

Board Office Use: Legislative File Info.	
File ID Number	16-2524
Introduction Date	12/14/16
Enactment Number	16-1905
Enactment Date	12-14-16



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Memo

To Board of Education

From Antwan Wilson, Superintendent

Board Meeting Date December 14, 2016

Subject Memorandum of Agreement - New Bridge Foundation Inc.-Aspire - (contractor) - Community Partnerships Unit - 922/Community Schools and Student Services Department (site/departement)

Action Requested Approval of a Memorandum of Agreement between the Oakland Unified School District and New Bridge Foundation Inc.-Aspire, Oakland, CA, to be primarily provided via the Community Schools and Student Services Department for the period of August 22, 2016 through June 9, 2017.

Background
A one paragraph explanation of why the consultant's services are needed. New Bridge Foundation Inc.-Aspire will provide Alcohol, Tobacco, and other drug services working with the students individually and in groups. Family involvement is encouraged.

Discussion
One paragraph summary of the scope of work. Approval by the Board of Education of a Memorandum of Agreement between the District and New Bridge Foundation Inc.-Aspire, Oakland, CA, and the Memorandum of Agreement for the Specific School Site, West Oakland Middle School, for New Bridge Foundation-Aspire to provide Alcohol, Tobacco, and other drug services working with the students individually and in groups, as described in the Scope of Work, incorporated herein by reference as though fully set forth, via the Community Schools and Student Services Department, for the period of September 1, 2016 through June 23, 2017, at no cost to the District.

Recommendation Approval of a Memorandum of Agreement between Oakland Unified School District and New Bridge Foundation Inc.-Aspire. Contractual services to be provided via the Community Schools and Student Services Department for the period of September 1, 2016 through June 23, 2017.

Fiscal Impact Funding resource name (please spell out): No Fiscal Impact

Attachments Memorandum of Agreement
Certificate of Insurance
Scope of Work
Statement of Qualifications



CONTRACT JUSTIFICATION FORM
This Form Shall Be Submitted to the Board Office
With *Every* Consent Agenda Contract.

Legislative File ID No. 16-2524

Department: 922/Community Schools and Student Services Department

Vendor Name: New Bridge Foundation, Inc.-Aspire

Contract Term: Start Date: 09/01/2016 End Date: 06/23/2017

Annual Cost: \$ 0.00

Approved by: Andrea Bustamante

Is Vendor a local Oakland business? Yes ☒ No ☐

Why was this Vendor selected?

School site, West Oakland Middle School, selected partner for non-profit agreement.

Summarize the services this Vendor will be providing.

Vendor will provide Alcohol, Tobacco, and other drug services working with the students individually and in groups. Family involvement is encouraged.

Was this contract competitively bid? Yes ☐ No ☒

If No, answer the following:

1) How did you determine the price is competitive?

No money is being exchanged. Non-profit MOU.

2) Please check the competitive bid exception relied upon:

- ☐ **Educational Materials**
- ☐ **Special Services** contracts for financial, economic, accounting, legal or administrative services
- ☐ **CUPCCAA exception** (Uniform Public Construction Cost Accounting Act)
- ☒ **Professional Service Agreements** of less than \$87,800 (increases a small amount on January 1 of each year)
- ☐ **Construction related Professional Services** such as Architects, DSA Inspectors, Environmental Consultants and Construction Managers (require a "fair, competitive selection process)
- ☐ **Energy** conservation and alternative energy supply (e.g., solar, energy conservation, co-generation and alternate energy supply sources)
- ☐ **Emergency** contracts [requires Board resolution declaring an emergency]
- ☐ **Technology** contracts
 - ☐ electronic data-processing systems, supporting software and/or services (including copiers/printers) over the \$87,800 bid limit, must be competitively advertised, but any one of the three lowest responsible bidders may be selected
 - ☐ contracts for computers, software, telecommunications equipment, microwave equipment, and other related electronic equipment and apparatus, including E-Rate solicitations, may be procured through an RFP process instead of a competitive, lowest price bid process
 - ☐ Western States Contracting Alliance Contracts (WSCA)
 - ☐ California Multiple Award Schedule Contracts (CMAS) [contracts are often used for the purchase of information technology and software]
- ☐ **Piggyback" Contracts** with other governmental entities
- ☐ **Perishable Food**
- ☐ **Sole Source**
- ☐ **Change Order for Material and Supplies** if the cost agreed upon in writing does not exceed ten percent of the original contract price
- ☐ **Other, please provide specific exception**

**MEMORANDUM OF AGREEMENT BETWEEN A NON-PROFIT ORGANIZATION
AND OAKLAND UNIFIED SCHOOL DISTRICT**

I. Parties

The purpose of this Memorandum of Understanding ("MOU") is to establish a relationship between Oakland Unified School District ("OUSD") and New Bridge Foundation, Inc.-ASPIRE [CONTRACTOR—name of your organization].

WHEREAS, the CONTRACTOR's services or program described in this MOU will be provided at no cost to OUSD, the students, or the parents; and

BOTH PARTIES HEREBY enter into this MOU to enable CONTRACTOR to provide said services/program on school(s), site(s) ("Schools") selected in Section II of the MOU.

II. Program Sites

Unless otherwise agreed to in writing by the parties, the School(s) governed by this agreement are the following:

West Oakland Middle School

III. CONTRACTOR Responsibilities/Scope of Services

A. Provide a description of the services that your program will be providing OUSD. Please be specific by answering all of the following questions

1. A brief description of the type of services your program generally provides.

Alcohol, Tobacco and Other Drug services working with students

individually and groups. Family involvement is encouraged.

2. The relevant experience of the CONTRACTOR personnel that will be providing the services:

Counselors/Clinicians are Licensed, Certificated or hold Intern status
with experience or professionally trained in the field.

3. Please check all of the expectations or goals below that are in agreement with your program's services.

- ☐ Ensure a high quality instructional core
- ☒ Develop student's social health/skills
- ☒ Develop student's emotional health
- ☐ Develop student's physical health
- ☐ Develop student's cognitive and academic skills
- ☐ Create equitable opportunities for learning
- ☐ Ensure, maintain, or support high quality and effective instruction
- ☐ Prepare students for success in college and careers
- ☒ Help ensure, create, and/or sustain safe, healthy and supportive schools
- ☐ Create accountability for quality
- ☐ Help create full service community schools in OUSD
- ☐ Increase, raise graduation rates
- ☐ Other: _____

- B. Ensure that all CONTRACTOR personnel, including subcontractors, will comply with any policy and systems in place at OUSD and School(s). This includes, but is not limited to the following:

1. **Drug and Smoke Free**—No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use drugs on these School(s).
2. **Anti-Discrimination**—It is the policy of OUSD that in connection with CONTRACTOR's services in this MOU there shall be no discrimination against any employee engaged in the work because of race, color,

ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age. Therefore, the CONTRACTOR agrees to comply with applicable Federal and California laws.

3. **Conflict of Interest**—CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any OUSD employee to perform the services in this MOU, and affirms that to the best of its knowledge no such conflict presently exists. CONTRACTOR agrees to alert OUSD in writing if and when a potential conflict does arise.
4. **Family Education Rights and Privacy Act**—CONTRACTOR shall observe District policies and regulations, and state and federal laws, including the Family Education Rights and Privacy Act of 1974, commonly known as FERPA, related to the confidentiality of pupil and personnel records.

C. **Required Documents**—Ensure that all CONTRACTOR personnel who will be on OUSD premises have been: (a) fingerprinted; (b) submitted to DOJ and FBI criminal background check via Live Scan or a similar service as required by the Education Code, and (c) taken a tuberculosis test. Please see Section IV for the relevant documentation that is required.

D. **Insurance**

1. **General Liability:** ***EITHER*** (a) Provide evidence of general liability insurance that names OUSD as an additional insured, for operations, students, volunteers, and personnel at location where CONTRACTOR provides programs/services with at least \$1 Million in coverage, and furnish certificate of said insurance to OUSD ***OR*** (b) CONTRACTOR is not required to maintain insurance under this agreement if the Risk Management Officer signs a waiver of insurance. The additional insured address must read: Oakland Unified School District, Attention: Risk Management, 1000 Broadway Suite 440, Oakland, CA 94607. Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.
2. **Workers' Compensation:** If CONTRACTOR employs any person to perform work in connection with this MOU, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and federal laws, when applicable. The CONTRACTORS' Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

☐ The requirements under Section D, 2. will not apply if CONTRACTOR checks or marks this box and by doing so confirms and represents that it does not employ anyone in the manner subject to the workers' compensation laws of California.

- E. **Communication**—Communicate with School(s) and OUSD staff, both formally and informally, to ensure, to the best of the program's ability, that the CONTRACTOR'S services are aligned with the School(s) and OUSD's mission and objectives and are adequately meeting student's needs. At the request of School(s) or OUSD staff, provide reasonable data and information to students participating in the CONTRACTOR's program.
- F. **Confidentiality**—CONTRACTOR shall maintain strict confidentiality of all information about individual students received under this MOU and will not disseminate such information without the express written consent of OUSD. CONTRACTOR will comply with FERPA, and will be allowed to use the data received to solicit funding to continue to expand its services/program, so long as there is no information from which the identity of any student in the CONTRACTOR's program as a participant could be made.
- G. **Register With/Update Community Partner Platform**—Contractor shall register in OUSD's Community Partner Platform (CPP) database and perform annual updates *by August 31 of each year*, to maintain full and complete up-to-date information. The CPP database and instructions may be found online at ousd.org under Partner Organizations.

IV. Required Documents

CONTRACTOR CANNOT commence the services agreed to in this MOU until it has submitted the following documents:

A. Contractor (Individual):

- ☐ **Completion of Pre-Consultant Screening Process**—Attach a letter from Human Resources showing completion of Pre-Consultant Screening for this current fiscal year. This process will include a check of all of the following:
 - o Fingerprinting—Attach documentation
 - o Criminal Background Check—Attach documentation
 - o Tuberculosis Clearance—Documentation from health care provider showing negative TB status within the last four years.

Contractor (Agency):

- ☒ Or, attach a letter from Agency/Community-Based Organization/Non-Profit Organization on agency letterhead verifying all employees have been Fingerprinted/Criminal Background Checked and have TB clearance for this current fiscal year and signed by authorized personnel.

B. Contractor:

- ☒ Insurance—see Section III(D) for specifications. Please attach documentation of either proof of insurance, or a waiver signed by the Risk Management Officer.

V. Responsibilities of Oakland Unified School District

- A. **Space**—Provide a suitable classroom or space at the participating School(s), to be agreed upon by School(s) and the CONTRACTOR.
- B. **Janitorial Service**—Provide necessary services to maintain this space, including janitorial services, maintenance, utilities, and technology support.
- C. **Data**—Ensure that CONTRACTOR has reasonable access to student assessment and evaluation data necessary to inform instruction and periodically review student progress and to provide the study.
1. For the purpose of cohort determination, for instructional purposes, or for academic research purposes, at the sole discretion of OUSD, provide CONTRACTOR access to student assessment data for all students at School(s) including, but not limited to, state test scores and site-based assessments. Students identified may be protected by the use of ID numbers.
 2. Provide CONTRACTOR with any other student information reasonably necessary to provide its services consistent with the CONTRACTOR's program and to evaluate the impact of its program on students at School(s).

VI. Duration

This MOU is for the 09/01/2016 -- 06/23/2017 period.
[Insert mm/dd/year] [Insert mm/dd/year]

VII. Termination

Either party may terminate this MOU at any time, without cause, with 30 day written notice to the other party. This agreement may be amended by mutual consent of the parties. All amendments must be in writing and signed by both parties.

VIII. Defense/Indemnity/Hold Harmless

Each party to this MOU agrees to defend, indemnify and hold harmless the other for and from any claims, causes of action, or any other proceeding of any type or kind that is made against the other where such claim, cause of action or other proceeding arises from the conduct, act, omission, or commission by the other party.

IN WITNESS THEREOF, the parties to this agreement have duly executed it on the day, month and year set forth below.

By: [Signature] Dated: 09/28/2016 (MM/DD/YYYY)
Sponsoring Department or Site Principal

By: [Signature] Dated: 9/28/2016 (MM/DD/YYYY)
Georgette L. Cobbs (Print Name)
New Bridge Foundation, Inc.-ASPIRE (CONTRACTOR)

Approved as to form and procedure

By: [Signature] Dated: 11/16/16 (MM/DD/YYYY)
Michael L. Smith, Deputy General Counsel
Oakland Unified School District

[Signature]
James Harris
President, Board of Education

File ID Number: 16-2524
Introduction Date: 12-14-16
Enactment Number: 16-1905
Enactment Date: 12-14-16
By: [Signature]

rev. 5/16

[Signature] 6
Antwan Wilson
Secretary, Board of Education

OUSD or the District verifies that the Contractor does not appear on the Excluded Parties List at <https://www.sam.gov/>

**MEMORANDUM OF AGREEMENT BETWEEN A NON-PROFIT ORGANIZATION
AND SPECIFIC SCHOOL SITE**

I. Parties

The purpose of this Memorandum of Understanding ("MOU") is to establish a relationship

between West Oakland Middle School (SCHOOL) and

New Bridge Foundation, Inc.-ASPIRE [CONTRACTOR—name of your organization].

WHEREAS, the CONTRACTOR's services or program described in this MOU will be provided at no cost to the SCHOOL, the students, or the parents; and
BOTH PARTIES HEREBY enter into this MOU to enable CONTRACTOR to provide said services/program to SCHOOL.

II. Contractor's Services

Directions: Please check all of the expectations or goals below that are in agreement with your program's services. This list is similar to the one you filled out on page 2 of the MOU with OUSD; however, this one is for the school site's information. You must fill out both.

- ☐ Ensure a high quality instructional core
- ☒ Develop student's social health/skills
- ☒ Develop student's emotional health
- ☐ Develop student's physical health
- ☐ Develop student's cognitive and academic skills
- ☐ Create equitable opportunities for learning
- ☐ Ensure, maintain, or support high quality and effective instruction
- ☐ Prepare students for success in college and careers
- ☒ Help ensure, create, and/or sustain safe, healthy and supportive schools
- ☐ Create accountability for quality
- ☐ Help create full service community schools in OUSD
- ☐ Increase, raise graduation rates
- ☐ Other: _____

III. Time Commitment/Schedule

Directions: Please attach a schedule that details the amount of time you will be at the school site and when. The schedule should detail the number of hours per day, number of days per week, number of weeks per month and so on, that you will be providing your services at the school. Both parties must agree to this schedule.

IV. Space

Check off all of the rooms or space at school that CONTRACTOR's will use to provide services at this school:

- ☐ Kitchen
- ☐ Cafeteria (without access to Kitchen equipment and facilities)
- ☐ Gym
- ☐ Classroom(s): (please list how many and which ones)
- ☒ Office(s)/Conference Room: (please list how many and which ones)
- ☐ Yard/Outdoor Play area
- ☐ Other: _____

V. Communication

Please identify a contact person for CONTRACTOR:

Name	Georgette Cobbs, LMFT
Address	2915 Telegraph Avenue
Phone Number	(510)558-1990
E-mail	georgette@newbridgefoundation.org

Please identify a contact person for the School site:

Name	Ella Offar
Address	2915 Telegraph Avenue
Phone Number	(510)558-1990
E-mail	ella@newbridgefoundation.org

IN WITNESS THEREOF, the parties to this agreement have duly executed it on the day, month and year set forth below.

By: [Signature] Dated: 09/28/2016 (MM/DD/YYYY)

Site Principal or Contact Person

By: [Signature] Dated: 9/23/2016 (MM/DD/YYYY)

CONTRACTOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/29/2016

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

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

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Kim Tran	
	PHONE (A/C, No, Ext): 818.539.8618	FAX (A/C, No): 818.539.8718
	E-MAIL ADDRESS: Kim_Tran@ajg.com	
INSURED New Bridge Foundation Inc. 2323 Hearst Avenue Berkeley, CA 94709	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Riverport Insurance Company	
	INSURER B: Republic Indemnity Company of Calif	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1107091071

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		RIC0014980	4/1/2016	4/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			RIC0014980	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	181646-06	4/1/2016	4/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Crime Coverage			RIC0014980	4/1/2016	4/1/2017	Employee Dishonesty \$500,000

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

Riveport Insurance Company
Policy Period: 04/01/16 - 04/01/17
Policy #RIC0014980
Social Service Professional Liability
\$1,000,000 Per Occurrence
\$3,000,000 Aggregate Limit
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Oakland Unified School District Attention: Risk Management 1000 Broadway Suite 440 Oakland CA 94607	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

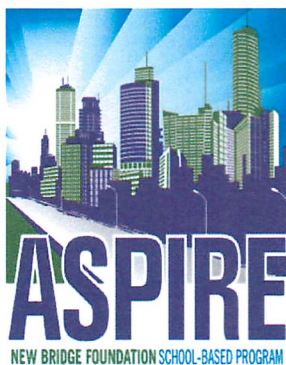
AGENCY Arthur J. Gallagher & Co.		NAMED INSURED New Bridge Foundation Inc. 2323 Hearst Avenue Berkeley, CA 94709	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Oakland Unified School District is named additional insured with respect to the operations of the named insured. Workers Compensation coverage excluded, evidence only



School Site: West Oakland Middle School

School Year: 2016-2017

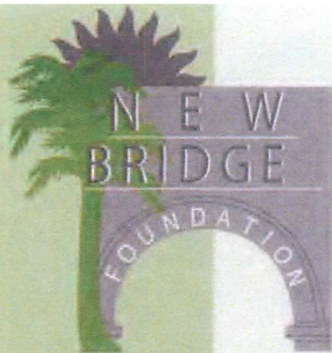
Scope of Service:

Contractor will provide culturally relevant and responsive alcohol and other drug services to adolescents 12 years and older in the school community. These services are done individually and in group settings in a confidential space. The areas of concentration include

- a) abstinence from alcohol and other drugs; stressors, triggers for use,
- b) healthy peer groups; finding safe activities to engage in
- c) engagement in the academic environment; reduction of truancy
- d) development of healthy socio-emotional skills; anger management and
- e) parent support; helping their child(ren) be successful in the school environment.

Expected outcomes includes:

- Develop healthy norms around youth substance use, including tobacco and binge drinking.
- Develop positive family, social and community norms as related to substance use.
- Promote awareness of the risks for substance use and encourage appropriate norms related to substance use.



Chief Executive Officer
Kosta Markakis

Board of Directors
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Vice-Chairperson
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Eugene Porter, MA, MFCC
Frank Staggers, Jr., MD
Neil Dickman, PhD
Johnny E. Johns
Suzanne Hicks, CADC-II
Kosta Markakis

Business Office
2323 Hearst Avenue
Berkeley, CA 94709
Tel 510.526.6200
Fax 510.526.1507

Adult Programs
1816 & 1820 Scenic Avenue
Berkeley, CA 94709
Tel 800.785.2400
Tel 510.548.7270
Fax 510.548.1060

ASPIRE School Program
Tel 510.558.1990
Fax 510.559.3558

September 16, 2016

To Whom It May Concern

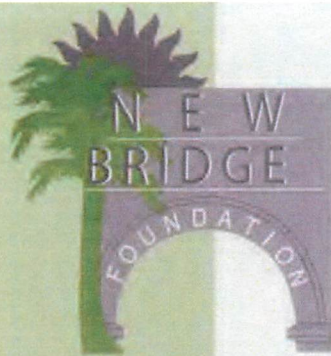
Re: Clearance Letter

This letter is to confirm that all staff assigned to the ASPIRE programs are required to submit, prior to being hired, to a DOJ's Livescan Finger Printing, a criminal background check as well as submit the result of a TB test and health screening report. The TB testing is re-conducted annually thereafter.

Do not hesitate to contact Georgette Cobbs, LMFT, Director of Adolescent Services at 510-558-1990, ext. 209.

Sincerely,

Nathalie Gireaud-Ferko, MA
Director of Administration



Chief Executive Officer
Kosta Markakis

Board of Directors
William Segesta, Esq.,
Chairperson
Eric Greenleaf, PhD,
Vice-Chairperson
Mildred Crear, RN
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Tel 510.548.7270
Fax 510.548.1060

ASPIRE School Program
Tel 510.558.1990
Fax 510.559.3558

September 16, 2016

To Whom It May Concern

Re: Statement of Qualifications

The ASPIRE (Adolescent Services Providing Inspiration, Recovery and Education) Program provides on-campus drug and alcohol services to middle and high school students in the East Bay (i.e., Oakland, San Leandro and Berkeley).

ASPIRE's services include: Assessment and Referral, Individual Counseling, Groups, Family Support and Education, Relapse Prevention, Conflict Resolution, Substance Prevention and Education, Development of Positive Support Systems, Innovative and Interactive Workshops, and Faculty Education. Our program has a unique component that allows us to meet the youth where they are and provide them with an atmosphere in which relationships can be fostered in a safe and positive environment. ASPIRE educates youth about Positive Refusal Skills, Positive Communication, Positive Healthy Peer Relationships and Physiological Effects of alcohol, tobacco and other drug use.

The staff use an evidenced-based model, 'Project SUCCESS' which incorporates media, handouts and interactive activities to work with the youth. Also, the youth work on positive art or media message projects for the community about the negative effects of alcohol, tobacco and other drugs. The ASPIRE Program offers family education and support sessions. These meetings help the families understand their child's substance abuse and provide clear guidance on how to support their child in living a successful life without the use of alcohol, drugs and/or violence.

Do not hesitate to contact Georgette Cobbs, LMFT, Director of Adolescent Services at 510-558-1990, ext. 209.

Sincerely,

Nathalie Gireaud-Ferko, MA
Director of Administration

SAM Search Results
List of records matching your search for :

Search Term : new* bridge* foundation* inc.* aspire*
Record Status: Active

No Search Results