

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 10/28/2021

Requestor Name	Contract	Amount	Funding Source
Special Education	AchieveKids	\$9,642.00	General Fund-Special Education
Special Education	Community Option for Families and Youth/Embrace Mental Health	\$10,500.00	General Fund-Special Education
Special Education	Community Option for Families and Youth/Embrace Mental Health	\$10,500.00	General Fund-Special Education
Special Education	La Europa Academy	\$7,400.00	General Fund-Special Education
		<b>Total</b>	<b>\$38,042.00</b>

# SAN MATEO UNION HIGH SCHOOL DISTRICT

## CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 10/07/2021

From: Special Education

---

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: AchieveKids

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, AchieveKids for the month of July 2021.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$9,642.00

Funding Source: General Fund-Special Education

Approved by:

Amber Vigil

10/07/2021

Stephanie Quezalez

10/12/2021

Personnel who oversees Site/Department budget

Vanessa Castano

10/14/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

10/15/2021

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 1, 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 July 23, 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 AchieveKids

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

DOB \_\_\_\_\_ Residential Setting: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

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

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 345 during the regular school year

285 during the extended school year

2. *Nonpublic School:* The number of school days in the calendar of the school year are: 193 during the regular school year

25 during the extended school year

3. *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: \$339.00

Estimated Number of Days 16 x Daily Rate \$339.00 = **PROJECTED BASIC EDUCATION COSTS** \$5424.00

**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) 1:1							
Language/Speech Therapy (415) a. Individual b. Group c. Consult							
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) a. Individual							

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				
Physical Therapy (460)							
Individual Counseling (510)		X		2 x 30 min / wkly	\$90.00 / ½ hr	4	\$720.00
Counseling - Group		X		1 x 30 min / wkly	\$45.00 / ½ hr.	4	\$180.00
Parent Counseling (520)		X		1 x 50 min / mo	\$90.00 / ½ hr	1	\$150.00
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		x		60 min/wkly	\$171.00	4	\$684.00
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)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Services (830)		x		60 min /wkly	\$129	4	\$516.00
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							

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				
Other (900)J							
Other (900)							
Transportation		X		218 days	\$98.00 / day	16	\$1568.00
Covid 19 transportation surcharge		x		218 days	\$25.00/day	16	\$400.00
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$4218.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 9642.00

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 -

AchieveKidsSan Mateo Union High School District

(Name of Nonpublic School/Agency)

(Name of  
LEA)

DocuSigned by:

9/28/2021

*Tom Drechsler*

(Signature)

9F2B659ADF9F46D...

(Date)

Tom Drechsler, Program Director

Name and Title)

*Amey*      *10/6/21*

(Signature)      (Date)

*Holly Wade, Ph.D., Director of Special Education*

(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

*K. Skelly*

10-18-2021

Signature

Date

Kevin Skelly, Ph.D., Superintendent



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/18/2021

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).

<b>PRODUCER</b> Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107  www.boltonco.com 0008309	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> (626) 799-7000 <b>FAX (A/C, No):</b> (626) 583-2117 <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> NonProfits Insurance Alliance of California <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Achieve Kids 3660 Middlefield Road Palo Alto CA 94303	<b>NAIC #</b> 11845a

**COVERAGES****CERTIFICATE NUMBER:** 62391808**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SS Professional Liability* *Limit \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		202105912	7/1/2021	7/1/2022	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 Sexual Molestation/Abuse \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			202105912	7/1/2021	7/1/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			202105912UMB	7/1/2021	7/1/2022	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) 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	Blanket Business Personal Property Special Form, Replacement Cost Deductible			202105912PROP	7/1/2021	7/1/2022	Limit @ \$1,000,000 \$5,000

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

Re: All Operations of the Named Insured Per written contract agreement. GL Additional Insured applies per CG20260704 attached, only if required by written contract/agreement. Additional Insure(s): San Mateo County SELPA

**CERTIFICATE HOLDER**

San Mateo County SELPA  
Attn: Anjanette Pelletier  
101 Twin Dolphin Drive  
Redwood City CA 94065-1064

**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

Mary Ann Sun

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Achieve Kids													
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 (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Achieve Kids	Educational program and related service costs											
		Inclusive and/or basic education program rate	16 days @\$339/day		\$ 339.00						16		\$5,424
		Individual Counseling	2 x 30min/wk \$90 per 30min session for 4 weeks				2			\$ 90.00	4		\$720
		Counseling - Group	30min/wk @\$45 per 30 min session for 4 weeks							\$ 45.00	4		\$180
		Parent Counseling	50min/wk @\$150 per 50 min session for 1 week							\$ 150.00	1		\$150
		Behavior Intervention Services	60min/wk @\$171 per hour session for 4 weeks							\$ 171.00	4		\$684
		Vocational Services	60min/wk @\$129 per hour session for 4 weeks							\$ 129.00	4		\$516
		Transportation	\$98/day for 16 days							\$ 98.00	16		\$1,568
		Covid transportation surcharge	\$25/day for 16 days							\$ 25.00	16		\$400
												Total:	\$9,642.00

# SAN MATEO UNION HIGH SCHOOL DISTRICT

## CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 10/08/2021

From: Special Education

---

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Community Option for Families and Youth/Embrace Mental Health

Reason for proposal:

To pay the mental health-related services cost for NPA, Community Option for Families and Youth for the 2021-2022 school year.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$10,500.00

Funding Source: General Fund-Special Education

Approved by:

Amber Vigil

10/08/2021

Stephanie Quezalez

10/12/2021

Personnel who oversees Site/Department budget

Vanessa Castano

10/14/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

10/15/2021

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 9/14/2021 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, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SMUHSD Nonpublic School /Agency COFY/Embrace

LEA Case Manager: Name Steve Labrum (CHS) / Lauren Berlin (Asst Special Ed Director) Phone Number 650-558-2266 (L.Berlin)

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

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

DOB [REDACTED] Residential Setting: Home Foster LCI # [REDACTED] OTHER [REDACTED]

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

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

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be:        during the regular school year  
       during the extended school year
2. *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
3. *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)							
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)			NPA – Embrace / COFY	Up to 50 hours	\$210 / hr	50 hours	\$10,500
Travel Training (870)							
Other Transition Services (890)							
Other (State Meal Mandate costs)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other:							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 10,500

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COST\$ 10,500

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-

-LOCAL EDUCATION AGENCY -

EMBRACE Mental Health

(Name of Nonpublic School/Agency)

San Mateo Union High School District

(Name of LEA)

Megan Pattie

(Signature)

9/22/21

(Date)

Holly Wade

(Signature)

9/22/21

(Date)

Megan Pattie

(Name and Title)

9/22/21

Director of School-Related  
Services

Holly Wade, Ph.D.

Director of Special Education

K. Wade



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2021

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 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).

<b>PRODUCER</b> Leap/Carpenter/Kemps Insurance Agency 3187 Collins Drive Merced CA 95348	<b>CONTACT</b> NAME: Michelle Arredondo PHONE (A/C, No, Ext): 209-386-5079 E-MAIL: marredondo@lckinsurance.com FAX (A/C, No): 209-385-6141		
<b>INSURED</b> EMBRACE dba: Embrace Mental Health 3478 Buskirk Avenue, #260 Pleasant Hill CA 94523	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Nonprofit Ins Alliance of CA		10023
	INSURER B : Oak River Insurance Co.		34630
	INSURER C : Houston Casualty Company		42374
	INSURER D :		
	INSURER E :		
INSURER F :			

**COVERAGES**

CERTIFICATE NUMBER: 641214714

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	202121873	9/11/2021	9/11/2022	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ INCLUDED
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			202121873	9/11/2021	9/11/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			202121873UMB	9/11/2021	9/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	COWC248857	9/1/2021	9/1/2022	<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
A	Professional Liability			202121873	9/11/2021	9/11/2022	\$1,000,000/Occr \$3,000,000/Agg
A	Improper Sexual Conduct			202121873	9/11/2021	9/11/2022	\$1,000,000/Occr \$1,000,000/Agg
C	Cyber Liability			H21NGP21043900	9/11/2021	9/11/2022	\$1,000,000/Limit \$2,500/Retention

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

San Mateo Union High School District is named as additional insured by written contract

**CERTIFICATE HOLDER****CANCELLATION**

San Mateo Union High School District  
650 North 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

© 1988-2014 ACORD CORPORATION. All rights reserved.

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of COFY/Embrace													
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 (hours)	Monthly Max (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	COFY/Embrace	NPA Services - Agency linkages	Up to 50 hrs at \$210/hr	\$ 210.00							50.00		\$10,500.00
												Total:	\$10,500.00

# SAN MATEO UNION HIGH SCHOOL DISTRICT

## CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 10/08/2021

From: Special Education

---

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Community Option for Families and Youth/Embrace Mental Health

Reason for proposal:

To pay the mental health-related services cost for NPA, Community Option for Families and Youth for the 2021-2022 school year.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$10,500.00

Funding Source: General Fund-Special Education

Approved by:

Amber Vigil

10/08/2021

Stephanie Quezalez

10/12/2021

Personnel who oversees Site/Department budget

Vanessa Castano

10/14/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

10/15/2021

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 9/14/2021 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, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SMUHSD Nonpublic School /Agency COFY/Embrace

LEA Case Manager: Name Lauren Berlin (Asst Special Ed Director) Phone Number 650-558-2266 (L.Berlin)

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

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

DOB [REDACTED] Residential Setting: Home Foster LCI #          OTHER         

Parent/Guardian [REDACTED] Phone [REDACTED]

Address          City          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)							
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)			NPA – Embrace / COFY	Up to 50 hours	\$210 / hr	50 hours	\$10,500
Travel Training (870)							
Other Transition Services (890)							
Other (State Meal Mandate costs)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other:							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 10,500

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ 10,500

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-

EMBRACE Mental Health

(Name of Nonpublic School/Agency)

Megan Pattie

(Signature)

9/22/21

(Date)

Megan Pattie

(Name and Title)

Director of School-Related Services

-LOCAL EDUCATION AGENCY -

San Mateo Union High School District

(Name of LEA)

Holly Wade

(Signature)

9/22/21

(Date)

Holly Wade, Ph.D.

Director of Special Education

San Mateo Union High School District

Kevin Skelly

10-18-2021

Signature

Date

Kevin Skelly, Ph.D., Superintendent

[illegible]

№ 125/13

*Aufstellung nicht*

*[Illegible handwritten text]*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2021

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 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).

<b>PRODUCER</b> Leap/Carpenter/Kemps Insurance Agency 3187 Collins Drive Merced CA 95348	<b>CONTACT</b> NAME: Michelle Arredondo PHONE (A/C, No, Ext): 209-386-5079 E-MAIL: marredondo@lckinsurance.com FAX (A/C, No): 209-385-6141
<b>INSURED</b> EMBRACE dba: Embrace Mental Health 3478 Buskirk Avenue, #260 Pleasant Hill CA 94523	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Nonprofit Ins Alliance of CA INSURER B : Oak River Insurance Co. INSURER C : Houston Casualty Company INSURER D : INSURER E : INSURER F :

**COVERAGES**

CERTIFICATE NUMBER: 641214714

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	202121873	9/11/2021	9/11/2022	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ INCLUDED
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			202121873	9/11/2021	9/11/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			202121873UMB	9/11/2021	9/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	COWC248857	9/1/2021	9/1/2022	<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
A	Professional Liability			202121873	9/11/2021	9/11/2022	\$1,000,000/Occr \$3,000,000/Agg
A	Improper Sexual Conduct			202121873	9/11/2021	9/11/2022	\$1,000,000/Occr \$1,000,000/Agg
C	Cyber Liability			H21NGP21043900	9/11/2021	9/11/2022	\$1,000,000/Limit \$2,500/Retention

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

San Mateo Union High School District is named as additional insured by written contract

**CERTIFICATE HOLDER****CANCELLATION**

San Mateo Union High School District  
650 North 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

© 1988-2014 ACORD CORPORATION. All rights reserved.

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of COFY/Embrace													
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 (hours)	Monthly Max (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	COFY/Embrace	NPA Services - Agency linkages	Up to 50 hrs at \$210/hr	\$ 210.00							50.00		\$10,500.00
												Total:	\$10,500.00

# SAN MATEO UNION HIGH SCHOOL DISTRICT

## CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 10/15/2021

From: Special Education

---

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: La Europa Academy

Reason for proposal:

To pay the residential, education, and related services for a student attending NPS, La Europa Academy for 8 days during the 2021/2022 school year.

Certificate of Insurance: AmTrust North America, Inc.

Contract Amount: \$7,400.00

Funding Source: General Fund-Special Education

Approved by:

Amber Vigil

10/15/2021

Stephanie Quezalez

10/18/2021

Personnel who oversees Site/Department budget

Vanessa Castano

10/21/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

10/21/2021

Director of Budget and Fiscal Services

(Education Code Sections 56365 et seq.)

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency La Europa Academy

Phone Number 650-558-2265

**Sex:**

City

**Residential Setting:****Phone**

**(Residence)**

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
2. *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
3. *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 8 x Daily Rate \$250.00 = PROJECTED BASIC EDUCATION COSTS \$2,000.00

**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. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (436)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (480)							

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				
Individual Counseling (510)							
Counseling and guidance (515)							
Parent Counseling (520)							
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)							
Room and Board		X		18 days	\$300.00	18 days	\$5,400.00
Other (900)							

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				
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 5,400.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 7,400.00

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 -

La Europa Academy  
(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT  
(Name of LEA)

[Signature] 10/14/21  
(Signature) (Date)

[Signature] 10/15/21  
(Holly Wade, Ph.D., Director of Special Education) (Date)

Heather Rose Operations  
(Name and Title)

[Signature] 10-22-2021  
(Kevin Skelly, Ph.D., Superintendent) (Date)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2021

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 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).

<b>PRODUCER</b> Dixie Leavitt Agency 115 North Main Street PO Box 1744 Cedar City UT 84720		<b>CONTACT NAME:</b> Sonya Case <b>PHONE (A/C No. Ext):</b> (435) 586-9463 <b>FAX (A/C No.):</b> (435) 586-0609 <b>E-MAIL ADDRESS:</b> sonya-case@leavitt.com	
<b>INSURED</b> La Europa Academy, LLC, DBA: Kolob Canyon RTC & Reins of Change, LLC PO Box 575780 Murray UT 84121		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: AmTrust North America, Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 15954	

**COVERAGES****CERTIFICATE NUMBER: 21/22****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			WPP1849415	2/11/2021	2/11/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						Professional Liability \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			WPP1849415	2/11/2021	2/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$ 3,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			WPP1849415	2/11/2021	2/11/2022	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION****PROOF OF INSURANCE**

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

Sonya Case/SOCASE

*Sonya Case*

© 1988-2014 ACORD CORPORATION. All rights reserved.

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of La Europa													
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 (hours)	Monthly Max (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	La Europa	Inclusive and/or Basic Education Rate	8 days at \$250/day		\$ 250.00						8		\$2,000.00
		Room and board	18 days at \$300/day		\$ 300.00						18		\$5,400.00
												Total:	\$7,400.00