

- (a) Neither CONTRACTOR nor any of its shareholders, partners, or executive officers are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency, and
- (b) Neither CONTRACTOR nor any of its shareholders, partners, or executive officers has, within a three-year period preceding the effective date of this Agreement, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and are not presently indicted for, or otherwise criminally or civilly charged by any Federal, state, or local Government entity with, commission of any of these offenses.

The parties hereto have executed this Master Contract by and through their duly authorized agents or representatives. This Agreement is effective on the 1st day of July, 2020 and terminates at 5:00 P.M. on June 30, 2021, unless sooner terminated as provided herein.

CONTRACTOR

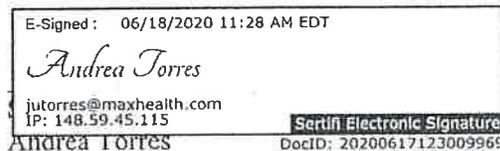
SELPA

Maxim Healthcare Staffing Services, Inc.

San Mateo County

SELPA

Nonpublic School/Agency



Andrea TORRES
Assistant Controller

 9/1/20
Anjanette Pelletier Date

Associate Superintendent

*Natasha King, SELPA Manager,
approved contract on behalf
of A. Pelletier.*

EXHIBIT A: RATES

(NONPUBLIC SCHOOL OR AGENCY): Maxim Healthcare Staffing Services, Inc. (2020-2021)

CDE Certification, total enrollment may not exceed _____

If blank, the number shall be determined by CDE Certification.

Rate Schedule: This rate schedule limits the number of LEA students that may be enrolled and the maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Special education and/or related services offered by CONTRACTOR, and the charges for such educational and/or related services during the term of this contract shall be as follows:

	Rate	Period
A. <u>Basic Education Program/Special Education Instruction</u>	_____	_____
Basic Education Program/Dual Enrollment	_____	_____

Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally.

B. Related Services

(1) a. Transportation – Round Trip	_____	_____
------------------------------------	-------	-------

b. Transportation – One Way	_____	_____
c. Parent* or Public Transportation	_____	_____
(2) a. Educational Counseling – Individual	\$135-\$145	Per Hour ✓
b. Educational Counseling – Group of _____	_____	_____
c. Counseling – Parent	_____	_____
(3) a. Adapted Physical Education – Individual	Not authorized by CDE - (\$87)	Per Hour ?
b. Adapted Physical Education – Group of _____	_____	_____
c. Adapted Physical Education – Group of _____	_____	_____
(4) a. Language and Speech Therapy – Individual	\$80-100	Per Hour ✓
b. Language and Speech Therapy – Group of 2 or more	_____	_____
d. Language and Speech Therapy – Per diem	_____	_____
e. Language and Speech – Consultation Rate	_____	_____
(5) a. Additional Instructional Assistant – Individual	Not authorized by CDE (must be authorized on IEP) - (\$45)	Per Hour ?
b. Additional Instructional Assistant – Group of 2 or more	_____	_____
(6) Intensive Special Education Instruction**	_____	_____
(7) a. Occupational Therapy – Individual	\$80-\$100	Per Hour ✓
b. Occupational Therapy – Group of 2 or more	_____	_____
e. Occupational Therapy – Consultation Rate	_____	_____
(9) Physical Therapy	\$80-\$100	Per Hour ✓
(10) a. Behavior Intervention – BII	BIA \$50	Per Hour ✓
b. Behavior Intervention – BID	_____	_____
c. Behavior Intervention – BIS	BCBA \$122-\$132	Per Hour ✓
Provided by: _____	_____	_____
(11) Nursing Resources	RN\$54; LVN \$54	Per Hour ✓
(12) Residential Board and Care	_____	_____
(13) Residential Mental Health Services	_____	_____
(14) Other (specify): _____	_____	_____
(15) Other (specify): _____	_____	_____
(16) Other (specify): _____	_____	_____

* Parent transportation reimbursement rates are to be determined by the LEA.

** By Credentialed Special Education Teacher.

EXHIBIT B: Notices to Contractor and Notices to LEA

Notices to CONTRACTOR shall be addressed to:

Andrea Torres; Assistant Controller
 Maxim Healthcare Staffing Services, Inc.
 7227 Lee Deforest Drive
 Columbia, MD 21026
jutorres@maxhealth.com
 (P) 410-910-4714

Notices to SELPA shall be addressed to:

Lilian Flores, Administrative Assistant

101 Twin Dolphin Drive

Address

Redwood City, CA 94065

City State Zip

650.802.5465 650.802.5475

Phone Fax

lflores@smcoe.org

Email

LEA Notification (Person to whom all LEA notices will be addressed)

Christine Sanchez; Operations Manager

6475 Christie Ave Suite 350

Emeryville, CA 94608

(P) 510-982-3817 (F) 877-799-3221

Chsanche@maxhealth.com

EXHIBIT C: List of Subcontractors

Name

Nonpublic School/Agency/Related Service Provider

Address

City State Zip

Phone Fax

Email
