

SAN MATEO UNION HIGH SCHOOL DISTRICT

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

Submitted to the Board of Trustees on 8/12/2021

Requestor Name	Contract	Amount	Funding Source
Amber Vigil	Boulder Creek Academy	\$20,047.56	General Fund-Special Education
Special Education	Wings Learning Center	\$8,747.00	General Fund-Special Education
	Total	\$28,794.56	

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 07/28/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Wings Learning Center

Reason for proposal:

To pay for the educational and related services for a student attending NPS, Wings Learning Center for the extended school year only.

Certificate of Insurance: Nonprofits Insurance Alliance of California

Contract Amount: \$8,747.00

Funding Source: General Fund-Special Education

Approved by:

Amber Vigil

07/28/2021

Stephanie Quezalez

07/28/2021

Personnel who oversees Site/Department budget

Vanessa Castano

07/28/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

07/29/2021

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 July 6, 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 August 13, 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 WINGS LEARNING CENTER

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED] (Residence) [REDACTED] (Business)

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 376 during the regular school year
270 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
29 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: \$283.00

Estimated Number of Days 29 x Daily Rate \$283.00 = PROJECTED BASIC EDUCATION COSTS \$8,207.00

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. Consult		√		ESY: 180 mins	\$180 p/hr	3 hours	\$ 540.00 (ESY)
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)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 540.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 8,747.00

4. Other Provisions/Attachments:

Please send invoices by either email or mail to: specialbilling@smuhdsd.org or SMUHSD, Special Ed Dept, Attn: Stephanie Quejada 650 N. Delaware St., San Mateo, Ca 94401

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 -

WINGS LEARNING CENTER

(Name of Nonpublic School/Agency)



07 / 23 / 2021

(Signature)

(Date)

Alicia Jennings, Executive Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT



7/23/21

(Holly Wade, Ph.D., Director of Special Ed.)

(Date)



(Kevin Skelly, Ph.D., Superintendent)

(Date)



WINGLEA-01

AGROTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2021

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 License # 0757776 HUB International Insurance Services Inc. 548 W Cromwell Avenue Suite 101 Fresno, CA 93711	CONTACT NAME: Pam Carlock PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: pam.carlock@hubinternational.com INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of California, Inc NAIC # 01184 INSURER B: Service American Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Wings Learning Center 1201 Main Street Redwood City, CA 94063	

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		09784	9/6/2020	9/6/2021	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			09784	9/6/2020	9/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input checked="" type="checkbox"/> RETENTION \$ 10,000			09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	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	SATIS0415100	3/5/2021	3/5/2022	<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
A	Impr Sexual Conduct			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$1M
A	Soc Serv Prof Liab			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Endorsement Attached: CG2026 04-13 & NIAC E61 02-19

CERTIFICATE HOLDER**CANCELLATION**

San Mateo County SELPA 101 Twin Dolphin Drive Redwood City, CA 94065	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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SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Wings Learning Center													
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 (Hrs)	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Wings Learning Center	NPS - educational program and related service costs											
		Inclusive and/or basic education program rate	29 days at \$283/day		\$ 283.00						29		\$8,207
		Language Speech Therapy											
		ESY	3 hrs total over 6 weeks @\$180/hr				3			\$180.00			\$540

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 07/22/2021

From: Amber Vigil

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Boulder Creek Academy

Reason for proposal:

To pay for the residential, educational, and related services for a student attending NPS, Boulder Creek Academy.

Certificate of Insurance: National Union Fire Ins Co. of Pittsburgh PA

Contract Amount: \$20,047.56

Funding Source: General Fund-Special Education

Approved by:

Amber Vigil

07/22/2021

Stephanie Quejada

07/26/2021

Personnel who oversees Site/Department budget

Vanessa Castano

07/28/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

07/29/2021

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 07/01/2021 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 08/13/21, 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 Boulder Creek Academy

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2265

Pupil Name [REDACTED] Sex: [REDACTED]

(Last) (First) (M.I.)
Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED] () [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
300 _____ 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
31 _____ 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: \$270.56

Estimated Number of Days 31 x Daily Rate \$270.56 = PROJECTED BASIC EDUCATION COSTS \$8,387.36

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)		X		60 mins weekly	included		
Counseling and guidance (515).							
Parent Counseling (520)		X		60 mins weekly	included		

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)		X		30 mins/year	Included		Included
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)		X		30 mins month	Included		Included
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other: Admin Fee		X		Monthly	\$1,000.00	2	\$2000.00
Other: Enrollment Fee		X					
Transportation-Emergency b. Transportation-Parent							
Residential Board and Care		X		Daily	\$135.72 p/day	44 days	\$5,971.68
Residential Treatment Services/Mental Health		X		Daily	\$83.83	44 days	\$3,688.52

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 11,660.20

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 20,047.56

4. Other Provisions/Attachments:

Please send invoices by either email or mail to: specialdbilling@smuhd.org or SMUHSD, Special Ed Dept, Attn: Stephanie Quejada 650 N. Delaware St., San Mateo, Ca 94401

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify) Trimester

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

-CONTRACTOR-

-LEA -

Boulder Creek Academy

(Name of Nonpublic School/Agency)

(Signature)

7/19/21
(Date)

Tai Komaneec CEO
(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

(Holly Wade, Ph.D., Director of Special Education)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2020

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 Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212 948-1307	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED UHS OF KOOTENAI RIVER, INC. dba BOULDER CREEK ACADEMY C/O UHS OF DELAWARE, INC. 367 S. GULPH ROAD KING OF PRUSSIA, PA 19406	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire Ins Co. of Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER B : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D : AIU Insurance Co</td> <td>19399</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co. of Pittsburgh PA	19445	INSURER B : New Hampshire Insurance Company	23841	INSURER C : N/A	N/A	INSURER D : AIU Insurance Co	19399	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : National Union Fire Ins Co. of Pittsburgh PA	19445														
INSURER B : New Hampshire Insurance Company	23841														
INSURER C : N/A	N/A														
INSURER D : AIU Insurance Co	19399														
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

CLE-006501976-06

REVISION NUMBER: 4

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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY			6890150 (AOS)	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
A	X ANY AUTO			6890152 (VA)	01/01/2021	01/01/2022	BODILY INJURY (Per person) \$
A	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>			6890151 (MA)	01/01/2021	01/01/2022	BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			058240193 (AOS)	01/01/2021	01/01/2022	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N			058240195 (FL)	01/01/2021	01/01/2022	E.L. EACH ACCIDENT \$ 2,000,000
D	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	058240194 (CA)	01/01/2021	01/01/2022	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
B				058240196 (MA & WI)	01/01/2021	01/01/2022	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

CIRF-827402-5445:AU, GL, HP, WC

GENERAL LIABILITY: BOULDER CREEK ACADEMY IS SELF INSURED FOR \$3,000,000 EACH AND EVERY OCCURRENCE FOR 01/01/21 - 01/01/22.

HOSPITAL PROFESSIONAL LIABILITY: BOULDER CREEK ACADEMY IS SELF INSURED FOR \$3,000,000 EACH AND EVERY OCCURRENCE FOR 01/01/21 - 01/01/22.

SEXUAL ABUSE/MISCONDUCT COVERAGE IS INCLUDED IN SELF-INSURANCE LIMITS EVIDENCED WITHOUT SUBLIMITS.

RE: SCHOOL DISTRICT CONTRACT FOR PLACEMENT

CERTIFICATE HOLDER

CANCELLATION

SAN MATEO COUNTY SELPA ATTN: ANJANETTE PELLETIER 101 TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i></p>
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SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Boulder Creek Academy													
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
	Boulder Creek Academy	NPS - Educational program and related service costs											
		Inclusive and/or basic education program rate	31 days at \$270.56 per day		\$ 270.56						31		\$8,387
		Other: Admin Fee	\$1000/month			\$ 1,000.00					2		\$2,000
		Residential Board and Care	44 Days at \$135.72 per day		\$ 135.72						44		\$5,971.68
		Residential Treatment/Mental Health Services	60 min/wk at \$190/hr for 40 weeks		\$ 83.83						44		\$3,688.52
												Total:	\$20,047.56