

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Consulting Agreements, Contracts, Invoices and Purchase Orders
Special Education Under \$25,000

Submitted to the Board of Trustees on 5/6/2021

<u>Requestor Name</u>	<u>Contract</u>	<u>Amount</u>	<u>Funding Source</u>
Amber Vigil / Holly Wade	JUVO Autism Behavioral and Health Services	\$16,408.00	Special Education - General Fund
Holly Wade	Morrissey Compton Educational Center	\$3,000.00	Special Education - General Fund
Amber Vigil	Learning Bio	\$3,400.00	Special Education - General Fund
	Total	\$22,808.00	

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 04/26/2021

From: Amber Vigil

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Learning Bio

Reason for proposal:

Psychoeducational assessment

Certificate of Insurance: Allied World Insurance Company

Contract Amount: \$3,400.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

04/26/2021

Stephanie Quejada

04/26/2021

Personnel who oversees Site/Department budget

Vanessa Castano

04/28/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

04/28/2021

Director of Budget and Fiscal Services



LEARNING BIO, JULIE FLYNN, LEP AGREEMENT WITH SAN MATEO UNION HIGH SCHOOL DISTRICT

Description of Services: Learning Bio, Julie Flynn, LEP will conduct the following:

Full psychoeducational evaluation including: testing, scoring, report writing, attendance at Individual Education Plan (IEP) meeting, consultation with IEP team.

Amount and Method of Payment: Compensation for the full performance of this agreement, San Mateo Union High School District shall pay Learning Bio, Julie Flynn LEP as follows:

\$3,400 per assessment

It is agreed between Learning Bio, Julie Flynn, LEP and San Mateo High School District as follows:

1. Contract Term: The term of this Agreement shall be from 9/1/2020-6/30/2021 unless terminated earlier.
2. Rate: \$3,400 per psychoeducational assessment. The rate includes testing, scoring, written psychoeducational report, attendance of one Individualized Education Plan (IEP) meeting. Rate will extend to \$250/hour following the first IEP meeting for each student. Contractor will provide test kits, testing protocols, and report copies. If a full evaluation is not warranted, rate will be \$250/hour.
3. Location: Contractor will conduct assessment at agreed upon location: Learning Bio office, school site, or tele testing.
4. License: Learning Bio bears responsibility to obtain licensing for services to be performed under this agreement at Learning Bio expense. Licensed Educational Psychologist (LEP # 3578) provided by the Board of Behavioral Sciences.
6. Compliance with State, Federal, and Local Laws, Regulations and Ordinances: Learning Bio will ensure all compliance with state, federal, and local laws, regulations or rules applicable to the performance of the work required under this agreement and will execute all certification of compliance therewith.
7. Confidentiality: All data produced and compiled by Learning Bio shall be considered confidential unless it can be obtained as a public record and shall not be shared with a third party without the prior written consent of the district.
8. Workers Compensation Insurance: Learning Bio shall maintain insurance throughout the term of this agreement: Comprehensive General Liability, Motor Vehicle Liability Insurance, Professional Liability.

Julie Flynn 4/16/2021

Learning Bio, Julie Flynn M.S. LEP
120 A Santa Margarita Avenue
Menlo Park, CA 94025

Henry Wade 4/19/21

San Mateo Union High School District
650 N Delaware St,
San Mateo, CA 94401

Ri Heag

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

JULIE M FLYNN
120A SANTA MARGARITA AVE.
MENLO PARK CA 94025

Additional Named Insureds:

San Mateo Union High School District
650 N. Delaware Street
San Mateo, CA 94401

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 02/01/2019

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5013-4136	2/01/20	2/01/22	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$5,000.

This Certificate Issued to:

Name: JULIE M FLYNN
120A SANTA MARGARITA AVE.
Address: MENLO PARK CA 94025


Authorized Representative

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Learning Bio													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Learning Bio	Psychoeducational Assessment								\$3,400	1		\$3,400
												Total:	\$3,400

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 04/16/2021

From: Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Morrissey Compton Educational Center

Reason for proposal:

Contract for specialized tutoring in Dyslexia.

Certificate of Insurance: Nonprofits Insurance Alliance of CA

Contract Amount: \$3,000.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

04/16/2021

Stephanie Quejada

04/19/2021

Personnel who oversees Site/Department budget

Vanessa Castano

04/22/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

04/23/2021

Director of Budget and Fiscal Services

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on March 1st, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency: Morrissey Compton Educational Center

LEA Case Manager: Name JOHN BARTFIELD, ASSISTANT DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2265

Pupil Name _____ Sex: _____
(Last) (First) (M.I.)

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: ☐ Home ☐ Foster ☐ LCI # _____ ☐ OTHER _____

Parent/Guardian _____ Phone () _____ () _____

Address _____ (Residence) City _____ (Business) State/Zip _____
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: _____ during the regular school year
_____ during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: _____

Estimated Number of Days _____ x Daily Rate _____ = PROJECTED BASIC EDUCATION COSTS _____

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900) Dyslexia Tutor			Non Public Agency	20 Sessions 2 hours weekly	\$150.00		\$3,000.00
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 3,000.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 3,000.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

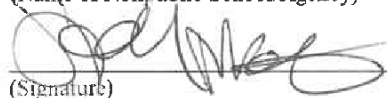
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

The Morrissey Compton Educational Center

(Name of Nonpublic School/Agency)



(Signature)

4/15/21

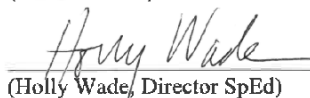
(Date)

Sony Musil Contracts Coordinator

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT


(Name of LEA)



(Holly Wade, Director SpEd)

4/16/21

(Date)


(Kevin Skelly, Ph.D., Superintendent)

4-26-2021

(Date)



MORREDU-01

ARIELT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2021

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 Uren & Myers Insurance Agency 3211 Auto Plaza Richmond, CA 94806	CONTACT NAME: PHONE (A/C, No, Ext): (510) 243-2410 FAX (A/C, No): (510) 243-2420 E-MAIL ADDRESS: info@urenmyers.com
INSURED Morrissey/Compton Educational Center Inc 595 Price Ave Ste 100 Redwood City, CA 94063-4754	INSURER(S) AFFORDING COVERAGE INSURER A : Nonprofits' Insurance Alliance of CA INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		202108985NPO	2/18/2021	2/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			202108985NPO	2/18/2021	2/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabili			202108985NPO	2/18/2021	2/18/2022	Aggregate 2,000,000
A	Abuse & Molestation			202108985NPO	2/18/2021	2/18/2022	Aggregate 1,000,000

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

Holder is named as an Additional Insured as respects to the Named Insured's operations per the attached Additional Insured form CG 20 26 12/19

CERTIFICATE HOLDER

CANCELLATION

San Mateo Union High School District Special Education Department 650 N. Delaware Street 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 <i>Ariel Turner</i>
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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 04/01/2021

From: Amber Vigil / Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes:0

Vendor/Contractor: JUVO Autism Behavioral and Health Services

Reason for proposal:

To pay for students' behavior intervention services provided by NPA-JUVO Autism Behavioral Health Services.

Certificate of Insurance: N/A

Contract Amount: \$16,408.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

04/01/2021

Stephanie Quejada

04/05/2021

Personnel who oversees Site/Department budget

Vanessa Castano

04/14/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

04/15/2021

Director of Budget and Fiscal Services

(Education Code Sections 56365 et seq.)

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)			NPA-JUVO	10 hours weekly RBT 4 hours monthly BCBA Supervision	\$45/hour \$136/hour	280 28	\$12,600.00 \$3,808.00
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
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Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 16,408.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 16,408.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements:	Quarterly	Monthly	Other (Specify)
	_____	_____	_____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Juvo Autism + Behaviorial Health Services

(Name of Nonpublic School/Agency)

<u><i>Ally Peraza</i></u>	<u>12/03/2020</u>
(Signature)	(Date)

Ally Peraza Authorization Coordinator

(Name and Title)

-LEA -

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

<u><i>Holly Wade</i></u>	<u>12/4/2020</u>
(Holly Wade, Ph D. Director SpEd)	(Date)

<u><i>Kevin Skelly</i></u>	<u>4-20-2021</u>
(Kevin Skelly, Ph.D., Superintendent)	(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2022

4/1/2021

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 Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Co.		NAIC # 18058
INSURED 1490571 ED Supports, LLC d/b/a Juvo Autism + Behavioral Health Services 1025 Atlantic Avenue #101 Alameda CA 94501	INSURER B: Republic Indemnity Company of California		43753
	INSURER C: Great American Alliance Insurance Company		26832
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 17461890

REVISION NUMBER: XXXXXXXX

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 <input checked="" type="checkbox"/> Abuse/Molest \$1M/\$1M <input checked="" type="checkbox"/> SocSrvs Prof \$1M/\$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	PHPK2218257	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	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	N	N	PHPK2218257	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	PHUB750223	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B C	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 N	N/A	250393-06 (AOS) 3241789-02 (HI,IL)	1/1/2021 1/1/2021	1/1/2022 1/1/2022	<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

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

Social Services Professional Liability and Abuse and Molestation is included on the umbrella liability schedule of underlying insurance, but sub-limited to \$2MM.

CERTIFICATE HOLDER

17461890

San Mateo Union High School District
 650 N. Delaware St.
 San Mateo CA 94401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of JUVO													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	JUVO	To pay for students' behavior intervention services provided by NPA-JUVO											
			10 hrs weekly RBT	\$45							280		\$12,600
			4 hours monthly BCBA Supervision	\$136							28		\$3,808
												Total:	\$16,408