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Board Cover Memorandum

To Board of Education

From Denise Saddler, Interim Superintendent
Sondra Aguilera, Chief Academic Officer
Pamela Moy, Principal, Oakland High School

Meeting Date April 22, 2026

Subject Memorandum of Understanding and Fiscal Sponsorship Agreement - Mentoring in Medicine & Science Inc. (MIMS) – Oakland High School

Ask of the Board Ratification by the Board of Education of a Memorandum of Understanding and Fiscal Sponsorship Agreement - Mentoring in Medicine & Science Inc. (MIMS), Oakland, CA, for the latter to provide joint implementation of the 2026 Public Health Academy (PHA) student camp retreat, with MIMS accepting fiscal responsibility for deposits and fees and billing PHA for the balance at the retreat's conclusion; Stop the Bleed and Blended CPR/AED certifications to 76 PHA students facilitated by MIMS staff (38 students for each training); MIMS to provide targeted learning opportunities for PHA students; ensure programs are conducted in compliance with applicable nonprofit and tax-exempt regulations and maintain financial records and ensure fiscal oversight for project-related activities for Oakland High School, in an amount not to exceed \$17,656.00.

Background Mentoring in Medicine & Science Inc. (MIMS), a nonprofit organization, and the Oakland High School - Public Health Academy (PHA) will partner for a joint implementation of the 2026 PHA student camp retreat, with MIMS accepting fiscal responsibility for deposits and fees and billing PHA for the balance at the retreat's conclusion. Stop the Bleed and Blended CPR/AED certifications to 76 PHA students facilitated by MIMS staff (38 students for each training) outline the responsibilities, commitments, and fiscal sponsorship arrangement concerning the 2026 annual PHA student camp retreat, training and certification courses for PHA retreat attendees, and fostering collaboration to enhance student outcomes in the Public Health Pathway.

Fiscal Impact 6385/Career Technical Ed Initiative Grant in the amount of \$17,656.00.

Attachment(s)

- MOU and Fiscal Sponsorship Agreement
- OUSD Field Trip Form – Camp Arroyo, Livermore, CA

COMBINED MEMORANDUM OF UNDERSTANDING AND FISCAL SPONSORSHIP AGREEMENT

Between

Mentoring in **Medicine & Science Inc. (MIMS)** and **Oakland High School - Public Health Academy (PHA)**

Introduction | This Combined Memorandum of Understanding (MOU) and Fiscal Sponsorship Agreement establishes a partnership between Mentoring in Medicine & Science Inc. (MIMS), a nonprofit organization, and Oakland High School - Public Health Academy (PHA). The purpose of this agreement is to outline the responsibilities, commitments, and fiscal sponsorship arrangement concerning the 2026 annual PHA student camp retreat, training and certification courses for PHA retreat attendees, and fostering collaboration to enhance student outcomes in the Public Health Pathway.

Scope of Partnership | MIMS is committed to providing mentorship, leadership development, and career exposure to underrepresented minorities pursuing careers in health and medicine. PHA educates and prepares students to promote health equity in the communities they serve.

The partnership will involve:

- Joint implementation of the 2026 PHA student camp retreat, with MIMS accepting fiscal responsibility for deposits and fees and billing PHA for the balance at the retreat's conclusion
- Stop the Bleed and Blended CPR/AED certifications to 76 PHA students facilitated by MIMS staff (38 students for each training)

Responsibilities of Mentoring in Medicine & Science (MIMS)

1. Provide targeted learning opportunities for PHA students.
2. Ensure programs are conducted in compliance with applicable nonprofit and tax-exempt regulations.
3. Maintain financial records and ensure fiscal oversight for project-related activities.

Responsibilities of Oakland High School - Public Health Academy (PHA)

1. Identify students for participation in the programs and ensure all students receiving CPR certification complete the required pre-work in advance of the retreat.
2. Provide logistical support, including facilities, supervision, and student coordination, for program activities.
3. Ensure that all activities are consistent with the terms outlined in this agreement.
4. Ensure and acknowledge that participation in any field trip is contingent upon a parent or guardian signing the official Overnight Field Trip form attached hereto as **Exhibit A**.

Fiscal Sponsorship Terms

1. **Purpose:** MIMS agrees to fiscally sponsor the 2026 PHA Camp Retreat from February 20-21, 2026, ensuring compliance with tax-exempt regulations and administrative oversight.
2. **Financial Management:**
 - o MIMS will serve as the fiscal sponsor for the annual PHA student camp retreat scheduled for February 20-21, 2026.
 - o MIMS will facilitate CPR/AED for all ages, Stop the Bleed/Advanced Bleeding Control certifications for 76 students (38 students for each), and invoice the PHA for the cost of the courses plus a 15% administrative fee
 - o MIMS will invoice the PHA for the total amount of the fees paid to Arroyo Camp and certification and training costs, not to exceed \$17,656
3. **Documentation:** PHA will provide the necessary documentation for fund management.

Compensation | PHA agrees to pay MIMS a total fee of \$17,656 for reimbursement of fees paid directly to the camp and services provided under this agreement. Payment terms are as follows:

- The Retreat Fee for 84 people is \$11,655 (one night+ four meals). The food tax is \$6.64 per person, or a total of \$557.76
- Deposits are based on 24 people (the minimum for Arroyo), totaling \$3,330. The total deposit will be paid by MIMS by the 12/8/2025 due date
- MIMS will pay the remaining balance of \$8,882.76.30 (which includes the tax on food) at the end of the retreat.
- Administrative charges of 7% for MIMS fiscal sponsorship will be included (\$854.89)
- MIMS will invoice the PHA at a cost of \$80 per student for CPR/AED, \$25 per student for Stop the Bleed. An additional_ 15% administrative fee will be assessed for the training cost.

Insurance.

- a. **Commercial General Liability Insurance.** VENDOR shall maintain Commercial General Liability Insurance, including automobile coverage, with limits of at least one million dollars (\$1,000,000) per occurrence, and two million dollars (\$2,000,000) aggregate, sexual misconduct, harassment, bodily injury and property damage. Coverage for sexual misconduct and harassment may either be provided through General Liability Insurance or Professional Liability Insurance. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured with the additional insured endorsement provided to OUSD within 15 days of effective date of this AGREEMENT (and within 15 days of each new policy year thereafter during the TERM). Evidence of insurance shall be attached to this AGREEMENT or otherwise provided to OUSD upon request. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against VENDOR. The policy shall protect VENDOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- b. **Workers' Compensation Insurance.** VENDOR shall procure and maintain, at all times during the TERM of this AGREEMENT, Workers' Compensation Insurance in conformance with the laws of the State of California (including, but not limited to, Labor Code section 3700) and Federal laws when applicable. Employers' Liability

Insurance shall not be less than one million dollars (\$1,000,000) per accident or disease..

Testing and Screening.

- a. Tuberculosis Screening. VENDOR shall ensure that all VENDOR INDIVIDUALS who will be working at OUSD sites for more than six hours in total during the TERM or who work with students (regardless of the length of time) have submitted to a tuberculosis risk assessment as required by Education Code section 49406 within the prior 60 days. If tuberculosis risk factors were identified for a VENDOR INDIVIDUAL, that VENDOR INDIVIDUAL must submit to an intradermal or other approved tuberculosis examination to determine if that VENDOR INDIVIDUAL is free of infectious tuberculosis. If the results of the examination are positive, VENDOR shall obtain an x-ray of the lungs. VENDOR, at its discretion, may choose to submit a VENDOR INDIVIDUAL to the examination instead of the risk assessment.
- b. Fingerprinting/Criminal Background Investigation. For all VENDOR INDIVIDUALS providing the SERVICES, VENDOR shall ensure completion of fingerprinting and criminal background investigation and shall request and regularly review subsequent arrest records. VENDOR confirms that no VENDOR INDIVIDUAL providing the SERVICES has been convicted of a felony, as that term is defined in Education Code section 45122.1. VENDOR shall provide the results of the investigations and subsequent arrest notifications to OUSD. For purposes of this subparagraph, VENDOR shall use either California Department of Justice or Be A Mentor, Inc. (<http://beamentor.org/OUSDPartner>) finger-printing and subsequent arrest notification services. The responsibility for TB Testing and Fingerprinting described in the subparagraphs may be specified in **Exhibit B** of the VENDOR's acknowledgment.

Compliance and Reporting

1. Both parties shall ensure adherence to relevant laws and regulations.
2. MIMS reserves the right to terminate activities that jeopardize its tax-exempt status, with prior written notice.

Termination | This agreement may be terminated under the following conditions:

- Written notice by either party with a minimum of four weeks' notice.
- Failure to comply with outlined terms, following a 15-day remedy period after written notification.

Signatures

Accepted for Mentoring in Medicine & Science Inc. (MIMS):

Title: Executive Director

Date: February 20, 2026

Asha Vitatoe

Asha Vitatoe

Executive Director

Date: 2/20/2026

Accepted for Oakland High School - Public Health Academy (PHA):

Sondra Aguilera

Sondra Aguilera

Chief Academic Officer

Date: 2/23/2026

Acknowledgment: This document serves as the binding agreement for the partnership between MIMS and Oakland High PHA, encompassing both the MOU and fiscal sponsorship terms.

Approved as to Form by OUSD Legal

Shalini Anadkat

Shalini Anadkat 3/2/2023

EXHIBIT A



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Additional Documents

Permission Slip

Health Services Form

Driver Declaration Form

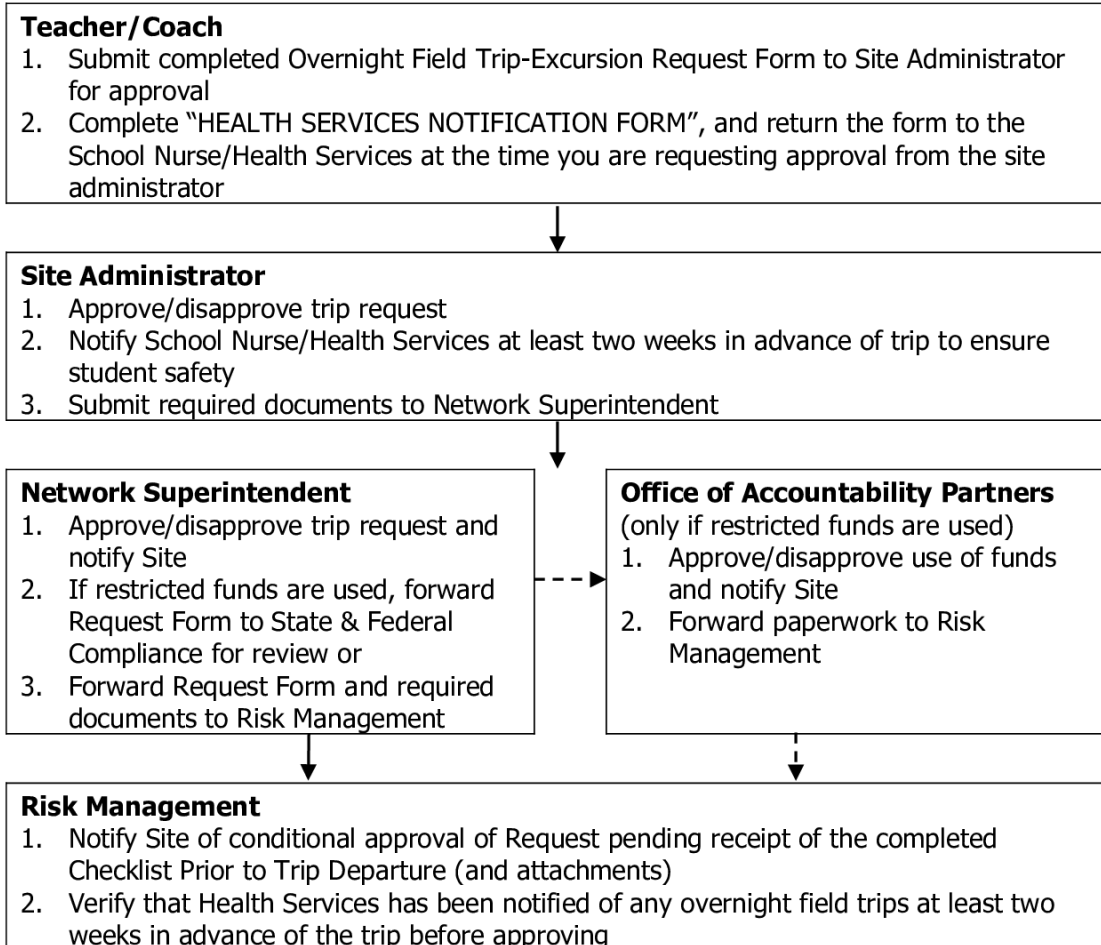
Certificate of Insurance

Adult Participant Chaperone

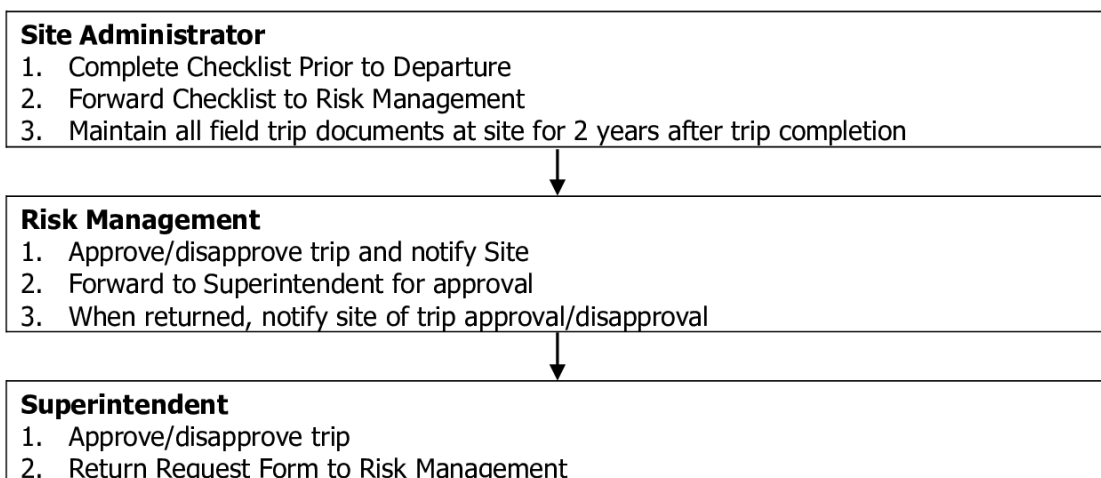
OVERNIGHT FIELD TRIPS APPROVAL PROCESS

(including high risk activities but not including out-of-state trips)

REQUEST APPROVAL:



TRIP APPROVAL:





**OVERNIGHT FIELD TRIP/EXCURSION
REQUEST WITHIN CALIFORNIA**
(including high risk activities)

Basic Directions

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

1. Requests must be submitted to Network Superintendent no later than **60 days** prior to departure
2. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
3. Use of Restricted Funds requires additional approval by Office of Accountability Partners
4. Obtain Fingerprint (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements
7. Overnight trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. However, when possible, please submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn)
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Oakland High Site Number: 304

Destination: <u>Camp Arroyo</u> Address: <u>5555 Livermore Ave., Livermore, CA 94550</u> Phone or Contact Info: <u>(925) 371-8401</u>

Departure - Date: 02/20/2026 Time: 11:00 AM Place of Departure: Oakland High School

Return - Date: 02/21/2026 Time: 2:00 PM Place of Return: Oakland High School

Class(es)/Group Attending: The Public Health Academy 10th and 11th grades

Grade(s): 10 & 11 # of Students: 55 # of Adults: 7

Teacher Supervising Trip: Suzanne LeBaron

Emergency Contact # During Trip: (707) 695-6873

Supervising Teacher's Email Address: suzanne.lebaron@ousd.org



Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities) No	This is our second student retreat combining two grades and multiple curriculums, in partnership with Mentoring in Medicine and Science.
Names of teachers and staff attending trip:	Teachers: s. LeBaron, J. Forbes, T. Ascitutto, M. Sader, I. Toscano, M. Earheart, A. Youreh None Staff: Non-OUSD Chaperones: None
Describe mode of transportation for each leg of the trip: (For all personal vehicles, each person driving will need to complete a Declaration of Driver Form.)	Charter buses provided by BusLoop.
Describe how this trip aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	This is a CTE-focused tri, designed to provide our students with critical training in a long format that isn't achievable during the regular school day. additionally, the team building activities are core features of our pathway that prepare our students to function as part of the pathway through the arc of their experience in PHA. Students will receive the following training from MIMS: CPR Stop the Bleed Narcan Response Additionally, there will be a 2-hour Mental Health curriculum.

TRIP COSTS (No fees may be charged to students/parents related to field trips except where allowed by AR 3260.)

TRANSPORTATION/CHARTER BUSES [Click here for approved bus company list](#)

Note: Site must order AC Transit and BART tickets.

If buses will be used, use only an approved bus company. List is located on the Intranet with the Field Trip information.

Bus Company: BusLoop

of buses ordered: 1 Size of bus ordered: 61 Wheelchair accessible needed? No

Cost of transportation: \$ 2,800 Source: General Funds Restricted Funds No District Funds

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	6385	0	3800	1000	5826	304	3040	4034	9999	99999



Site: _____
Teacher Supervising Trip: _____
Destination: _____
Date of Departure: _____

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ \$14,607.50 Source: General Funds Restricted No District Funds

Cost per student: \$ 235.60 Cost per adult: \$ 235.60

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	6385	0	3800	1000	5829	304	3040	4034	9999	99999

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes

- Severe Allergy Student has an Epi-pen at school
- Asthma Student has an inhaler at school
- Diabetes Student has medication at school
- Seizures Student has medication at school
- Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Will any students need medications during the school day? Yes

Will any student need medications after school hours: Yes

If the answer to any of these questions is yes, give Health Services Notification Form to School Nurse or fax to 879-4605.

NUTRITION SERVICES

Because OUSD participates in the National School Lunch Program, school sites must provide lunches for Free and Reduced Price students while on field trips scheduled during regular lunch service. For the 2021-2022 School Year all students can receive free meals at school sites including meals for field trips. Adults including teachers or OUSD staff will need to pay for any meals they receive. The cost for lunch is \$5.00. Adult lunches need to be paid for in advance and the money should be given to the Cafeteria Manager at your school site.

Will students be off campus during lunch? Yes Will sack lunches be needed? No
CLICK HERE FOR LINK TO THE LUNCH REQUEST FORM

If the answer to both of these questions is yes, please complete this google form to order lunches at least 2 weeks prior to your upcoming trip OUSD Bagged Lunch Request Form. You will need to upload an Aries Roster which has checked off which students will receive a bagged lunch as well as know the names of students with food allergies who have a Medical Statement to Request Special Meals signed by a doctor and filed with the Nursing department. We will no longer be accepting faxes of the paper form only bagged lunch requests made through the Google Form Thank you.

SUBSTITUTES Are Subs Needed? Yes (Note: School site is responsible for ordering substitutes)

OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: _____

1. Attach a copy of the site plan, if modified. Modified SPSA Date: _____
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance **from** all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? No

If yes, attach the written insurance requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)



Site: _____
 Teacher Supervising Trip: _____
 Destination: _____
 Date of Departure: _____

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	<i>Pamela Moy</i>	Approved		01/22/2026
Network Superintendent <input type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	<i>Vanessa Sifuentes</i>	Approved		02/03/2026
Office of Accountability Partners (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)	<i>Rebecca Lacoque</i>	Approved		02/03/2026
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	<i>Rebecca Littlejohn</i>	Approved		02/04/2026

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	<i>Pamela Moy</i>	Approved		01/22/2026
Risk Management <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent	<i>Rebecca Littlejohn</i>	Approved		02/04/2026
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Return Request Form to Risk Management	<i>Sondra Aguilera</i>	Approved		02/04/2026



Site: _____
 Teacher Supervising Trip: _____
 Destination: _____
 Date of Departure: _____

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE (initial each item certifying completion)

- SL _____ "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- NA _____ "Chaperone Agreement" (found on the Student Permission Slip) signed by all non-employee adult chaperones.
- NA _____ OUSD Fingerprint clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- SL _____ No fees have been charged to students/parents related to this trip except where allowed by AR 3260.
- SL _____ Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
 Meeting date: 02/06/2026
- SL _____ Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- SL _____ Supervision is by certificated personnel and assisted by other school employees, parent/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and trip leader are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, health information for students in their group and responding effectively in the event of emergency.
- SL _____ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- SL _____ Sleeping arrangements and night supervision are safe and appropriate.
- SL _____ Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- SL _____ Confirm that: (1) if destination is out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
- NA _____ OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- NA _____ Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- NA _____ Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153. Do not exclude students without insurance; however, contact Risk Management for instructions.
- SL _____ Site and trip leader has a list of students and adults attending trip.
- SL _____ Staff and students will wear masks while indoors (including transportation) during the trip.
 IF MANDATED

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST

EXHIBIT B



Mentoring in Medicine & Science
520 3rd Street, Suite 105
Oakland, Ca 94607

Mentoring in Medicine & Science, Inc, acknowledges the following:

- MIMS is responsible for the Fingerprinting and TB Testing of your employees working at OUSD;
- The ATI numbers of people working at OUSD will accompany each Invoice when sent to OUSD for payment;
- Each of the listed employees has been tested for Tuberculosis and the results are negative:
 - Jennifer Hernandez
 - Taryn Trotter
 - Asha Vitatoe
 - Yolanda Fuentes-Saraspi
 - Jocelyn Freeman, MD

TB Test Results will be made available to OUSD upon demand;

If Fingerprint and/or TB Test Waiver(s) are requested AND subsequently APPROVED, the associated items above are also waived.

Mentoring in Medicine & Science, Inc, acknowledges the following:

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