SCHEDULED ALITOS X UMBRELLA LIAB OCCUR SCHEDULED ALITOS X LIMISHADE <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$</td><td>1,000,000</td></td<>								\$	1,000,000	
MED EXP (Any one person GENTL AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALITOS X HIRED AUTOS X UMBRELLA LIAB OCCUR LAITOS X MIRED AUTOS X MIRED AUTOS X MIRED AUTOS X UMBRELLA LIAB OCCUR LAITOS X UMBRELLA LIAB OCCUR LAITOS X UMBRELLA LIAB OCCUR LAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE 1,000,000	MED EXP (Any one person) \$ 20,000 GENIL AGGREGATE LIMIT APPLIES PER: PRO- LOC GENERAL AGGREGATE \$ 3,000,000 POLICY JECT LOC GENERAL AGGREGATE \$ 3,000,000 OTHER: AUTOMOBILE LABILITY \$ 1,000,000 \$ AUTOMOBILE LABILITY 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ ALL OWNED AUTOS AUTOS AUTOS NON-OWNED \$ BODILY INJURY (Per person) \$ ALL OWNED AUTOS AUTOS AUTOS SCHEDULED \$ \$ \$ AUTOS AUTOS AUTOS SCHEDULED \$ \$ \$ \$ MIRED AUTOS X RETENTION S 10,000,000 \$ \$ \$ Y MIRED AUTOS X RETENTION S 10,000,000 \$ \$ Y MIRED AUTOS X RETENTION S 10,000,000 \$ \$ Y MIRED AUTOS X RETENTION S 10,000,000 \$ \$ Y	Autromobile Lability SCHEDULED Autromobile Lability SCHEDULED Autromobile Lability SCHEDULED Autros Autros Autros SCHEDULED	A ANY AUTO SCHEDULED ALL OWNED SCHEDULED AUTOS X HIRED AUTOS X A CLAIMS-MADE DED NALO OCCUR CLAIMS-MADE DED X RA EXCESS LIAB OCCUR CLAIMS-MADE DED X RETENTIONS 10,000 VORKERS COMPENSATION N/A ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N N/A PROPERTY SCHEDUTY PARTING N/A	MED EXP (Any one person) \$ 20,1 GENIL AGGREGATE LIMIT APPLIES PER: POLCY PERSONAL & ADV INJURY \$ 1,000,0 POLCY JECT LOC COMBINE COMPLOP AGG \$ 3,000,1 AUTOMOBILE LABILITY AUTOMOBILE LABILITY \$ 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ AUTOS AUTOS SCHEDULED AUTOS SCHEDULED AUTOS \$ 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ A MERELA LIAB OCCUR SCHEDULED AUTOS \$ 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ A EXCESS LAB CLAIMS-MADE 201421017NPO 05/09/2014 05/09/2015 AGGREGATE \$ A EXCESS LAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE \$ MORRERS COMPENSATION 10,000 S 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE \$ MORRERS COMPENSATION 10,000 S S A EACH OCCURRENCE \$ 1,000,00 \$		CLAIMS-MADE X OCCUR	X	201421017NPO	05/09/2014	05/09/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	500,000	
GENIL AGGREGATE LIMIT APPLIES PER: PRO- POLICY PRO- JECT Loc AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) A ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person BODILY INJURY (Per person AUTOS X HIRED AUTOS X AUTOS 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE AGGREGATE A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE AGGREGATE DED X RETENTION \$ 10,000 05/09/2014 05/09/2015 AGGREGATE	GENT_AGGREGATE LIMIT APPLIES PER:	GENL AGGREGATE LIMIT APPLIES PER: POUCY PRO- JECT Loc OTHER: GENERAL AGGREGATE \$3,000,000 OTHER: S AUTOMOBILE LABILITY S A ANY AUTO S ALL OWNED SCHEDULED AUTOS S AUTOS SCHEDULED AUTOS SCHEDULY INURY (Per person) S BODILY INURY (Per socident) BODILY INURY (Per socident) S PROPERTY DAMAGE S (Per accident) S S S BODILY INURY (Per socident) S BODILY INURY (Per socident) S PROPERTY DAMAGE S (Per accident) S S S ANY PROPRISTIONS 10,000 WORKERS COMPENSATION S AND EMPLOYERS' LIABILITY	GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: LOC GENERAL AGGREGATE \$3,000 AUTOMOBILE LIABILITY S S S AUTOMOBILE LIABILITY SCHEDULED AUTOS SCHEDULED A	GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY A ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS A Excess LIAB OCCUR CLAIMS-MADE DED X RETENTION \$ 10,000 WORKRES COMPENSATION 10,000 MOD EMPLOYERS' LIABILITY N/A AND EMPLOYER' LIABILITY N/A AND EMPLOYER' LIABILITY N/A AND EMPLOYER' LIABIL								5	20,000	
POULCY PRO- JECT LOC PRODUCTS - COMP/OP A OTHER: AUTOMOBILE LABILITY COMBINED SINGLE LIMIT (Le accident) COMBINED SINGLE LIMIT (Le accident) A ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per persus BODILY INJURY (Per persus NON-OWNED AUTOS X HIRED AUTOS X AUTOS AUTOS BODILY INJURY (Per persus NON-OWNED AUTOS BODILY INJURY (Per persus NON-OWNED AUTOS A EXCESS LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE AGGREGATE DED X RETENTION \$ 10,000 05/09/2014 05/09/2015 AGGREGATE WORKERS COMPENSATION 05/09/2014 05/09/2015 COMBINED AUTOS AGGREGATE	OEXTENSIONCEATE DIMIN PATIENCY Image: Construction of the co	OLICIA ROOTEDHIC MICENIC PROCUCY S POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY A ANY AUTO ALL OWNED SCHEDULED AUTON SCHEDULED AUTON SCHEDULED AUTON SCHEDULED AUTON SCHEDULED AUTONS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X HIRED AUTOS X ALOWNED SCHEDULED AUTOS X VINBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE S 1,000,000 S VPRO	ODIVERSIDATE CONTENT OF THE CONTENT	OUT CHOUCH CHILD TO THE OTHER OUT CHOULD THE TO THE OTHER AUTOMOBILE LABILITY LOC A ANY AUTO SCHEDULED ALL OWNED SCHEDULED AUTOS AUTOS ALL OWNED SCHEDULED AUTOS AUTOS ALI OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS A COLAIMS-MADE DED COCUR CALAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGREGATE S VORKERS COMPENSATION N/A AND EMPLOYERS' LABILITY N/A AND EMPLOYERS' LABILITY N/A MORGRER EXCLUBED? N/A MORGRER EXCLUBED? N/A DESCRI							PERSONAL & ADV INJURY	5	1,000,000	
A AUTOMOBILE LIABILITY 201421017NPO 05/09/2014 05/09/2015 COMBINED SINGLE LIMIT (Ea accident) A ANY AUTO AUTOS SCHEDULED AUTOS 201421017NPO 05/09/2014 05/09/2015 BODILY INJURY (Per person BODILY INJURY (Per person AUTOS X HIRED AUTOS X NON-OWNED AUTOS 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE AGGREGATE A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE AGGREGATE DED X RETENTION \$ 10,000 05/09/2014 05/09/2015 AGGREGATE	PODCY JECT LOC PRODUCYS-LOMPTOP Adds \$ 5,000,000 OTHER: AUTOMOBILE LIABILITY \$ 1,000,000 \$ ANY AUTO ANY AUTO ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS BODILY INJURY (Per person) \$ ALL OWNED AUTOS AUTOS AUTOS AUTOS BODILY INJURY (Per person) \$ AUTOS AUTOS AUTOS CCUR PROPERTY DAMAGE \$ \$ X UMBRELLA LIAB OCCUR CLAIMS-MADE \$ \$ \$ DED X RETENTION \$ 10,000 \$ \$ \$ MAD EMPLOYERS COMPENSATION 10,000 \$ \$ \$ \$ N/ PROPRIETOR/PARTNER/EXECUTIVE Y/N N / A N / A \$ \$ WORKERS COMPENSATION N/ A N / A \$ \$ \$ \$ Mandatory in MH) Y (vs. describe under N / A \$ \$ \$ \$	MUDUCY JECT LOC S 5,000,000 OTHER: AUTOMOBILE LIABILITY S 1,000,000 S A ANY AUTO ALL OWNED SCHEDULED AUTOS SCHEDULED BODILY INJURY (Per person) S AUTOS AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) S AUTOS AUTOS AUTOS SCHEDULED AUTOS S AUTOS AUTOS SCHEDULED AUTOS S BODILY INJURY (Per accident) S X HIRED AUTOS X NON-OWNED AUTOS S EACH OCCUR S A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE S DED X RETENTION \$ 10,000 S 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE S MAD EMPLOYERS' LIABILITY N/A N/A N/A N/A EL. EACH ACCIDENT S MAD EMPLOYERS' LIABILITY N/A N/A N/A EL. EACH ACCIDENT S MAD EMPLOYERS' LIABILITY N/A N/	A AUTOMOBILE LIABILITY \$ \$ \$ A ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS 201421017NPO 05/09/2014 05/09/2014 05/09/2015 BODILY INJURY (Per person) \$ X HIRED AUTOS X AUTOS AUTOS \$ \$ \$ A EXCESS LIAB OCCUR CLAIMS-MADE \$ \$ \$ \$ BED X RETENTION \$ 10,000 \$ \$ \$ \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LUABLITY AND EMPLOYERS' LUABLITY \$ \$ \$ \$ \$ \$ Mondadory in NH) If yees colored in NH N / A \$ \$ \$ \$ \$ \$ Mandadory in NH) Y/YN N / A \$	AUTOWOBILE LABILITY AUTOMOBILE LABILITY \$ AUTOWOBILE LABILITY SCHEDULED \$ \$ AUTOS ANY AUTO \$ \$ ALL OWNED SCHEDULED AUTOS \$ \$ AUTOS AUTOS SCHEDULED \$ \$ AUTOS AUTOS SCHEDULED \$ \$ AUTOS X NONOWNED \$ \$ MURCKERS COMPENSION OCCUR \$ \$ \$ DED X RETENTION \$ 10,000 \$ \$ WORKERS COMPENSITION NOPORIETOR/RATINER/2XECUTIVE N N \$ \$		GENTLAGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	5	3,000,000	
OTHER: AUTOMOBILE LIABILITY A AUTOMOBILE LIABILITY A ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS X HIRED AUTOS X A EXCESS LIAB OCUR CLAIMS-MADE DED X RETENTION S 10,000 WORKERS COMPENSATION 10,000	OTHER: S AUTOMOBILE LABILITY ANY AUTO ANY AUTO SCHEDULED AUTON SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS X VIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION S 10,000 WORKERS COMPENSATION N/A ANY PROPRENSATION N/A ANY PROPRENSATION N/A ANY PROPRENSATION N/A MAND EMPLOYERS' LUBBLICY MEMBER EXCLUDED? N/A MAND EMPLOYERS' LUBBLICY AND ADDE N/A	OTHER: S AUTOMOBILE LIABILITY SCHEDULED ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS SCHEDULED AND EMPLOYERS LIAB OCCUR OF/09/2014 05/09/2015 AGGREGATE SCHEDULED <td>OTHER: AUTOMOBILE LABILITY \$ A AUTOMOBILE LABILITY \$ A ANY AUTO \$ ALL OWNED SCHEDULED \$ AUTOS NON-OWNED \$ AUTOS NON-OWNED \$ AUTOS NON-OWNED \$ AUTOS NON-OWNED \$ AUTOS AUTOS \$ VIMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED X RETENTION \$ 10,000 WORKERS COMPENSATION \$ \$ AND EMPLOYERS' LIABULTY Y/N N/A AND EMPLOYERS' LIABULTY N/A If yescide under <</td> <td>OTHER: AUTOMOBILE LIABILITY \$ A ANY AUTO SCHEDULED ALL OWNED ALTOS ALTOS AUTOS ALTOS ALTOS ALL OWNED ALTOS BODILY INURY (Per person) ALL OWNED ALTOS NON-OWNED ALTOS X HIRED AUTOS X HIRED AUTOS X ALTOS X SCHEDULED AUTOS X ALTOS X HIRED AUTOS X ALTOS X SCHEDULED AUTOS X SCHEDULED AUTOS X BODILY INURY (Per person) S OCCUR BODILY INURY (Per person) A EXCESS LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 DED X RETENTION \$ 10,000 SCHEDULED ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A SCHEDULY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A EL. LACH ACCIDENT CMandatory in MHI Hyes, desoribe under EL. DISEASE - POLICY LIMIT<td></td><td>PRO-</td><td></td><td></td><td></td><td></td><td>PRODUCTS - COMP/OP AGG</td><td>5</td><td>3,000,000</td></td>	OTHER: AUTOMOBILE LABILITY \$ A AUTOMOBILE LABILITY \$ A ANY AUTO \$ ALL OWNED SCHEDULED \$ AUTOS NON-OWNED \$ AUTOS NON-OWNED \$ AUTOS NON-OWNED \$ AUTOS NON-OWNED \$ AUTOS AUTOS \$ VIMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED X RETENTION \$ 10,000 WORKERS COMPENSATION \$ \$ AND EMPLOYERS' LIABULTY Y/N N/A AND EMPLOYERS' LIABULTY N/A If yescide under <	OTHER: AUTOMOBILE LIABILITY \$ A ANY AUTO SCHEDULED ALL OWNED ALTOS ALTOS AUTOS ALTOS ALTOS ALL OWNED ALTOS BODILY INURY (Per person) ALL OWNED ALTOS NON-OWNED ALTOS X HIRED AUTOS X HIRED AUTOS X ALTOS X SCHEDULED AUTOS X ALTOS X HIRED AUTOS X ALTOS X SCHEDULED AUTOS X SCHEDULED AUTOS X BODILY INURY (Per person) S OCCUR BODILY INURY (Per person) A EXCESS LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 DED X RETENTION \$ 10,000 SCHEDULED ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A SCHEDULY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A EL. LACH ACCIDENT CMandatory in MHI Hyes, desoribe under EL. DISEASE - POLICY LIMIT <td></td> <td>PRO-</td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMP/OP AGG</td> <td>5</td> <td>3,000,000</td>		PRO-					PRODUCTS - COMP/OP AGG	5	3,000,000	
AUTOMOBILE LABILITY COMBINED SINGLE LIMIT A ANY AUTO ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS X MIRED AUTOS X AUTOS X AUTOS X MIRED AUTOS X AUTOS CLAIMS-MADE DED X RETENTION \$ UD000000000000000000000000000000000000	AUTOMOBILE LABILITY ANY AUTO ANY AUTO ALL OWNED AUTOS ALL OWNED AUTOS HIRED AUTOS VIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 VORKERS COMPENSATION AND ORKERS COMPENSATION AND ORMORIZE LIABLE VIENTION S AND OR AUTOS ADDITION OR AUTOS ADDITION OR AUTOS ADDITION AND OR AUTOS ADDITION	AUTOMOBILE LIABILITY ANY AUTO ANY AUTO SCHEDULED ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS OCCUR EXCESS LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE \$ AND EMPLOYERS LIABULTY 10,000 AND EMPLOYERS LIABULTY N / A AND EMPLOYERS LIABULTY N / A OFFICER/MEMBER EXCLUDED? N / A </td <td>AUTOMOBILE LABILITY AUTOMOBILE LABILITY \$ 1,000 A ANY AUTO SCHEDULED SCHEDULED ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS X NON-OWNED BODILY INURY (Per person) \$ BODILY INURY (Per accident) SCHEDULED BODILY INURY (Per accident) \$ AUTOS X NON-OWNED AUTOS S AUTOS X NON-OWNED AUTOS \$ AUTOS X OCCUR S \$ A EXCESS LIAB CLAIMS-MADE \$ \$ DED X RETENTION \$ 10,000 \$ WORKERS COMPENSATION N/A N/A \$ \$ AND EMPLOYERS' LIABLITY N/A N/A \$ \$ OFFICER/MEMBER EXCLUDED? Y/N N/A N/A \$ \$ If yes describe under N/A N/A \$ \$ \$ AUTOS Y/N N/A \$ \$ \$ \$ DED X RETENTION \$ 10,000 \$</td> <td>AUTOMOBILE LABILITY COMBINED SINGLE LIMIT \$ 1,000,0 ANY AUTO SCHEDULED SCHEDULED BODILY INURY (Per person) \$ 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ 05/09/2014 A AUTOS AUTOS NON-OWNED AUTOS NON-OWNED \$ 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ 05/09/2014 BODILY IN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td>	AUTOMOBILE LABILITY AUTOMOBILE LABILITY \$ 1,000 A ANY AUTO SCHEDULED SCHEDULED ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS X NON-OWNED BODILY INURY (Per person) \$ BODILY INURY (Per accident) SCHEDULED BODILY INURY (Per accident) \$ AUTOS X NON-OWNED AUTOS S AUTOS X NON-OWNED AUTOS \$ AUTOS X OCCUR S \$ A EXCESS LIAB CLAIMS-MADE \$ \$ DED X RETENTION \$ 10,000 \$ WORKERS COMPENSATION N/A N/A \$ \$ AND EMPLOYERS' LIABLITY N/A N/A \$ \$ OFFICER/MEMBER EXCLUDED? Y/N N/A N/A \$ \$ If yes describe under N/A N/A \$ \$ \$ AUTOS Y/N N/A \$ \$ \$ \$ DED X RETENTION \$ 10,000 \$	AUTOMOBILE LABILITY COMBINED SINGLE LIMIT \$ 1,000,0 ANY AUTO SCHEDULED SCHEDULED BODILY INURY (Per person) \$ 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ 05/09/2014 A AUTOS AUTOS NON-OWNED AUTOS NON-OWNED \$ 05/09/2014 05/09/2015 BODILY INURY (Per person) \$ 05/09/2014 BODILY IN								\$		
A ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS BODILY INJURY (Per person BODILY INJURY (Per accid PROPERTY DAMAGE (Per accident) X HIRED AUTOS X NON-OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS BODILY INJURY (Per person PROPERTY DAMAGE (Per accident) X HIRED AUTOS X CLAIMS-MADE COCUR EACH OCCURRENCE A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE DED X RETENTION \$ 10,000 PER AGGREGATE 1,000,000 WORKERS COMPENSATION Image: Compensation # Compensa	ANY AUTO ALL OWNED AUTOS HIRED AUTOS WINED AUTOS HIRED AUTOS HIRED AUTOS HI	A ANY AUTO ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS VIMBRELLA LIAB OCCUR CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION N/A AND EMPLOYERS LIABULTY Y/N OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) N/A If yesschemed S	A ANY AUTO ALL OWNED SCHEDULED SCHEDULED AUTOS SCHEDULED SCHEDULED BODILY INJURY (Per person) \$ X HIRED AUTOS X NON-OWNED AUTOS NON-OWNED BODILY INJURY (Per person) \$ A EXCESS LAB OCCUR S S \$ \$ DED X RETENTION \$ 10,000 \$ \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LABILITY Y/N N/A N/A \$ OFFICER/MEMBER EXCLUDED? Y/N N/A N/A \$ \$ If yes describe under S \$ \$ \$ \$	A ANY AUTO SCHEDULED SCHEDULED <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$</td><td>1,000,000</td></td<>								\$	1,000,000	
ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) X HIRED AUTOS X NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) A EXCESS LIAB OCCUR CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 EACH OCCURRENCE AGGREGATE DED X RETENTION \$ 10,000 PROPERTY DAMAGE PROPERTY DAMAGE	ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) \$ X HIRED AUTOS X NON-OWNED AUTOS \$ \$ X UMBRELLA LIAB OCCUR CLAIMS-MADE \$ \$ DED X RETENTION \$ 10,000 \$ WORKERS COMPENSATION AND CHENDERSENTION AND CHENDERSENTION<	ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AGGREGATE SCHEDUCED AGGREGATE SCHEDUCHOLDUCHOLDUCHOLDUCHOLDUCHOLDUCHOLDUCHOLDUCHOLDUCHOLDUC	ALLOWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SCHEDULED AUTOS SCHEDULED SCHEDULED AUTOS SCHEDULED SCHEDULED SCHEDULED SCHEDULED SCHEDULED	ALLOWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTINER/EXECUTIVE ANY PROPRIETOR/PARTINER/EXECUTIVE Y / N ANY PROPRIETOR/PARTINER/EXECUTIVE Middatory in NHi N / A If yes conder S DESCRIPTION OF OPERATIONS below N / A	A	ANY AUTO		201421017NPO	05/09/2014	05/09/2015		\$		
X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB OCCUR X UMBRELLA LIAB OCCUR EXCESS LAB CLAIMS-MADE DED X RETENTION S WORKERS COMPENSATION 10,000	X NON-OWNED X NON-OWNED X PROPERTY DAMAGE S X UMBRELLA LIAB OCCUR S S EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 10,000 \$ PER OTH- STATUTE OTH- EL. EACH ACCIDENT S DFFICER/MEMBER EXCLUDED? N / A N / A N / A N / A Image: Comparison of the state of t	X HIRED AUTOS X NON-OWNED AUTOS S X UNBRELLA LIAB OCCUR S X UNBRELLA LIAB OCCUR S DED X RETENTION S 10,000 S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY DEPRIOPRATINER/EXECUTIVE Y/N N/A N/A OS/09/2014 05/09/2014 05/09/2015 EACH OCCURRENCE \$ 1,000,000 s WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A N/A N/A PER S OTH- EL. EACH ACCIDENT S If yes, describe under N/A N/A N/A N/A Image: S S	X HIRED AUTOS X NON-OWNED AUTOS S X UMBRELLA LIAB OCCUR S A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE S DED X RETENTION \$ 10,000 S PER OTH- EL. EACH ACCIDENT S WORKERS COMPENSATION AND EMPLOYERS' LIABULTY ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) Y / N N / A N / A N / A PER S OTH- EL. EACH ACCIDENT S EL. DISEASE - EA EMPLOYEE \$ N / A N / A N / A S S	X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X PROPERTY DAMAGE (Per accident) S X UMBRELLA LIAB OCCUR S S S A Excess LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AcgGREGATE S MORKERS COMPENSATION AND EMPLOYERS' LIABILITY 10,000 S PER EL. EACH ACCIDENT S MORKERS COMPENSATION AND EMPLOYERS' LUABILITY N / A N / A N / A N / A EL. EACH ACCIDENT S BIOLOGY M / A N / A N / A N / A N / A S S		ALL OWNED SCHEDULED					BODILY INJURY (Per accident)) \$		
X UMBRELLA LIAB OCCUR X UMBRELLA LIAB OCCUR Excess LAB CLAIMS-MADE DED X RETENTION S WORKERS COMPENSATION 10,000	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ DED X RETENTION \$ NO 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE \$ 1,000,000 \$ WORKERS COMPENSATION \$ NND EMPLOYERS' LIABILITY Y/N NAMD EMPLOYERS' LIABILITY Y/N N/A N/A	X UMBRELLA LIAB OCCUR A EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 AGGREGATE WORKERS COMPENSATION 10,000 AND EMPLOYERS' LIABILITY Y/N If yes, describe under N/A	X UMBRELLA LIAB OCCUR \$ X UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ DED X RETENTION \$ 10,000 05/09/2014 05/09/2015 AGGREGATE \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N/A PER OTH- 0111 AND EMPLOYERS' LIABILITY Y/N N/A N/A EL. EACH ACCIDENT \$ If yes, describe under Modes N/A N/A N/A EL. DISEASE - EA EMPLOYEE \$	X UMBRELLA LIAB OCCUR S A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE S DED X RETENTION S 10,000 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE S WORKERS COMPENSATION 10,000 S S 1,000,000 S WORKERS COMPENSATION N / A N / A S S 1,000,000 S WORKERS COMPENSATION N / A N / A N / A S S S More than the imployters' LIABILITY N / A N / A N / A S S S OFFICER/MEMBERE EXCLUDED? N / A N / A S S S S UMandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below N / A S S S		X NON-OWNED						\$		
A EXCESS LIAB CLAIMS-MADE 201421017UMBNPO 05/09/2014 05/09/2015 AGGREGATE 1,000,000 VORKERS COMPENSATION 05/09/2014 05/09/2014 05/09/2014	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ DED X RETENTION \$ NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N/A Y/N Mandatory In NH) (res, describe under N/A	A EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 AND EMPLOYERS' LIABILITY Y/N AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) N/A If yes, describe under N/A	A EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY Y/N AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? N / A If yes, describe under N / A	A EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION 10,000 AND EPILOPERS' LUBILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N / A (Mandatory in HI) N / A If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
DED X RETENTIONS 10,000 1,000,000 PER OT	DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LUBBILITY Y/N AND EMPLOYERS' LUBBILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N DEFICER/MEMBER EXCLUDED? N/A Mandatory in MH) E.L. DISEASE - EA EMPLOYEE \$ fres, describe under -	DED X RETENTION \$ 10,000 WORKERS COMPENSATION 1,000,000 \$ AND EMPLOYERS' LLABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under -	DED X RETENTION \$ 10,000 MORKERS COMPENSATION AND EMPLOYERS' LLABILITY Y/N AND EMPLOYERS' LLABILITY Y/N OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under If yes, describe under	DED X RETENTION \$ 10,000 \$ WORKERS COMPENSATION AND EMPLOYERS'LABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N IN/A N/A PER STATUTE OTH- ER E.L. EACH ACCIDENT \$ UMandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below N/A	-	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	1,000,000	
WORKERS COMPENSATION	WORKERS COMPENSATION WORKERS COMPENSATION WORKERS COMPENSATION WITH ER	WORKERS COMPENSATION PER OTH- AND EMPLOYERS 'LABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) FL. DISEASE - EA EMPLOYEE \$ If yes, describe under Statute	WORKERS COMPENSATION PER OTH- AND EMPLOYERS' LIABILITY ER STATUTE ER ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N / A EL. EACH ACCIDENT \$ (Mandatory in NH) If yes, describe under \$	WORKERS COMPENSATION PER OTH- AND EMPLOYERS LUBILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N/A If yes, describe under E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under E.L. DISEASE - POLICY LIMIT	A	EXCESS LIAB CLAIMS-MADE		201421017UMBNPO	05/09/2014	05/09/2015	AGGREGATE	5		
CTATITE ED	NAND EMPLOYERS' LABILITY Y/N AND PROPRIETOR/PARTNER/EXECUTIVE Y/N ELL. EACH ACCIDENT \$ DEFRICER/MEMBER EXCLUDED? N/A Mandatory in NH) Fisc. describe under	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE //N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below If the second s		DED X RETENTIONS 10,000					1,000,000	5		
AND EMPLOYERS LIABILITY VIN	N/A E.L. EACH ACCIDENT \$ DFFICERMEMBER EXCLUDED? N/A Mandabry In NH) E.L. DISEASE - EA EMPLOYEE \$ fres, describe under -	AND EMPLOYERS LABORTY Y/N ANY PROPRIETOR/PARTNER/PECUTIVE N/A OFFICER/MEMBER EXCLUDED? IM/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under	AND EMPLOYERS CLADED TY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	AND EMPLOYERS LABORTY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - POLICY LIMIT \$										
ANY PROPRIETOR/PARTNER/EXECUTIVE	Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ fyes, describe under	(Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under	(Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under	(Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT		ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$		
	f yes, describe under	If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$			R/A				E.L. DISEASE - EA EMPLOYEE	E S		
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LI	DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$			DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	5		
				DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
				DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
				DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Dakland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of t	akland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of the								y or on	behalf of the	
Dakland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operation	nd Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of the													
Dakland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operation	nd Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of the				CER	RTIFICATE HOLDER			CANCELLATION					
Dakland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operation amed insured in the performance of this Agreement.	nd Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of the d insured in the performance of this Agreement.	amed insured in the performance of this Agreement.	CERTIFICATE HOLDER CANCELLATION	CERTIFICATE HOLDER CANCELLATION		900 High Street	rict		THE EXPIRATION	DATE TH	EREOF, NOTICE WILL			
Dakland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operation named insured in the performance of this Agreement. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES B THE EXPIRATION DATE THEREOF, NOTICE WIL ACCORDANCE WITH THE POLICY PROVISIONS.	Ind Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of the d insured in the performance of this Agreement. Insured in the	amed insured in the performance of this Agreement. CERTIFICATE HOLDER 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.	Oakland Unified School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR ACCORDANCE WITH THE POLICY PROVISIONS.	Oakland Unified School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ACCORDANCE WITH THE POLICY PROVISIONS.		Oakland, CA 94601			AUTHORIZED REPRESEN	ITATIVE	- 10 A - 1 - 1			
Dakland Unified School District, its officers and employees are named as additional insured for all liability arising out of the operation named insured in the performance of this Agreement. CERTIFICATE HOLDER CANCELLATION Oakland Unified School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES B THE EXPIRATION DATE THEREOF, NOTICE WIL ACCORDANCE WITH THE POLICY PROVISIONS.	nd Unified School District, its officers and employees are named as additional insured for all liability arising out of the operations by or on behalf of d insured in the performance of this Agreement. TIFICATE HOLDER CANCELLATION Oakland Unified School District 900 High Street Oakland, CA 94601 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF ACCORDANCE WITH THE POLICY PROVISIONS.	amed insured in the performance of this Agreement. CERTIFICATE HOLDER CANCELLATION Oakland Unified School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF Oakland Unified School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF Oakland Unified School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF Oakland, CA 94601 CANCELLATION	Oakland Unified School District 900 High Street Oakland, CA 94601	Oakland Unified School District 900 High Street Oakland, CA 94601					Nator farguers					

The ACORD name and logo are registered marks of ACORD

CER CER	TIFIC	ATE OF LIA	BIL	ITY IN	SURA	NCE		E (MW/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER,	TIVELY OI	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holde the terms and conditions of the polik certificate holder in lieu of such ender	y, certain p	policies may require an (endorse	les) must be ment. A stat	endorsed. tement on th	If SUBROGATION IS is certificate does not	WAIVEL t confer), subject to rights to the
RODUCER	anaomoniqa		CONTAC	T Darlene	Saldana			
CIS Bonding and Insurance	ce Serv:	ices	PHONE	(559)	320-2247	FAX	o): (559) 3	320-0299
CIS INSURANCE GROUP INC			E-MAIL	dsaldar	afccisin	surance.com	p1: 10007	
3 East Shaw, Ste 200			ADDRES					NAIC #
resno CA	3710		INGUDE			ation Ins. Fun	h	35076
SURED			INSURE		compense	acion 1115, 141		35070
afe Passages			INSURE					
50 Frank H. Ogawa Plaza			INSURE					
uite 6306			INSURE					
	94612		INSURE					1
		E NUMBER:CL146100	and the second se	ayr:		REVISION NUMBER		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUIREME Y PERTAIN,	THE INSURANCE AFFOR	DED BY	THE POLICIE	OR OTHER	DOCUMENT WITH RES	PECT TO	WHICH THIS
TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER		POLICY EFF	POLICY EXP	u	MITS	
GENERAL LIABILITY						EACH OCCURRENCE	5	
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR						MED EXP (Any one person)	5	
						PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	5	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AG	G S	
POLICY PRO-							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	
ANY AUTO						BODILY INJURY (Per perso	n) \$	
ALL OWNED SCHEDULED	1 1					BODILY INJURY (Per accide	ent) \$	1
AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		2	_				\$	
UMBRELLA LIAB OCCUR					-	EACH OCCURRENCE	5	
EXCESS LIAB CLAIMS-MA	DE				1	AGGREGATE	\$	
DED RETENTION \$							5	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS	TH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	5	1,000,
(Mandatory In NH)		9101333-14		6/1/2014	6/1/2015	E.L. DISEASE - EA EMPLO	YEE S	1,000,
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIN	AIT S	1,000,
ESCRIPTION OF OPERATIONS / LOCATIONS / VE *CANCELLATION: 10 Day Not: pplies for any other reaso conditions. The cancellation policy wording.**	on. You	ies in the event must refer to pol	of non icy fo	-payment	/non-rep complete	cancellation te	rms an	bd
ERTIFICATE HOLDER			CAN	CELLATION				
City of Oakland			TH	E EXPIRATIO	N DATE TH	DESCRIBED POLICIES B IEREOF, NOTICE WIL CY PROVISIONS.		
1 Frank H. Ogawa Pl Oakland, CA 94612	aza		AUTHO	ORIZED REPRES	ENTATIVE			
			Mark	Rivard/	DSAL	Marker	A	2-5

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: 201421017NPO

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Oakland Unified School District, its officers and employees

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

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodify injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

 In connection with your premises owned by or rented to you. ENDORSEMENT AGREEMENT WAIVER OF SUBROGATION

9101333-14 NEW 5-07-02-74 PAGE 1

HOME OFFICE SAN FRANCISCO

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

SAFE PASSAGES

250 FRANK H OGAWA PLZ STE 6306 OAKLAND, CA 94612

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND WAIVES ANY RIGHT OF SUBROGATION AGAINST,

EFFECTIVE JUNE 20, 2014 AT 12.01 A.M. AND EXPIRING JUNE 1, 2015 AT 12.01 A.M.

CITY OF OAKLAND

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS POLICY IN CONNECTION WITH WORK PERFORMED BY,

SAFE PASSAGES

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

AUTHORIZED REPRESENTATIVE

Thomas EK

JUNE 24, 2014

2570

PRESIDENT AND CEO

Exhibit I

Statement of Qualifications

INSERT HERE



Safe Passages' Afterschool History

Founded in 1995, Safe Passages was created as part of the five-city, ten-year Urban Health Initiative (UHI) funded by the Robert Wood Johnson Foundation. Over the Jast sixteen years, Safe Passages has helped government work together with community-based agencies, holding each other accountable, to redirect government and private resources to implement strategies proven to reduce youth violence and help level the playing field for the most vulnerable and marginalized students, families and communities in Alameda county. These strategies, along a continuum of services from birth through college and career include: Early Childhood, School-Linked Services, Juvenile Justice and College to Career. Safe Passages leverages our history and deep capacity in partnership with school communities to implement afterschool programs.

The organization focused on three main strategies: Early Childhood, Middle School Strategy and Juvenile Justice. The Safe Passages Middle School Strategy was a multi-pronged approach to creating positive school climates and providing students and their families the support needed to be successful in school and life. From the beginning, afterschool programming was one of the five prongs of the strategy. Initially, the seven highest need middle schools were selected as partners in 2000 to implement the strategy: Frick, Havenscourt (CCPA) and Calvin Simmons (UFSA) were all part of the first cohort of implementation schools.

The partnership withstood the test of time, surviving many changes in personnel, leadership, and the economy. Over the years, Safe Passages facilitated the development of the Coordination of Services Team (COST) system, case management and mental health services for students and parents, school based health centers at some target schools and afterschool programs. Several models developed by Safe Passages, like COST, were adopted by OUSD and replicated across the school district. Several of the Safe Passages schools, including those schools where Safe Passages serves as the lead afterschool agency are leading schools in OUSD's Full Service Community Schools Initiative.

Safe Passages partnerships with the school communities that are the focus of these contracts embody 13 years of partnership. Within those thirteen years of partnership, Safe Passages has collaborated with dozens of community based partners and independent contractors. Currently, Safe Passages partners with 45 public and private agencies to implement the Elev8 Full Service Community Schools Initiative. Safe Passages partners with school communities in Oakland and San Lorenzo to implement quality programs.

As a result of these partnerships, hundreds of students and families are served leach year at target schools. Safe Passages has also successfully led the implementation of Elev8, a \$25 million initiative at five middle schools in Oakland. Finally, Safe Passages has leveraged millions of dollars for services for Oakland youth and families.



Board of Directors

Lewis Cohen, Chair Former Deputy Mayor, Oakland

Sherry Young, (Board Treasurer) Vice President Private Banker Wells Fargo Bank

Jose Corona CEO Inner City Advisors

Aimee Sueko Eng Program Officer Thomas J. Long Foundation

Colin Lacon Former President and CEO Northern California Grantmakers

Dr. Tomás Magaña Principal Investigator Public Health Institute

Josefina Alvarado Mena, CEO

Jerry Ostrander, AAMS Financial Advisor Edward Jones Investments

Lendri S. Purcell, MA, BCET Senior Program Director Barbara & Donald Jonas Family Fund

Hon. Jean Quan Oakland Mayor

Tuesday, June 17, 2014

To Whom It May Concern:

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

Respectfully,

11

Josefina Alvarado-Mena CEO Safe Passages

SAM Search Results List of records matching your search for :	
Search Term : Safe* Passages* Record Status: Active	
ENTITY SAFE PASSAGES	Status:Active
DUNS: 091927272 +4:	CAGE Code: 4Q7C4 DoDAAC:
Expiration Date: Feb 19, 2015 Has Active	Exclusion?: No Delinquent Federal Debt?: No
Address: 250 FRANK OGAWA PLZ #6306City: OAKLANDState/Province: CALIFORNIAZIP Code: 94612-2035Country: UNITED STATES	