

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Consulting Agreements, Contracts, Invoices and Purchase Orders over \$25K

Submitted to the Board of Trustees on 8/6/2020

VENDOR/CONTRACTOR	SITE/DEPT	DESCRIPTION	FUNDING SOURCE	AMOUNT
The Speech Pathology Group	Special Education	Contract with SPG for an Occupational Therapist for the 2020-2021 school y	Fund 01- Special Education	\$ 95,744.00
Sodexo Inc. & Affiliates	Districtwide	Administration agreement: \$70,000	Fund 13- Nutrition	\$ 661,288.00
San Mateo County Office of Education	Curriculum	Customize training and materials to offer Professional Development in Distance Instruction for educators in grades 9- 12 at SMUHSD.	Fund 01 - Professional Development	\$ 39,500.00
Veritiv	Districtwide	To purchase pop-up wipe bucket and wipe refills.	Fund 01 - Operations - Covid 19	\$ 32,913.96
			Total	\$ 829,445.96

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/27/2020

From: Amber Vigil/Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 1

Vendor/Contractor: The Speech Pathology Group

Reason for proposal:

Contract with SPG for an Occupational Therapist for the 2020-2021 school year.

Certificate of Insurance: Sentinel Insurance Company Ltd (attached)

Contract Amount: \$95,744.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/27/2020 Anna Tang 07/28/2020

Personnel who oversees Site/Department budget

Valerie Miller 07/29/2020

Manager of Capital Facilities and Purchasing

Valerie Miller 07/29/2020

Director of Budget and Fiscal Services

The Speech Pathology Group, Inc.

2021 Ygnacio Valley Rd, C-103
Walnut Creek, CA 94598
Phone (925) 945-1474 Fax (925) 945-1768

AGREEMENT BETWEEN
San Mateo Union High School District
AND
THE SPEECH PATHOLOGY GROUP, INC.

THIS AGREEMENT is effective July 1, 2020 by and between the **San Mateo Union High School District** (hereinafter "District") and **The Speech Pathology Group** (hereinafter "Contractor").

District hereby engages Contractor to render described services under the terms and conditions of this Agreement.

1. Performance of Services:

- a. Contractor agrees to perform the services described on "Addendums A, B, C, D and/or E" (hereinafter "Services") of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials and tools, necessary for the performance of the Services.
- b. Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the Services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. **Compensation & Terms for Payment:** Contractor shall submit written demand monthly for payment, said demand shall be made on a form and in the manner prescribed by the Contractor detailing dates/hours of services provided. Contractor shall submit said demands for payment for services rendered no later than thirty (30) days from the end of the month in which said Services were actually rendered. District shall make payment in an amount equal to the number hours of service provided multiplied by the agreed upon hourly rate within thirty (30) days of receipt of invoice. Any amounts past due shall accrue interest from the due date until paid at the rate of 18% per annum.

3. **Contract Term and Termination:** This Agreement will become effective on July 1, 2020. This Agreement will terminate upon the completion of the Services (as stated in addendums A (speech) and/or B (behavior) and/or C (Psychological Services) and/or D (Occupational Therapy Services) and/or E (Physical Therapy Services) or when terminated as set forth below.

- a. Either party may terminate this Agreement at any time by giving twenty (20) days written notice (as referenced in number 4 of this contract) to the other party. Contract changes, amendments or cancellations must be communicated directly with Contractor's President. As a professional courtesy, please do not discuss contract changes, costs, or pending employment changes with contractor's employees. The Contractor will inform its' employees of changes or cancellations to the contract.

4. **Notice:** Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or fax transmission with verbal confirmation of receipt, addressed as follows:

DISTRICT

San Mateo Union High School District
650 North Delaware Street San Mateo, CA
94401
Phone: (650) 558-2299
Fax:

CONTRACTOR

The Speech Pathology Group, Inc.
2021 Ygnacio Valley Rd, C-103
Walnut Creek, CA 94598
Phone: (925) 945-1474
Fax: (925) 945-1768
Tax ID# 94-3290122

Any notice personally given or sent by certified mail or fax transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the business day next following delivery thereof to the overnight delivery service.

5. **Relationship of the Parties:** Please note that all Contractors' employees are employed on an "At Will" basis and therefore cannot be required to provide a 20-day notice of termination. Contractor does request that employees provide a minimum of 20-day notice of termination. Contractor shall not be responsible for any loss or claim of damage whatsoever incurred by District/Facility in the event Contractor cannot provide a Speech-Language Pathologist (SLP), Speech-Language Pathology Assistant (SLPA), Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), Registered Behavior Technician (RBT), Behavior Technician (BT), School Psychologist (SP), Occupational Therapist (OT), Certified Occupational Therapy Assistant (COTA), Physical Therapist (PT), and Physical Therapy Assistant (PTA) due to resignation of Contracted SLP/SLPA/BCBA/BCaBA/RBT/BT/SP/OT/COTA/PT/PTA or Contracted SLP/SLPA/BCBA/BCaBA/RBT/BT/SP/OT/COTA/PT/PTA is not able to provide services for any reason. However, Contractor will use all efforts to replace the SLP/SLPA/BCBA/BCaBA/RBT/BT/SP/OT/COTA/PT/PTA, if one is available in the area.
 - a. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general.
 - b. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay.
 - c. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.
6. **Management of Speech Pathology Group Staff:**
 - a. Each SLP/SLPA/SP/OT/COTA/PT/PTA employee of Contractor is assigned a Clinical Supervisor. The Clinical Supervisor is available to provide assistance and support by helping contractor's employees access requested materials/assessments, explaining District/Facility procedures and forms, answering questions related to federal/state regulations and eligibility criteria, providing intervention suggestions and helping to resolve site related issues. The Clinical Supervisor may make site visits and/or provide Service Coverage for a contracted SLP/SLPA/SP/OT/COTA/PT/PTA that is ill or may have excessive absences. Clinical Supervision services to be provided within contracted hours for assigned SLP/SLPA as designated in Addendum A, for assigned SP in Addendum C, for assigned OT/COTA in Addendum D, and/or for assigned PT/PTA in Addendum E.
 - b. Each BT/RBT/BCaBA employee of Contractor is assigned a BCBA. The BCBA is available to provide assistance and support by helping contractor's employees access requested materials, explaining District/Facility procedures and forms, answering questions related to federal/state regulations, providing intervention suggestions and helping to resolve case related issues. The BCBA will make site visits and/or provide Service Coverage for a contracted RBT/BCaBA that is ill or may have excessive absences. BCBA services to be provided within contracted hours as outlined in Addendum B.
7. **Federal & State Taxes:** Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payment upon demand. Contractor hereby indemnifies District for any claims, losses, costs, fees, liabilities, damages, or injuries suffered by District arising out of Contractor's breach of this Section.
8. **Fingerprinting and Criminal Records Check of Contractor's Employees:** CONTRACTOR shall comply with the requirements of California Education Code section 44237, 3501.1 and 35021.2 including, but not limited to: obtaining clearance from both the California Department of Justice (hereinafter referred to as "CDOJ") and clearance from the Federal Bureau of Investigation (hereinafter referred to as "FBI") for CONTRACTOR'S employees and volunteers, unless CONTRACTOR determines that the volunteers will have no direct contact with LEA pupils, prior to service with any LEA pupil. CONTRACTOR hereby agrees that CONTRACTOR'S employees and volunteers, unless CONTRACTOR determines that the volunteers will have no direct contact with LEA pupils, shall not come in contact with LEA pupils until CDOJ and FBI clearance are ascertained.

CONTRACTOR shall certify in writing to LEA that none of its employees, and volunteers, unless CONTRACTOR determines that the volunteers will have no direct contact with LEA pupils, or contractors, who may come into contact with LEA pupils have been convicted of a violent or serious felony as those terms are defined in California Education Code section 44237(h), unless despite the employee's conviction of a violent or serious felony, he or she has met the criteria to be eligible for employment pursuant to California Education Code section 44237 (i) or (j). In addition, CONTRACTOR shall make a request for subsequent arrest service from the CDOJ as required by California Penal Code section 11105.2.

If District/Facility policy requires contractor's employee to obtain separate and additional live scan prior to placement at facility site, they may do so at District's/Facility's expense.

9. **Caseload Maximum:**

a. Speech-Language Services: Contractor agrees to a maximum caseload of 55 students for each full time SLP/SLPA and a maximum caseload of 40 students for any caseload that solely consists of students classified as SH, AAC, and/or preschool. Combination caseloads will be prorated based on caseload roster provided by district. *It should be noted that both ASHA and CTA recommend a caseload limit of 40 students for K through 12 public schools.

b. Behavior Intervention Services: BTs/RBTs are highly trained 1:1 aides. BCaBAs and BCBAs must supervise RBTs in accordance with the Behavior Analyst Certification Board (BACB) requirements.

c. Occupational and/or Physical Therapy Services: Workload management is an ongoing process and therapist's caseloads will be set and managed based on workload rather than number of students. Weekly hours can increase or decrease based on changes in workload.

10. **Rules and Regulations:** All results and regulations of the Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.

11. **Indemnification:**

a. Contractor shall and does hereby indemnify, defend, and hold harmless District, and District's officers, employees, agents and representatives from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities and damages, including, without limitation, interest, penalties, and reasonable attorneys fees and costs, that District may incur or suffer and that arise, result from, or are related to any breach or failure of Contractor to perform any of the representations, warranties, and agreements contained in this Agreement.

b. District shall and does hereby indemnify, defend, and hold harmless Contractor, and Contractor's officers, employees, agents and representatives from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities and damages, including, without limitation, interest, penalties, and reasonable attorneys fees and costs, that Contractor may incur or suffer and that arise, result from, or are related to any breach or failure of District to perform any of the representations, warranties, and agreements contained in this Agreement.

12. **Ownership of Designs and Plans:** Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.

13. **Non-Solicitation:** District/Facility understands and acknowledges that Contractor expends extensive amounts of time, resources and money educating, training and mentoring its employees. The purpose of these company investments by Contractor is to enhance employee retention and maintain an experienced and well-trained supply of employees capable of providing the Contractor's various services at multiple Districts/Facilities. Contractor is not in the business of training or recruiting individuals to be hired as employees of District/Facility. Accordingly, District/Facility agrees that during the term of this Agreement and for the immediate six calendar months following the termination of this Agreement (the "Period"), District/Facility shall not directly solicit for employment, offer employment to, or hire any employee of Contractor working at a District/Facility, without the prior written consent of Contractor; provided however, the foregoing shall not prohibit District/Facility from soliciting or hiring any person who responds to a general advertisement for a job position. In the event that District/Facility breaches or violates this Paragraph 13, then District/Facility agrees to and shall pay to Contractor as liquidated damages the amount of \$40,000 (forty thousand dollars) within 21 calendar days. District/Facility agrees that it would be

impracticable and extremely difficult to determine the amount of actual damages caused to Contractor by a violation of this Paragraph 13, including but not limited to the loss of the return on Contractor's investment in its employee and losing key employees. The parties agree that this stated amount is a reasonable approximation of the probable damages to Contractor. District/Facility, therefore, agrees that this amount of liquidated damages is fair and reasonable under the circumstances existing at the time this Agreement is executed.

14. **Supplies & Equipment:** Contractor will provide therapy and diagnostic materials as needed, if they are not available at school district/site. Should the contracting District require computer generated reports and IEPs, then it is the District's responsibility to either provide a computer to the contracted employee or provide access to a computer at the contractor employee's assigned site(s). If a computer is not available, then it is understood that all documentation will be handwritten.
15. **California Law:** This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
16. **Attorneys' Fees:** If either party files any action or brings any proceedings against the other arising out of the Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
17. **Waiver:** The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.
18. **Time for Site Specific Trainings/Requirements:**
 - a. Speech Services and School Psychology Services: District agrees to compensate Contractor for time spent by Contractor's employee for orientation/trainings, teacher workdays, non-student days when teachers are required to report to work, speech or Psych meetings, staff development days, and the like. Attendance for these services will be provided in accordance with the weekly contracted hours set forth in Addendum A and/or Addendum C.
 - b. Behavior Intervention Services, Occupational Therapy Services and Physical Therapy Services: District agrees to compensate Contractor for time spent by Contractor's employee for orientation/trainings, teacher workdays, non-student days when teachers are required to report to work, staff meetings, staff development days, and the like, when District has requested Contractor's employee(s) to attend. Attendance for these services will be in addition to the weekly contracted hours set forth in Addendums B for Behavior Intervention Services, Addendum D of Occupational Therapy Services, and Addendum E for Physical Therapy Services.
 - c. District also agrees to pay Contractor for any additional time required by Contractor's employee to become proficient with any District/Facility required procedure (i.e.: computerized IEPs, Medi-Cal reports, positive behavior intervention, etc). Any hours in excess of contracted hours set forth in Addendums A, B, C, D and/or E will require prior approval from District/Facility designee.
19. **List of Services to be Performed by Contractor:**
 - a. Speech-Language Services: Contractor will provide Services that align with the scope and practice for Speech and Language Pathology, as defined by the California Speech-Language Pathology and Audiology Board, for provision of speech/language therapy services in the public-school setting. Services to include direct and indirect activities as they pertain to eligible students on caseload and in accordance with the Individual Education Plan (IEP) which will define the type and frequency of service that each student is to receive.

District will provide contracted SLP/SLPA with site's most current caseload list, to be updated on a monthly basis, via district generated roster lists.

- b. Behavior Intervention Services: Contractor will provide Services that align with the scope and practice for Behavior Analysts, as defined by the Behavior Analyst Certification Board, for provision of behavior intervention services in the public-school setting. Services to include direct services as they pertain to eligible

students and in accordance with the Individual Education Plan (IEP) which will define the type and frequency of service that each student is to receive.

c. School Psychology Services: Contractor will provide Services that align with the scope and practice for School Psychologists, as outlined in the California Education Code, for provision of School Psychology services in the public-school setting. Services to include direct services as they pertain to eligible students and in accordance with the Individual Education Plan (IEP) which will define the type and frequency of service that each student is to receive.

d. Professional Occupational and/or Physical Therapy services: Contractor will deliver Services in a school-based instructional model. The services include direct services to students, consultation, coordination, and collaboration with special and general education teams, appropriate documentation, and oversight of Occupational Therapy ("OT") and/or Physical Therapy ("PT") service delivery. The Services provided will follow state and federal education codes, best practices, and ethical standards as well as comply with program guidelines as set forth by District. Inclusive Services are comprised of direct contact with students to include direct treatment (individual and group), evaluations, Annual and Triennial assessments and meetings as well as consult time, preparation, documentation, travel between schools, mandatory meetings and administrative tasks.

20. Entire Agreement of Parties: This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreement, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.

It is understood that contracted Speech Services will be provided and caseload demands will be met by a certified, licensed, and/or credentialed Speech-Language Pathologist (SLP), and/or a licensed Speech-Language Pathology Assistant (SLPA), when under the supervision of a certified and licensed SLP.

It is further understood that contracted Behavior Services will be provided by a certified, licensed, and/or credentialed Board Certified Behavior Analyst (BCBA), certified, licensed and/or Board Certified Assistant Behavior Analyst (BCaBA) under the supervision of a BCBA, and/or a certified, licensed, and/or credentialed Registered Behavior Technician (RBT) and/or Behavior Technician (BT) under the supervision of a certified and licensed BCaBA or BCBA.

It is further understood that contracted School Psychology Services will be provided by a certified, licensed, and/or credentialed School Psychologist.

It is further understood

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written. This contract is effective on July 1, 2020, and terminates on June 30, 2021, unless sooner terminated as provided herein.

DISTRICT

Holly Wade

Holly Wade, Ph.D., Director of Special Education
San Mateo Union High School District

07/21/20

Date

Kevin Skelly, Ph.D., Superintendent
San Mateo Union High School District

Date

CONTRACTOR

Susan Stark

Susan Stark, M.S., CCC-SLP
President

6/25/20

Date

San Mateo Union High School District 2020-2021						Addendum D Occupational Therapy		As of: 6/24/2020	
School Based Occupational Therapists									
SPG Therapist	Service	Dates of Service	Hours per Day	Days per Week	Hours per Week	Notes	Hourly Rate ¹	Amount	
ESY Services July 2020									
							¹ 2020-2021 Rates Subject to COLA effective 7/1/2020 pending San Mateo SELPA Review		
							ESY July 2020: \$ -		
Fall/Spring School Based Services*									
SPG Therapist	Service	Dates of Service	Hours per Day	Days per Week	Hours per Week	Notes	Hourly Rate ¹	Amount	
Stratakis, Arianna	OT	8/10/20-5/2721	8	4	32		\$80.00	\$95,744.00	
					FTEs	0.8	Fall/Spring Projection: \$ 95,744.00		
SPG Therapist	Site	Dates of Service	Hours per Day	Days per Week	Hours per Week	Notes	Hourly Rate	Amount	
ESY Services June 2021									
							ESY Services June: \$ -		
Individual Service Agreements									
Student	Service	Dates	Therapist	Notes	Amount				
							Total ISAs \$ -		
							Fall/Spring Changes		
							ISA Changes		
							Total 2020-2021 Services: \$ 95,744.00		

*The Speech Pathology Group, Inc. utilizes a Professional Work Week.

Contractor agrees to provide services within the contracted hours, as set forth above.

Daily hours may flex pending caseload requirements (i.e. IEP meetings, parent conferences, SST meetings, etc.).

The Speech Pathology Group (NPA) and the LEA (District) understand that it is the District's responsibility to provide training for contracted staff pertaining to the District's policies and procedures, including but not limited to: SEIS, Progress Reporting, Attendance Registers**, Medical/MAA Billing.

**The District understands that collection and retention of all attendance registers submitted by contracted staff is the responsibility of the District.

It is further understood that the district will inform The Speech Pathology Group of contracted staff who are out of compliance with the District's policies and procedures.

The contracting NPA understands that the District will provide computer access to contracted staff for SEIS access and input and for other required documentation.

The NPA will provide all diagnostic and therapy materials to contracted service providers with the understanding that District agrees to provide appropriate and necessary test protocols, as test protocols are part of the student's record and are retained in student's file.

Bilingual therapists are contracted to provide therapy services and will not be utilized as interpreters during IEP meetings as this is outside their scope of professional practice.

Susan Stark

Susan Stark, M.S., CCC-SLP
President

6/24/2020

Date

Holly Wade

Holly Wade, Ph.D., Director of Special Education
San Mateo Union High School District

07/21/20

Date

Kevin Skelly, Ph.D., Superintendent
San Mateo Union High School District

Date



CALIFORNIA DEPARTMENT OF EDUCATION
NOTICE OF NONPUBLIC AGENCY CERTIFICATION

Date: December 31, 2019

NPA ID: 9900164

Nonpublic Agency: The Speech Pathology Group, Inc-Walnut Creek

Site Administrator: Susan Stark

Site Address: 2021 Ygnacio Valley Road, C202

City: Walnut Creek CA 94598

Maximum Capacity: 76+ **Grades:** PK to 12 **Student Gender:** Coed

2020 CERTIFICATION STATUS:

APPROVED

Certified related services must be provided according to Title 5 of the California Code of Regulations, Section 3051 et. seq. Related services may not be provided in lieu of core academic direct instruction unless specifically stated on student IEPs.

Per California Education Code 56366.4(a)(5)(A), the superintendent may revoke or suspend the certification of a nonpublic, nonsectarian school or agency for any of the following reasons: Failure to notify the department in writing of any of the following within 45 days of the occurrence: changes in credentialed, licensed, or registered staff who render special education and related services; ownership; management; or control of the nonpublic, nonsectarian school or agency.

EFFECTIVE DATES:

January 01, 2020 *through* December 31, 2020

Authorized Sites to Serve: ☒ LEAs ☒ NPA Site ☒ NPS Sites ☒ Virtual Services

Authorized to Provide the Following Related Services:

<input type="checkbox"/> APE	<input checked="" type="checkbox"/> BII	<input checked="" type="checkbox"/> LSDR	<input type="checkbox"/> PCT	<input type="checkbox"/> SDTI	<input type="checkbox"/> VECD
<input type="checkbox"/> AS	<input type="checkbox"/> CG	<input type="checkbox"/> MT	<input checked="" type="checkbox"/> PS	<input type="checkbox"/> SW	<input type="checkbox"/> LI:
<input checked="" type="checkbox"/> ATS	<input type="checkbox"/> EE	<input type="checkbox"/> OM	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> TS	<input type="checkbox"/> Other Services Authorized:
<input checked="" type="checkbox"/> BID	<input type="checkbox"/> HNS	<input checked="" type="checkbox"/> OT	<input type="checkbox"/> RS	<input type="checkbox"/> VS	

Certification is not an endorsement of the services offered by the nonpublic agency (NPA), but states only that the NPA meets minimum legal standards. "Approved" or "Conditional" certifications authorize the NPA to accept students placed by local educational agencies (LEAs) under California Education Code, Section 56366.

Focused Monitoring and Technical Assistance VI Unit

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Speech Pathology Group, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 2021 Ygnacio Valley Rd., C-103	Requester's name and address (optional)
	6 City, state, and ZIP code Walnut Creek, CA 94598	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

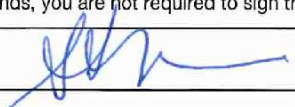
Social security number									
			-			-			
or									
Employer identification number									
9	4	-	3	2	9	0	1	2	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 4/10/2020
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.




Staff Clearances and Annual Required Notices

The Speech Pathology Group certifies that pursuant to California Education Code sections 44237, 56366.1, 30521.1, and 35021.2 all employees of The Speech Pathology Group have obtained clearance from the California Department of Justice and the Federal Bureau of Investigation and none of its employees have been convicted of a violent or serious felony as defined in the California Education Code section 44237(h), unless despite the employee's conviction of a violent or serious felony, he or she has met the criteria to be eligible for employment pursuant to California Education Code section 44237(i) or (j). Records of these clearances are kept on file in The Speech Pathology Group's Human Resources Department and The Speech Pathology Group has enrolled in subsequent arrest notification service as specified for each owner, operator, and employee of The Speech Pathology Group, per the requirements of Assembly Bill 389 and California Penal Code section 11105.2.

Tuberculosis clearance has also been obtained for all Speech Pathology Group employees per the requirements of California Education Code sections 35021 et. seq. The Speech Pathology Group complies with the OSHA Blood Borne Pathogens Standards, per Title 29 Code of Federal Regulations section 1910.1030 and provides annual trainings regarding blood borne pathogens health care precautions. Annual notices and procedures are distributed to all Speech Pathology Group employees including but not limited to: Anti-Bullying and Harassment, also cited as the Safe Place to Learn Act (as defined by the California Education Code sections 48900 and 234-234.5), Child Abuse and Neglect Mandated Reporting, Positive Behavior Intervention (California Code of Regulations, Title 5, Section 3052(i)), Reporting of Missing Children (California Education Code 49370), and Sexual Harassment/Non-Discrimination.

Records of state license/credential, tuberculosis clearances, and confirmation of receipt of all required annual notices are kept on file in The Speech Pathology Group's Human Resources Department.



Susan Stark, M.S., CCC-SLP
President

5/8/19

Date

5/26/16

Please be advised that with the new carrier, Sentinel/Hartford, the Additional Insured wording is built into the policy form, and therefore, there is no separate additional insured endorsement to attach to the certificates. Please see the attached certificate with the policy form, for which we have added the insured name and policy number so that you can refer it back to the certificate. Please see starting at the bottom of page 11, paragraph 6 – Additional Insureds When Required by Written Contract.... This gives the same additional insured status as the additional insured endorsement that you are used to seeing.

Please let me know if you have any further questions.

Jamie Yaudes

Senior Account Manager



Arthur J. Gallagher & Co.

3697 Mt. Diablo Blvd., Suite 300, Lafayette, CA 94549

o925.627.8200 | f925.299.0328

Jamie_Yaudes@ajg.com

Arthur J. Gallagher & Co. Insurance Brokers of California, Inc.
CA License #0726293



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2019

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

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

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 3697 Mt. Diablo Blvd, Suite 300 Lafayette CA 94549	CONTACT NAME: PHONE (A/C No. Ext): 925-299-1112 FAX (A/C No): 925-299-0328 E-MAIL ADDRESS:
INSURED The Speech Pathology Group, Inc. 2021 Ygnacio Valley Road, Ste. C103-202 Walnut Creek CA 94598	INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company Ltd INSURER B: Republic Indemnity Company of America INSURER C: Columbia Casualty Company INSURER D: INSURER E: INSURER F:

License#: 0726293
SPEEPAT-01**COVERAGES****CERTIFICATE NUMBER:** 182455988**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			57SBABM2604	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			57SBABM2604	10/1/2019	10/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			57SBABM2604	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> Y	N / A	18629507	10/1/2019	10/1/2020	<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
C	Professional Liability Sexual Molestation & Abuse			HMA403222287	10/1/2019	10/1/2020	Each Claim \$3,000,000 Aggregate Limit \$6,000,000 Each Claim & Aggregat \$2,000,000

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

The Additional Insured, Primary and Waiver of Subrogation Endorsements are only valid if requested by written contract.
San Mateo UHSD is included as additional insured per attached form SS 00 08 04 05.

CERTIFICATE HOLDER**CANCELLATION**San Mateo UHSD
650 N. Delaware St
San Mateo CA 94401

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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- (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Real Estate Manager

Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Temporary Custodians Of Your Property

Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

d. Legal Representative If You Die

Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.

e. Unnamed Subsidiary

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this Coverage Part.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

3. Newly Acquired Or Formed Organization

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain financial interest of more than 50% of the voting stock, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and

- b. Coverage under this provision does not apply to:

- (1) "Bodily injury" or "property damage" that occurred; or
- (2) "Personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

4. Operator Of Mobile Equipment

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person driving the equipment; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

5. Operator of Nonowned Watercraft

With respect to watercraft you do not own that is less than 51 feet long and is not being used to carry persons for a charge, any person is an insured while operating such watercraft with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the watercraft, and only if no other insurance of any kind is available to that person or organization for this liability.

However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person operating the watercraft; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

6. Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written

BUSINESS LIABILITY COVERAGE FORM

contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by an endorsement issued by us and made a part of this Coverage Part, including all persons or organizations added as additional insureds under the specific additional insured coverage grants in Section F. – Optional Additional Insured Coverages.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

- (1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

- (i) The exceptions contained in Subparagraphs (d) or (f); or

- (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

- (2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

- (1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

District:		San Mateo UHSD OT						
Company:		Speech Pathology Group Inc (Speechpath)						
Last, First Name	Credential Type Of	Credential Document #	Credential Expires	TB Clearance Date	TB Exp Date	DOJ Clearance Date	Mandated Reporter Training*	CALSTRS/CALPERS #
Stratakis, Ariana	OT License	18215	10/31/2021	3/29/2020	3/29/2024	4/22/2020	5/6/2020	
*Please note: The Speech Pathology Group requires all employees to complete the Mandated Reporter Training (and all additional required trainings) upon hire and/or annually, as outlined in AB-1432. The Speech Pathology Group will include updated Staff Clearance List information with monthly invoices.								

BOARD OF OCCUPATIONAL THERAPY

LICENSING DETAILS FOR: 18215

NAME: STRATAKIS, ARIANNA

LICENSE TYPE: OCCUPATIONAL THERAPIST

PRIMARY STATUS: CURRENT

ADDRESS NOT DISCLOSED

ISSUANCE DATE

NOVEMBER 29, 2017

EXPIRATION DATE

OCTOBER 31, 2021

CURRENT DATE / TIME

MARCH 12, 2020
3:25:51 PM

DISCIPLINARY ACTIONS

- › THERE ARE NO DISCIPLINARY ACTIONS AGAINST THE LICENSE.

PUBLIC RECORD ACTIONS

- › PUBLIC DOCUMENTS (NO RECORDS)
- › ADMINISTRATIVE CITATION ISSUED (NO RECORDS)

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/24/2020

From: Denis Vorrises

Site(s) or Department: Districtwide

Districtwide

Number of Quotes: 1

Vendor/Contractor: Sodexo Inc. & Affiliates

Reason for proposal:

- ▶ Administration agreement: \$70,000
- ▶ Food Costs: \$530,523.00
- ▶ Paper Goods Costs: \$52,765.00
- ▶ Non-controllable items (ex. Taxes): \$8,000

Certificate of Insurance: Sodexo Inc. & Affiliates

Contract Amount: \$661,288.0

Funding Source: Fund 13- Nutrition

Approved by:

Denis Vorrises 07/24/2020

Personnel who oversees Site/Department budget

Valerie Miller 07/29/2020

Manager of Capital Facilities and Purchasing

Valerie Miller 07/29/2020

Director of Budget and Fiscal Services

AMENDMENT

SAN MATEO UNION HIGH SCHOOL DISTRICT

AND

SODEXO AMERICA, LLC

THIS AMENDMENT, dated August 16, 2011, is between SAN MATEO UNION HIGH SCHOOL DISTRICT ("District") and SODEXO AMERICA, LLC ("Sodexo").

W I T N E S S E T H:

WHEREAS, District and Sodexo (successor by name change to Sodexo America, LLC) entered into a certain Purchasing Agreement, dated July 1, 2005, ("Agreement"), whereby District retained Sodexo as its purchasing agent for food service;

WHEREAS, the parties now desire to amend the aforesaid Agreement;

NOW, THEREFORE, in consideration of the promises herein contained and for other good and valuable consideration, the parties hereto agree as follows:

1. Section 3.1 is deleted in its entirety and the following substituted therefor:

"3.1 Purchase Agreement Fee.

A. District shall order and own inventories of food, paper supplies and cleaning products for District's Food Service program through Sodexo's purchasing agreements. Sodexo shall pay purveyors for such inventories and invoice District each month for same. District shall also pay Sodexo a Purchasing Fee of Seven Thousand Dollars (\$7,000.00) per month for ten (10) months, from August through May, of each year.

B. The Purchasing Fee shall be adjusted annually by a percentage equal to the percent of change in the Consumer Price Index, All Urban Consumers, National Average Unadjusted averaged for the preceding twelve (12) month period.

C. Sodexo shall credit District with any rebates and discounts obtained from local vendors, suppliers, or distributors for goods procured specifically for District's account only. All other rebates or discounts obtained from vendors, suppliers, or distributors, including those obtained through regional or national purchasing arrangements, will be retained by Sodexo."

2. Section 3.2 is deleted in its entirety and the following substituted therefor:

"3.2 Invoice Due Date and Interest. Invoiced amounts shall be paid within thirty (30) days after the invoice date. District shall pay interest on all amounts not paid when due at the lesser of one and one-half percent (1.5%) per month, or the highest contractual interest rate allowed by applicable state law at the time the receivable becomes due. All invoices will become immediately due and payable upon termination of Agreement."

3. Section 4.4 is amended to reflect that the first notification address under Sodexo shall read:

"To Sodexo: Sodexo America, LLC
Attention: Ted J. Monk
Senior Vice President
10300 SW Greenburg Road, Suite 271
Portland, Oregon 97223"

4. This Amendment is effective retroactive to August 1, 2011, and thereafter, unless amended. All other terms and conditions contained in the Agreement shall remain unchanged and in full force and effect, except by necessary implication.

IN WITNESS WHEREOF, the duly authorized officers of the parties have executed this Amendment, as of the date indicated in the first paragraph of this Amendment.

SAN MATEO UNION HIGH SCHOOL DISTRICT

By: 
Name (printed): Elizabeth McManus
Title: Deputy Superintendent of Business Services

SODEXO AMERICA, LLC
By:  8-29-11
Ted J. Monk
Senior Vice President

Certification Regarding State and Federal Drug-Free Workplace Requirements (B-4)

Grantees Other Than Individuals

As required by Section 8355 of the *California Government Code* and the Drug-Free Workplace Act of 1988, and implemented at 34 *Code of Federal Regulations (CFR)* Part 85, Subpart F, for grantees, as defined at 34 *CFR* Part 85, Sections 85.605 and 85.610

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition

(b) Establishing an on-going drug-free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace
- (2) The grantee's policy of maintaining a drug-free workplace
- (3) Any available drug counseling, rehabilitation, and employee assistance programs
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a)

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f)

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

Grantees Who Are Individuals

As required by Section 8355 of the *California Government Code* and the Drug-Free Workplace Act of 1988, and implemented at 34 *CFR* Part 85, Subpart F, for grantees, as defined at 34 *CFR* Part 85, Sections 85.605 and 85.610

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction to every grant officer or designee, in writing, within 10 calendar days of the conviction. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

County Office of Education:

Sodexo America, LLC.

NAME OF ORGANIZATION

Ted J. Monk, Senior Vice President

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

8-29-11

Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transactions," "debarred," "suspended," "ineligible," "lower tier covered transactions," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

U.S. DEPARTMENT OF AGRICULTURE

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Sodexo America

Organization Name

PR/Award Number or Project Name

Ted J. Monk, Senior Vice President

Name(s) and Title(s) of Authorized Representative(s)

Ted J. Monk

Signature(s)

Date

8-29-11

UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATION REGARDING LOBBYING - CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement;

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of

Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Sodexo America
Organization Name

Award Number or Project Name

Ted J. Monk, Senior Vice President
Name and Title of Authorized Representative

Ted J. Monk
Signature

8-29-11
Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Sodexo Operations, LLC, on behalf of itself and all its subsidiaries 9801 Washingtonian Blvd. Gaithersburg, MD 20878 Congressional District, if known: _____			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: N/A		
6. Federal Department/Agency: U.S. Congress Department of Defense USDA			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known: Unknown			9. Award Amount, if known: \$ Unknown		
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): Sodexo Operations, LLC, on behalf of itself and all its subsidiaries 9801 Washingtonian Blvd. Gaithersburg, MD 20878			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): Gilliam, Reginald		
(attach Continuation Sheet(s) SF-LLLA, if necessary)					
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned			13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred In House Government <input checked="checked" type="checkbox"/> f. other; specify: Affairs Department		
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: General Federal issues and procurement matters					
(attach Continuation Sheet(s) SF-LLLA, if necessary)					
15. Continuation Sheet(s) SF-LLLA attached: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No			Signature: <u>Ted J. Monk</u> Print Name: Ted J. Monk Title: Senior Vice President Telephone No.: 503-290-2056 Date: 8-29-11		
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.					
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

SAN MATEO COUNTY OFFICE OF EDUCATION

33 - San Mateo Union High School District

Budget Summary Report - Summary (From: 7/1/2020 To: 6/30/2021)

Object	Object Description	Revised Budget	Current Activity	Activity Year To Date	% Activity	Pre/Encumbered Pended Activity	UnEncumbered Balance	% Remaining
Fund 13 CAFETERIA FUND		Adjustments in red						
Revenue								
8220	CHILD NUTRITION PROGRAMS	1,064,636.00	-	-	-	-	960,211.00	1.0
8520	CHILD NUTRITION	75,426.00	-	-	-	-	74,819.00	1.0
8634	FOOD SERVICES SALES	963,630.00	-	-	-	-	928,168.00	1.0
8660	INTEREST	1,800.00	-	-	-	-	1,800.00	1.0
8699	ALL OTHER LOCAL REVENUE	33,000.00	-	-	-	-	32,450.00	1.0
8916	FROM GENERAL TO CAFETERIA		-	-	-	-	525,000.00	1.0
Total Revenue		2,138,492.00	-	-	-	-	2,522,448.00	
Expenditure								
2251	FOOD SERVICE SALARIES	773,393.00	-	-	-	-	773,393.00	1.0
2252	FOOD SERVICE SUBSTITUTES	18,000.00	-	-	-	-	18,000.00	1.0
2253	FOOD SERVICE EXTRA HOURS	25,000.00	-	-	-	-	50,000.00	1.0
2255	FOOD SERVICE Variable days	20,000.00	-	-	-	-		
2257	FOOD SERVICE STUDENT WORKERS	38,000.00	-	-	-	-	38,000.00	1.0
2304	MANAGER, CLASSIFIED	156,314.00	-	-	-	-	156,314.00	1.0
		1,030,707.00						1,631,662.00
3202	PUB EMPL RETIRE SYS CLASS	224,972.00	-	-	-	-	224,972.00	1.0
3312	FICA-CLASSIFIED	64,214.00	-	-	-	-	64,214.00	1.0
3322	MEDICARE-CLASSIFIED	15,018.00	-	-	-	-	15,018.00	1.0
3402	HLTH & WELFARE BNFT CLASS	267,693.00	-	-	-	-	267,693.00	1.0
3502	ST UNEMPL INSUR CLASS	518.00	-	-	-	-	518.00	1.0
3602	WORKERS COMP INSUR CLASS	28,540.00	-	-	-	-	28,540.00	1.0
		600,955.00						
4310	MAINT/OPERATIONS SUPPLIES	500.00						
4360	FUEL	2,800.00	-	-	-	-	2,800.00	1.0
4375	NON-INSTRUCT SUPPLIES	15,000.00	-	-	-	-	10,000.00	1.0
4385	REFRESHMENTS FOR MEETINGS	2,500.00	-	-	-	-	2,500.00	1.0
4731	PURCHASES OUTSIDE	530,523.00	-	-	-	-	469,797.00	1.0
4753	MARRIOTT CONTROLLABLES	52,765.00	-	-	-	-	59,606.00	1.0
4754	Marriot Non-Controllable (Taxes)	8,000.00						
5202	WORKSHOPS/CONFERENCES	2,000.00	-	-	-	-	2,000.00	1.0
5220	MILEAGE REIMBURSEMENT	150.00	-	-	-	-	300.00	1.0
5301	DUES AND MEMBERSHIPS	200.00	-	-	-	-	200.00	1.0
5751	Print Shop Interfund duplicating	150.00						
5890	OTHER OPERATING EXPENSES	91,600.00	-	-	-	-	89,190.00	1.0
7350	DIR SUP/INDIR COST INFUND	120,000.00	-	-	-	-	120,000.00	1.0
Total Expenditure		2,457,850.00	-	-	-	-	2,393,055.00	
Total Fund 13 CAFETERIA FUND		(319,358.00)	-	-	-	-	129,393.00	

Criteria: Type = Summary; Budget Status = Revised; Include Accruals = Yes; Negative Balance = No; Include Budget Account Details = No; Include GL Status = Pended,Encumbered,PreEncumbered; Sort/Group = Fund,Object; Account Mask

cing = No Masking; Fund = 13; Suppress Net Zero Accounts = Yes; Default Column Order = No; Display Columns FTR = GL Status

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/28/2020

From: Sonia Gill

Site(s) or Department: Curriculum

Number of Quotes: 1

Vendor/Contractor: San Mateo County Office of Education (SMCOE)

Reason for proposal:

Customize training and materials to offer Professional Development in Distance Instruction for educators in grades 9- 12 at SMUHSD.

Certificate of Insurance: n/a

Contract Amount: \$39,500

Funding Source: Professional Development

Approved by:

Sonia Gill 07/28/2020 Wayne Rasay 07/29/2020

Personnel who oversees Site/Department budget

Valerie Miller 07/29/2020

Manager of Capital Facilities and Purchasing

Valerie Miller 07/29/2020

Director of Budget and Fiscal Services



Excellence and Equity in Education

Nancy Magee • County Superintendent of Schools

AGREEMENT TO PROVIDE PROFESSIONAL DEVELOPMENT SERVICES 2020-2021

This agreement, made and entered into between the SAN MATEO COUNTY SUPERINTENDENT OF SCHOOLS, hereinafter referred to as the “Superintendent,” and the San Mateo Union High School District, hereinafter referred to as the “District.”

The District has asked San Mateo County Office of Education to customize training and materials to offer Professional Development in Distance Instruction for educators in grades 9- 12 at SMUHSD.

Superintendent Responsibilities:

The Superintendent shall provide the following professional services:

Training:

Provide expert Distance Learning trainers to deliver teacher development in three critical areas* to foster confidence and further readiness as teachers return to distance learning instruction in the Fall of 2020:

*Three Critical Distance Learning Areas:

- Effective differentiated instruction
- Formative/summative assessment and how it pertains to grading
- Key tools for engagement, communication, and organization

Delivery Details:

Asynchronous instruction: 6 hours of to be completed before Synchronous Sessions

Synchronous Sessions to be delivered in a Zoom environment to be set up by SMCOE.

- August 8 – 2:00 pm - 4:00 pm
- August 9 – 9:00 am -11:00 am & 2:00 pm - 4:00 pm

Access to Course Materials and edited synchronous videos at the conclusion of the course to support on-going PD for staff.

Cost: The cost for training up to 200 teachers in the Distance Learning weekend course and access to materials and curated videos after the training is \$39,500. Details are provided in Appendix A.

District Contact: Brian Simmons, Director, Curriculum and Assessment
p: [650-558-2212](tel:650-558-2212) w: www.smuhsd.org e: bsimmons@smuhsd.org

Payment: District will pay in \$19,750 for 50% of services on or before August 7, 2020 and the balance of \$19,750 at the conclusion of training August 10, 2020. The total contract fee is calculated as follows:

\$39,500

No separate agency or entity shall be created by this agreement.

Hold Harmless Agreement:

Each party shall defend, indemnify, and hold the other party, its officers, agents, subcontractors, and employees harmless from and against any and all liability, loss, expense, attorneys' fees or claims for injury or damages arising out of the performance of this agreement, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying party, its officers, agents, subcontractors, or employees.

SAN MATEO COUNTY
SUPERINTENDENT OF SCHOOLS

SAN MATEO UNION HIGH
SCHOOL DISTRICT

Denise Porterfield
Deputy Superintendent

Signature

Signature

Title

Date

Date

Appendix A

Scope of Work:

Provide professional development training for up to 200 SMUHSD participants.

- Hire 3 Trainers to design and deliver 6 hours of synchronous and asynchronous training
- Hire 2 Distance Learning Instructional Designers to support the customization of the course and to curate the materials for use beyond the training.
- Develop a Canvas environment for up to 200 participants to access content
- Provide staffing (4 SMCOE managers and 1 administrative assistant) to support:
 - Content and Delivery design
 - Coordination and integration of considerations for Students with Disabilities
 - Synchronous Sessions
 - August 8 – 2:00 pm - 4:00 pm
 - August 9 – 9:00 am -11:00 am & 2:00 pm - 4:00 pm

Provide access to asynchronous materials and assignments and edited videos from synchronous session for use by SMUHSD staff following the training.

Total Cost: \$39,500

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/28/2020

From: Linda Carlton

Site(s) or Department: Districtwide

Number of Quotes: 3

Vendor/Contractor: Veritiv

Reason for proposal:
To purchase pop-up wipe bucket and wipe refills.

Certificate of Insurance: N/A

Contract Amount: \$32,913.96

Funding Source: General Fund - Operations - Covid 19

Approved by:



07/28/2020

Personnel who oversees Site/Department budget

Valerie Miller

07/29/2020

Manager of Capital Facilities and Purchasing

Valerie Miller

07/29/2020

Director of Budget and Fiscal Services

Q00#1

Est Qty	UOM	Order #	Description	Unit Price	Ext Price	Price/wipe
300	each	11161236	Pop-Up Wipe Bucket with 1 refill roll of wipers (7.375" High x 7.8125" in Diameter) #94400 each	\$ 23.99	\$ 7,198.08	
375	case	11156681	Refill Wipers -6 Dry Wiper Rolls: 300 Airlaid Cellulose-Based Wipers (6.8" x 6") Per Roll 1800/case	\$ 60.96	\$ 22,860.34	\$ 0.0220
			Estimating you will need 300 containers with 300 pre-filled wipes plus an additional 375 cases of rolls to get to 765,000 wipes-Wipers are rated to work with peroxide based disinfectants		\$ 30,058.41	\$ 0.0393
			Buckets can be filled with the EcoLab Peroxide cleaner			
			Lead Time 3-4 weeks as of 7-24-20			



30,058.41
Tax 2,855.55
Total \$ 32,913.96

Indicate



399	case	10903618	6x7 Oxivir Disinfectant Wipe 160/container 12 Containers/case (1920 wipes) Diversey #100850923	\$ 149.11	\$ 50,495.89	\$ 0.0777
			Product is currently on allocation with delivery estimate of 4th quarter of this year			



Brad Freeman





Resource Solutions of SF Group, INC.

P.O. BOX # 51
SOUTH SAN FRANCISCO, CA 94083

Quote #

3259

QVO#2

Name / Address

San Mateo Union High School District
ATTN: M&O - CYNTHIA CHU
839 HINCKLEY ROAD
BURLINGAME, CA 94010

Date	Quote expires	Rep
7/21/2020	8/20/2020	RR

Item	Description	Qty	U/M	Cost	Total
RSG6160	3- IN-1 DISINFECTING WIPES, 160CNT-6/CS, Ammonia Free, Bleach Free, Phosphate Free, "FRESH" Sales Tax	800	CS/6	109.24	87,392.02T
				9.50%	8,302.24
<div>No bucket available wipes only</div>					

Total

\$95,694.26

MAIN #: (855) 742-6100 FAX #: (855) 742-6105 EMAIL: customerservice@rsgsf.com WEBSITE: www.rsgsf.com

Estimate - EST-0521271 is awaiting your approval
messages

Partner <message-service@sender.zohobooks.com>
Reply-To: partner@feelu.org
To: jhyde@smuhsd.org

Tue, Jul 21, 2020 at 3:45 PM

Q00#3



Estimate #EST-0521271

Dear Jim, SAN MATEO UNION HIGH SCHOOL DISTRICT,

Thank you for contacting us. Your estimate for the canisters for the 75 wipes can be viewed, printed and downloaded as PDF from the link below. Please accept the estimate to move forward. A copy of w9 is on www.disinfectschools.com Thank you!

FEELU

No bucket available
Wipes only


ESTIMATE AMOUNT	
\$26,437.00	
<hr/>	
Estimate No	EST-0521271
Estimate Date	21 Jul 2020
<div>VIEW ESTIMATE</div>	

Regards,
AJ

Feelu Inc.

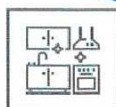
THIS PRODUCT IS
NOT ON THE
APPROVED CDC
LIST.

Feelu Inc.
DisinfectSchools.com
800-541-7794

 EST-0521271.pdf
43K

255mmx120mm

Perfect to wipe away tough messes while leaving a refreshing scent behind. Our antibacterial wipes get rid of dirt and grime while wiping away 99.9% of germs and bacteria. Formulated to be gentle on skin without alcohol, dyes, parabens or harsh chemicals, they can be used safely on your skin. Thoroughly clean by wiping areas until visibly wet, allow to remain wet for 10 minutes, then air dry. Keep a container of wipes in your closet for daily messes, keep some in your car for emergency clean up and when washing your hands with soap and water is not an option.



KITCHEN



BEDROOM



BATHROOM



APPLIANCES & ELECTRONICS

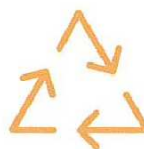


GENTLE ON SKIN



HOME, CAR OR OFFICE

Feelu Inc.
223 E Imperial Hwy.
Suite 115 Fullerton, CA 92835
For comment and questions,
please email to partner@feelu.org



Kills Up To
99.9%*
of Germs and
Bacteria

disinpro

multi-purpose
ANTIBACTERIAL
WIPES
FRESH SCENT

75
WIPES

BLEACH FREE

NET CONTENT: 75 wipes
6 in x 6 in | 15 cm x 15 cm

KEEP OUT OF REACH
OF CHILDREN

CAUTION
see back for details

Drug Facts

Active Ingredient	Purpose
BENZALKONIUM CHLORIDE 0.3%.....	Antiseptic

Uses •To clean and decrease bacteria and germs

Directions •Remove cover. Pull up wipe corner from center of roll. Thread through hole in the cover. Replace cover. Open center cap on cover to remove wipe. When not using, close center cap securely to prevent moisture loss. •Unfold wipe to wipe down. Dispose of wipe after each use. Let air dry. If area is extremely dirty, clean first with another wipe for best results.

Warnings •KEEP OUT OF REACH OF CHILDREN AND PETS. Keep container tightly sealed, avoid contact with eyes, not for use on broken or sensitive skin, stop use if skin irritation develops, flush eyes immediately if product enters eyes. Keep away from heat and flame. Call a Poison Control Center or doctor for treatment advice. Have the product container label with you when calling a poison control center or doctor, or going for treatment.

Other Information

•Do not flush •Rinse toys or food with clean water after cleaning •Do not use as a diaper wipe or on sensitive skin •Do not use on unpainted wood •Do not use to clean dishes, glassware or utensils

•Storage and disposal: Store in original container in areas inaccessible to children. Keep securely closed. Do not reuse or refill this container. Discard empty container in trash or recycle.

Ingredients

WATER	98.2000%
PHENOXYETHANOL	0.2000%
PROPYLENE GLYCOL	1.0000%
BENZALKONIUM CHLORIDE	0.3000%
CHLORPHENESIN	0.1000%
DIDECYLDIMONIUM CHLORIDE	0.1000%
PARFUM (FRAGRANCE)	0.1000%

Q00#3