

SAN MATEO UNION HIGH SCHOOL DISTRICT

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

Submitted to the Board of Trustees on 10/22/2021

Requestor Name	Contract	Amount	Funding Source
Special Education	To pay the educational program and related services cost for a student attending NPS, ARISE Educational Center for the 2021-2022 school year.	\$76,229.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.	\$62,538.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.	\$103,810.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.	\$63,084.50	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.	\$100,660.00	General Fund - Special Education
Special Education	Contract for Occupational Therapist to provide Occupational Therapy services for the 2021-2022 school year	\$96,940.80	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, AchieveKids for the 2021-2022 school year.	\$90,084.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, AchieveKids for the 2021-2022 school year.	\$153,304.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, AchieveKids for the 2021-2022 school year.	\$123,876.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, AchieveKids for the 2021-2022 school year.	\$124,866.00	General Fund - Special Education
Special Education	To pay the residential, educational program, and related services cost for a student attending NPS, Diamond Ranch Academy for the 2021-2022 school year.	\$49,064.00	General Fund - Special Education
Special Education	To pay for transportation costs for a student attending Non-Public School for the 2021-2022 school year.	\$30,600.00	General Fund - Special Education
		\$1,075,056.30	TOTAL

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 09/28/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Spectrum Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co

Contract Amount: \$62,538.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

09/28/2021

Stephanie Quezalez

10/06/2021

Personnel who oversees Site/Department budget

Vanessa Castano

10/08/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

10/08/2021

Director of Budget and Fiscal Services

Yancy Hawkins

10/08/2021

Associate Superintendent, Chief Business Officer

**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 06/30/22 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 SPECTRUM CENTER

LEA Case Manager: Name HOLLY WADE, PH.D., 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] [REDACTED]

Address [REDACTED] (Residence) 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: 215 during the regular school year
215 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
30 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: \$265.00

Estimated Number of Days 210 x Daily Rate \$265.00 = PROJECTED BASIC EDUCATION COSTS \$55,650.00

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 (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)		✓		60 mins weekly	\$164 per hr	42 weeks	\$6,888.00
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)							
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Specialized Vision Services (725)							
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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 \$ 6,888.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 62,538.00

4. Other Provisions/Attachments:

Please send all invoices via email to specialdbilling@smuhsd.org

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 -

SPECTRUM CENTER – PENINSULA CAMPUS

(Name of Nonpublic School/Agency)

Candice Rafael

(Signature)

9/21/21

(Date)

Candice Rafael, Program Director

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade

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

1/22/21

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/22/2021

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A:</td><td>Philadelphia Indemnity Insurance Company</td><td>18058</td></tr> <tr> <td>INSURER B:</td><td>Hartford Accident and Indemnity Company</td><td>22357</td></tr> <tr> <td>INSURER C:</td><td>Ascot Specialty Insurance Company</td><td>45055</td></tr> <tr> <td>INSURER D:</td><td>Crum & Forster Specialty Insurance Company</td><td>44520</td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:	Hartford Accident and Indemnity Company	22357	INSURER C:	Ascot Specialty Insurance Company	45055	INSURER D:	Crum & Forster Specialty Insurance Company	44520	INSURER E:			INSURER F:		
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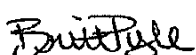
COVERAGES **CERTIFICATE NUMBER:** W21312061 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	PHPK2281408	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <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			PHPK2281408	06/01/2021	06/01/2022	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"/> 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			PHUB770291	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20 WN 852503	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability 2nd Layer \$5,000,000 Excess \$10,000,000			ESXS2110000280-01	06/01/2021	06/01/2022	Each Occurrence \$5,000,000 Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 This Voids and Replaces Previously Issued Certificate Dated 06/01/2021 WITH ID: W21155321.
 SEE ATTACHED

CERTIFICATE HOLDER

San Mateo County Office of Education Attn: SELPA Administrator 101 Twin Dolphin Dr. Redwood City, CA 94065	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 
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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

It is agreed that San Mateo County Office of Education, its Governing Board, its Officers, its Agents, and its Employees are included as an additional insured as respects to general liability as required by written contract.

INSURER AFFORDING COVERAGE: Crum & Forster Specialty Insurance Company **NAIC#:** 44520
POLICY NUMBER: SEO-113663 **EFF DATE:** 06/01/2021 **EXP DATE:** 06/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Umbrella 3rd Layer	Each Occurrence	\$5,000,000
\$5,000,000 Excess \$15,000,000	Aggregate	\$5,000,000

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Spectrum 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	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Spectrum Center	Educational program and related service costs											
		Inclusive and/or basic education program rate	210 days at \$265/day		\$ 265.00						210		\$55,650
		Individual counseling	60 min/wk at \$164/hr for 42 weeks	\$ 164.00							42		\$6,888
												Total:	\$62,538.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 10/07/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Spectrum Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co

Contract Amount: \$63,084.50

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 10/07/2021 Stephanie Quezalez 10/07/2021

Personnel who oversees Site/Department budget

Vanessa Castano 10/08/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 10/08/2021

Director of Budget and Fiscal Services

Yancy Hawkins 10/08/2021

Associate Superintendent, Chief Business Officer

(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 06/30/22 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 SPECTRUM CENTER

LEA Case Manager: Name HOLLY WADE, PH.D., 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:

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 215 during the regular school year
215 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
30 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: **\$265.00**

Estimated Number of Days 210 x Daily Rate \$265.00 = PROJECTED BASIC EDUCATION COSTS \$55,650.00

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 c. Consult		✓		b.4 hrs/mthly c. 15min/month	\$44 ½ hr. \$75 ½ hr	11	b.\$3,872.00 c. \$412.50
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)		✓		30 min/weekly	\$75 ½ hr \$150.00/hr	21 hours 42 weeks	\$3,150.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							

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				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
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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)		✓		45 min/yr	No charge		0
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 \$ 7,434.50

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 63,084.50

4. Other Provisions/Attachments:

Please send all invoices via email to specialdbilling@smuhdsd.org

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 -

SPECTRUM CENTER – PENINSULA CAMPUS

(Name of Nonpublic School/Agency)

Candice Rafael

(Signature)

9/22/21

(Date)

Candice Rafael, Program Director

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade

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

9/22/21

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/22/2021

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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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** W21312061**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2281408	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2281408	06/01/2021	06/01/2022	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB770291	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20 WN 852503	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability 2nd Layer \$5,000,000 Excess \$10,000,000			ESX92110000280-01	06/01/2021	06/01/2022	Each Occurrence \$5,000,000 Aggregate \$5,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 06/01/2021 WITH ID: W21155321.

SEE ATTACHED

CERTIFICATE HOLDERSan Mateo County Office of Education
Attn: SELPA Administrator
101 Twin Dolphin Dr.
Redwood City, CA 94065**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

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

It is agreed that San Mateo County Office of Education, its Governing Board, its Officers, its Agents, and its Employees are included as an additional insured as respects to general liability as required by written contract.

INSURER AFFORDING COVERAGE: Crum & Forster Specialty Insurance Company **NAIC#:** 44520
POLICY NUMBER: SEO-113663 **EFF DATE:** 06/01/2021 **EXP DATE:** 06/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Umbrella 3rd Layer	Each Occurrence	\$5,000,000
\$5,000,000 Excess \$15,000,000	Aggregate	\$5,000,000

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Spectrum 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	Monthly Max (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other of Months)	(# Contract Total
	Spectrum Center	Educational program and related service costs											
		Inclusive and/or basic education program rate	210 days @\$265/hr		\$ 265.00						210		\$55,650
		Language/Speech Therapy											
		b. Group	4 hrs/month @\$44/30 min session for 11 months					8		\$ 44.00		11	\$ 3,872.00
		c. Consult	15min/month at \$37.50/15 min session for 11 months					1		\$ 37.50		11	\$ 412.50
		Occupational Therapy	30min/wk for 42 weeks @\$75/30min session							\$ 75.00	42		\$ 3,150.00
												Total:	\$63,084.50

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 10/06/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: ARISE Educational Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, ARISE Educational Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co

Contract Amount: \$76,229.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 10/06/2021 Stephanie Quezalez 10/06/2021

Personnel who oversees Site/Department budget

Vanessa Castano 10/08/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 10/08/2021

Director of Budget and Fiscal Services

Yancy Hawkins 10/08/2021

Associate Superintendent, Chief Business Officer

**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 June 30, 2022, 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 ARISE Educational Center

LEA Case Manager: Name HOLLY WADE, PH.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2285

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

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

DOB [REDACTED] Residential Setting: [REDACTED]

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

Address [REDACTED] (Residence) City [REDACTED] (Business) 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
_____ during the extended school year
- Nonpublic School:** The number of school days in the calendar of the school year are: 181 during the regular school year
30 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: \$205/day

Estimated Number of Days 211 x Daily Rate \$205 = PROJECTED BASIC EDUCATION COSTS \$43,255.00

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 (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)		✓		60 min/weekly	\$128/hr	42 weeks	\$5,376.00
Counseling and guidance (515).		✓		60 min/weekly	\$54/hr	42 weeks	\$2,228.00 \$2,228.00 <u>\$2,268.00</u> <i>PD</i>
Parent Counseling (520)		✓		60 min/monthly	\$116/hr	11 months	\$1,276.00
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)							
Other (900)							
Transportation b. Transportation		✓		daily	\$114.00 (RT)	211	\$24,054.00
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST ~~\$32,934.00~~ \$32,974.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS ~~\$76,189.00~~ \$76,229.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Quarterly Monthly Other (Specify)

Requirements: _____

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

-CONTRACTOR-

-LEA -

ARISE EDUCATIONAL CENTER

(Name of Nonpublic School/Agency)

Raymond E. Glover

7-1-2021

(Signature)

Raymond E. Glover II, Exe Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade

9/15/21

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

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



RISEINS-01

JPETERSEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2021

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 License # 0C54782 Malloy Imrie & Vasconi Insurance Services, LLC 899 Adams Street Suite C St. Helena, CA 94574	CONTACT NAME: PHONE (A/C, No, Ext): (707) 963-2777 FAX (A/C, No): (707) 963-4073 E-MAIL ADDRESS: myagency@mivinsurance.com														
INSURED Arise Educational Center 1760 Cesar Chavez Street Suite RS San Francisco, CA 94124-1136	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Ins Co</td> <td></td> </tr> <tr> <td>INSURER B : Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></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 : Philadelphia Indemnity Ins Co		INSURER B : Everest National Insurance Company	10120	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Philadelphia Indemnity Ins Co															
INSURER B : Everest National Insurance Company	10120														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

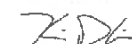
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	PHPK2292228	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 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 checked="" 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		PHPK2292228	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB773879	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input checked="" type="checkbox"/> 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/A	CA10003202211	1/23/2021	1/23/2022	<input checked="" type="checkbox"/> PER STATUTE 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 Liab		PHPK2292231	7/1/2021	7/1/2022	Aggregate \$ 1,000,000
A	Sexual Molestation		PHPK2292228	7/1/2021	7/1/2022	Abuse/Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 San Mateo County Office of Education; San Mateo SELPA are named as Additional Insureds for General Liability per form #PI-GLD-VS (05/17) with primary and non-contributory wording in respects to operations of the named insured.

CERTIFICATE HOLDER

CANCELLATION

San Mateo County Office of Education San Mateo SELPA 101 Twin Dolphin Drive Redwood City, CA 94065-1064	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 
--	--

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Arise Educational 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	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Arise Educational Center	Educational program and related service costs											
		Inclusive and/or basic education program rate	211 days at \$205/day		\$ 205.00						211		\$43,255
		Individual counseling	60 min/wk at \$128/hr for 42 weeks	\$ 128.00							42		\$5,376
		Counseling and guidance	60 min/wk at \$54/hr for 42 weeks	\$ 54.00							42		\$2,268
		Parent counseling	60 min/wk at \$115/hr for 11 months	\$ 115.00							11		\$1,265
		Transporatation	211 days at \$114/day	\$ 114.00							211		\$24,054
												Total:	\$76,218.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 10/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Spectrum Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co

Contract Amount: \$103,810.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 10/07/2021 Stephanie Quezalez 10/07/2021

Personnel who oversees Site/Department budget

Vanessa Castano 10/08/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 10/08/2021

Director of Budget and Fiscal Services

Yancy Hawkins 10/08/2021

Associate Superintendent, Chief Business Officer

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

This agreement is effective on 07/01/2020 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 06/30/22, 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 SPECTRUM 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] ()

Address [REDACTED] (Residence) City [REDACTED] (Business) State/Zip [REDACTED]
(If different from primary)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 215 during the regular school year
215 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
30 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: \$265.00

Estimated Number of Days 210 x Daily Rate \$265.00 = PROJECTED BASIC EDUCATION COSTS \$55,650.00

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)		✓		1875 min/wk	\$201 p/day	210	\$42,210.00
Language/Speech Therapy (415) a. Individual b. Group		✓		60 min/wk	\$100.00	28 hours	\$2,800.00
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)		✓		30 min/wk	\$150 hr	42 weeks 21 hrs	\$3,150.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							

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				
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)		✓		60 min/month	Included in Rate		n/c
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 \$ 48,160.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 103,810.00

4. Other Provisions/Attachments:

Please send all invoices via email to specialdbilling@smuhdsd.org

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 -

SPECTRUM CENTER – PENINSULA CAMPUS

(Name of Nonpublic School/Agency)

Candice Rafael

(Signature)

9/21/21

(Date)

Candice Rafael, Program Director

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade

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

9/22/21

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/22/2021

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER B:</td><td>Hartford Accident and Indemnity Company</td><td>22357</td></tr><tr><td>INSURER C:</td><td>Ascot Specialty Insurance Company</td><td>45055</td></tr><tr><td>INSURER D:</td><td>Crum & Forster Specialty Insurance Company</td><td>44520</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:	Hartford Accident and Indemnity Company	22357	INSURER C:	Ascot Specialty Insurance Company	45055	INSURER D:	Crum & Forster Specialty Insurance Company	44520	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Philadelphia Indemnity Insurance Company	18058																				
INSURER B:	Hartford Accident and Indemnity Company	22357																				
INSURER C:	Ascot Specialty Insurance Company	45055																				
INSURER D:	Crum & Forster Specialty Insurance Company	44520																				
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** W21312061**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2281408	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2281408	06/01/2021	06/01/2022	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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			PHUB770291	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20 WN 852503	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability 2nd Layer \$5,000,000 Excess \$10,000,000			ESX92110000280-01	06/01/2021	06/01/2022	Each Occurrence \$5,000,000 Aggregate \$5,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 06/01/2021 WITH ID: W21155321.

SEE ATTACHED

CERTIFICATE HOLDERSan Mateo County Office of Education
Attn: SELPA Administrator
101 Twin Dolphin Dr.
Redwood City, CA 94065**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

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

It is agreed that San Mateo County Office of Education, its Governing Board, its Officers, its Agents, and its Employees are included as an additional insured as respects to general liability as required by written contract.

INSURER AFFORDING COVERAGE: Crum & Forster Specialty Insurance Company **NAIC#:** 44520
POLICY NUMBER: SEO-113663 **EFF DATE:** 06/01/2021 **EXP DATE:** 06/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Umbrella 3rd Layer	Each Occurrence	\$5,000,000
\$5,000,000 Excess \$15,000,000	Aggregate	\$5,000,000

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Spectrum 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	Monthly Max (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Spectrum Center	Educational program and related service costs											
		Inclusive and/or basic education program rate	210 days @\$265/hr		\$ 265.00						210		\$55,650
		Intensive Individual Services	1875 min/wk @\$201/day for 210 days		\$ 201.00						210		\$42,210
		Language Speech Therapy											
		b. Individual	60min/wk @\$100/hr for 28 hours							\$ 100.00	28		\$2,800
		Occupational Therapy	30min/wk @\$150/hr for 21 hours	\$ 150.00						\$ 75.00	42		\$3,150
												Total:	\$103,810.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 10/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Spectrum Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Spectrum Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co

Contract Amount: \$100,660.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 10/07/2021 Stephanie Quezalez 10/07/2021

Personnel who oversees Site/Department budget

Vanessa Castano 10/08/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 10/08/2021

Director of Budget and Fiscal Services

Yancy Hawkins 10/08/2021

Associate Superintendent, Chief Business Officer

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

This agreement is effective on 07/01/2020 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 06/30/22, 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 SPECTRUM CENTER

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

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

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

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED]

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

AGREEMENT TERMS:

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 215 during the regular school year
215 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
30 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: \$265.00

Estimated Number of Days 210 x Daily Rate \$265.00 = PROJECTED BASIC EDUCATION COSTS \$55,650.00

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)		✓		1875 min/wk	\$201 p/day	210	\$42,210.00
Language/Speech Therapy (415) a. Individual b. Group		✓		60 min/wk	\$100.00	28 hours	\$2,800.0
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).							

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				
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)		✓		60 min/month	Included in Rate		n/c
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 \$ 45,010.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 100,660.00

4. Other Provisions/Attachments:

Please send all invoices via email to specialdbilling@smuhsd.org

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 -

SPECTRUM CENTER – PENINSULA CAMPUS

(Name of Nonpublic School/Agency)

Candice Rafael

(Signature)

9/21/21

(Date)

Candice Rafael, Program Director

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade 9/21/21

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

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/22/2021

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).

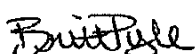
PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A:</td><td>Philadelphia Indemnity Insurance Company</td><td>18058</td></tr> <tr> <td>INSURER B:</td><td>Hartford Accident and Indemnity Company</td><td>22357</td></tr> <tr> <td>INSURER C:</td><td>Ascot Specialty Insurance Company</td><td>45055</td></tr> <tr> <td>INSURER D:</td><td>Crum & Forster Specialty Insurance Company</td><td>44520</td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:	Hartford Accident and Indemnity Company	22357	INSURER C:	Ascot Specialty Insurance Company	45055	INSURER D:	Crum & Forster Specialty Insurance Company	44520	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:	Ascot Specialty Insurance Company	45055																				
INSURER D:	Crum & Forster Specialty Insurance Company	44520																				
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** W21312061 **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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	PHPK2281408	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <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			PHPK2281408	06/01/2021	06/01/2022	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"/> 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			PHUB770291	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20 WN 852503	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability 2nd Layer \$5,000,000 Excess \$10,000,000			ESX92110000280-01	06/01/2021	06/01/2022	Each Occurrence \$5,000,000 Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 This Voids and Replaces Previously Issued Certificate Dated 06/01/2021 WITH ID: W21155321.
 SEE ATTACHED

CERTIFICATE HOLDER San Mateo County Office of Education Attn: SELPA Administrator 101 Twin Dolphin Dr. Redwood City, CA 94065	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 
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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

It is agreed that San Mateo County Office of Education, its Governing Board, its Officers, its Agents, and its Employees are included as an additional insured as respects to general liability as required by written contract.

INSURER AFFORDING COVERAGE: Crum & Forster Specialty Insurance Company **NAIC#:** 44520
POLICY NUMBER: SEO-113663 **EFF DATE:** 06/01/2021 **EXP DATE:** 06/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Umbrella 3rd Layer	Each Occurrence	\$5,000,000
\$5,000,000 Excess \$15,000,000	Aggregate	\$5,000,000

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Spectrum 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	Monthly Max (sessions)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Spectrum Center	Educational program and related service costs											
		Inclusive and/or basic education program rate	210 days @\$265/hr		\$ 265.00						210		\$55,650
		Intensive Individual Services	1875 min/wk @\$201/day for 210 days		\$ 201.00						210		\$42,210
		Language Speech Therapy b. Individual	60min/wk @\$100/hr for 28 hours							\$ 100.00	28		\$2,800
												Total:	\$100,660.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

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 2021-2022 school year.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$153,304.00

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

Yancy Hawkins 10/15/2021

Associate Superintendent, Chief Business Officer

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

REVISED

This agreement is effective 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 June 30, 2022, 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: _____

(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: _____ 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: 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 218 x Daily Rate \$ 339.00 = PROJECTED BASIC EDUCATION COSTS \$73,902.00

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)		X		Daily	\$116.00	218	\$25,288.00
Language/Speech Therapy (415) a. Individual b. Group c. Consult		X		a) 2 x 30 min / wk	\$90.00 / ½ hr	46	\$8280.00
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) Individual Consult		X		30 min/wk 30 min mo	\$90.00/ 1/2 hr \$90.00/ ½ hr	46 12	\$4140.00 \$1080.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515). Group							
Parent Counseling (520)							

Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		X		60 min/Weekly	\$171.00 / wk	46	\$7866.00
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 Assessment, Counseling, Guidance and Career Assessment (830)		x		60 min/Weekly	\$129.00	46	\$5934.00
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (State Meal Mandate costs)							
Transportation		x			\$98.00/day	218	\$21,364.00
Covid 19 transportation surcharge		x			\$25.00/day	218	\$5450.00
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$79,402.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 153,304.00

4. Other Provisions/Attachments:

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).

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

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"/> COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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

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ACORD 25 (2016/03)

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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	218 days @\$339/day		\$ 339.00						218		\$73,902
		Intensive Individual Services	218 days @\$116/day							\$ 116.00	218		\$25,288
		Language/Speech Therapy - Individual	(2) 30min sessions/week at \$90 per session for 46 weeks				2			\$ 90.00	46		\$8,280
		Occupational Therapy	30min/wk @\$90 per 30min for 46 weeks							\$ 90.00	46		\$4,140
		Individual Consult	30min/month @\$90 per 30min for 12 months							\$ 90.00	12		\$1,080
		Behavior Intervention Services	60min/wk @\$171 per hour for 46 weeks							\$ 171.00	46		\$7,866
		Vocational Assessment, Counseling, Guidance and Career Assessment	60min/wk @\$129 per hour for 46 weeks							\$ 129.00	46		\$5,934
		Transportation	\$98/day for 16 days							\$ 98.00	218		\$21,364
		Covid transportation surcharge	\$25/day for 16 days							\$ 25.00	218		\$5,450
												Total:	\$153,304.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

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 2021-2022 school year.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$123,876.00

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

Yancy Hawkins 10/15/2021

Associate Superintendent, Chief Business Officer

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

This agreement is effective on 7/1/21 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 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) _____ State/Zip _____

(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 218x Daily Rate \$339.00 = PROJECTED BASIC EDUCATION COSTS \$73,902.00

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)							
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							
b. Consult							

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		a) 1 x 45 min / wk b) 1 x 30 min / wk	\$90.00 / ½ hr \$45.00 / ½ hr	46 46	\$6210.00 \$2070.00
a. Individual							
b. Group							
Counseling and guidance (515). parent		x		1x30min/mo.	\$90.00/ ½ hr	12	\$1080.00
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		X		60 min/Weekly	\$171.00	46	\$7866.00
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 Assessment, Counseling, Guidance and Career Assessment (830)		x		60 min/Weekly	\$129.00	46	\$5934.00
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							

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 Transition Services (890)							
Other (900)J							
Other (900)							
Transportation		X			\$98.00 / day	218 days	\$21,364.00
Covid19 transportation surcharge		x			\$25.00/day	218 days	\$5450.00
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 49,974.00TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 123,876.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)
 October 2021, January 2022, March 2022, June 2022

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

-CONTRACTOR-

-LEA -

AchieveKids

(Name of Nonpublic School/Agency)

DocuSigned by:

Tom Drechsler

9/28/2021

9F2B659ADF9F46D...

(Signature)

(Date)

Tom Drechsler, Program Director

Name and Title)

San Mateo Union High School District(Name of
LEA)

Holly Wade

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

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).

PRODUCER Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107 www.boltonco.com 0008309		CONTACT NAME: PHONE (A/C. No. Ext): (626) 799-7000 FAX (A/C. No): (626) 583-2117 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: NonProfits Insurance Alliance of California	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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"/> COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <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 \$
	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 / A				PER STATUTE OTH-ER 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

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ACORD 25 (2016/03)

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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	218 days @\$339/day		\$ 339.00						218		\$73,902
		Individual	45min session/week at \$135 per session for 46 weeks							\$ 135.00	46		\$6,210
		Group	30min/wk @\$45 per 30min for 46 weeks							\$ 45.00	46		\$2,070
		Counseling and Guidance	30min/month @\$90 per 30min for 12 months							\$ 90.00	12		\$1,080
		Behavior Intervention Services	60min/wk @\$171 per hour for 46 weeks							\$ 171.00	46		\$7,866
		Vocational Assessment, Counseling, Guidance and Career Assesement	60min/wk @\$129 per hour for 46 weeks							\$ 129.00	46		\$5,934
		Transportation	\$98/day for 16 days							\$ 98.00	218		\$21,364
		Covid transportation surcharge	\$25/day for 16 days							\$ 25.00	218		\$5,450
												Total:	\$123,876.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 10/12/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Diamond Ranch Academy

Reason for proposal:

To pay the residential, educational program, and related services cost for a student attending NPS, Diamond Ranch Academy for the 2021-2022 school year.

Certificate of Insurance: Church Mutual Insurance Company

Contract Amount: \$49,064.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 10/12/2021 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

Yancy Hawkins 10/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Diamond Ranch													
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
	Diamond Ranch	Educational program and related service costs											
		Inclusive and/or basic education program rate	100 days @\$132.44/day		\$ 132.44						100		\$13,244
		Room and Board	\$199.80/day for 100 days							\$ 199.80	100		\$19,980
		Mental Health Services	\$158.40/day for 100 days							\$ 158.40	100		\$15,840
												Total:	\$49,064.00

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

August 6, 2021

This agreement is effective on ___ 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 Diamond Ranch Academy

LEA Case Manager: Lauren Berlin, Asst Director Special Ed Phone Number 650-558-2266

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

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

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [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: 180 during the regular school year
9 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: \$132.44

Estimated Number of Days 100 x Daily Rate _____ = **PROJECTED BASIC EDUCATION COSTS** \$13,244.00

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 (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)			NPS/RTC - Diamond Ranch	120 min/month	Inclusive		N/A Inclusive
Counseling and guidance (515).			NPS/RT C - Diamond Ranch	120 min/month	Inclusive		N/A Inclusive
Parent Counseling (520)			NPS/RT C - Diamond Ranch	60 minutes weekly	Inclusive		N/A Inclusive
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 (State Meal Mandate costs)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other: Room and Board (100 days)			NPS/RT C - Diamond Ranch	100 days	\$199.80	100	\$19,980.00
Other Mental Health Services			NPS/RTC Diamond Ranch	100 days	\$158.40	100	\$15,840.00

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$35,820.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$49,064.00

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-	-LOCAL EDUCATION AGENCY -
Diamond Ranch Academy	<i>SMUHS</i>
(Name of Nonpublic School/Agency)	(Name of LEA)
<i>Reeve Knighton</i> 8/26/21	<i>Holly Wade</i> 9/1/21
(Signature) (Date)	(Signature) (Date)
Reeve Knighton, Director of Academics & Special Education	<i>Holly Wade, Director of Special Education</i>
(Name and Title)	(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature Date
Kevin Skelly, Ph.D., Superintendent

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 09/30/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: The Speech Pathology Group

Reason for proposal:

Contract for Occupational Therapist to provide Occupational Therapy services for the 2021-2022 school year

Certificate of Insurance: Republic Indemnity Company of America

Contract Amount: \$96,940.80

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 09/30/2021 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

Yancy Hawkins 10/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Speech Pathology Group													
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
	Speech Pathology Group	Occupational Therapy Services	\$81/hr for 32 hrs/week for 37.4 weeks	\$ 81.00			32				37.40		\$96,940.80
												Total:	\$96,940.80

The Speech Pathology Group, Inc.

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

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

THIS AGREEMENT is effective July 1, 2021 by and between the San Mateo Union High School District (hereinafter "District") and The Speech Pathology Group, Inc., (hereinafter "Contractor").

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

1. Performance of Services:

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

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

3. **Contract Term and Termination:** This Agreement will become effective on July 1, 2021. This Agreement will terminate upon the completion of the Services (as stated in addendums A (Speech) and/or B (Behavior) and/or C (Psychological Services) and/or D (Occupational Therapy Services) and/or E (Physical Therapy Services) and/or F (Mental Health) and/or G (Education) or when terminated as set forth below.

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

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

DISTRICT

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

CONTRACTOR

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

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

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

employees and volunteers, unless CONTRACTOR determines that the volunteers will have no direct contact with LEA pupils, prior to service with any LEA pupil. CONTRACTOR hereby agrees that CONTRACTOR'S employees and volunteers, unless CONTRACTOR determines that the volunteers will have no direct contact with LEA pupils, shall not come in contact with LEA pupils until CDOJ and FBI clearance are ascertained. CONTRACTOR shall certify in writing to LEA that none of its employees, and volunteers, unless CONTRACTOR determines that the volunteers will have no direct contact with LEA pupils, or contractors, who may come into contact with LEA pupils have been convicted of a violent or serious felony as those terms are defined in California Education Code section 44237(h), unless despite the employee's conviction of a violent or serious felony, he or she has met the criteria to be eligible for employment pursuant to California Education Code section 44237 (i) or (j). In addition, CONTRACTOR shall make a request for subsequent arrest service from the CDOJ as required by California Penal Code section 11105.2.

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

9. **Caseload Maximum:**

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

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

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

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

11. **Indemnification:**

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

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

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

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

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

18. **List of Services to be Performed by Contractor:**

- a. Speech-Language Services: Contractor will provide Services that align with the scope and practice for Speech and Language Pathology, as defined by the California Speech-Language Pathology and Audiology Board, for provision of speech/language therapy services in the public-school setting. Services to include direct and indirect activities as they pertain to eligible students on caseload and in accordance with the Individual Education Plan (IEP) which will define the type and frequency of service that each student is to receive.

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

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

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written. This contract is effective on July 1, 2021, and terminates on June 30, 2022, unless sooner terminated as provided herein.

DISTRICT



Name and Title of Authorized Representative
San Mateo Union High School District



Signature

9/29/21

Date

CONTRACTOR

Susan Stark

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

7/22/21

Date

As of: 7/21/2021

Amount

\$96,940.80

96,940.80

... ..

15 JULY 2004

Amount

Category	Value
Total SAS \$	1000000

Total 2021-2022 Services: \$ 96,940.80

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

The contracting NPA understands that the District will provide computer access to contracted staff for SEIS access and input and for other required documentation. The NPA will provide all diagnostic and therapy materials to contracted service providers with the understanding that District agrees to provide appropriate and necessary test protocols, as test protocols are part of the student's record and are retained in student's file.

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

7/21/2021
Date

9/25/29

Date _____




Staff Clearances and Annual Required Notices

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

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

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



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

6/3/21
Date

5/26/16

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

Please let me know if you have any further questions.

Jamie Yaudes
Senior Account Manager



Arthur J. Gallagher & Co.

3697 Mt. Diablo Blvd., Suite 300, Lafayette, CA 94549
o925.627.8200 | f925.299.0328

Jamie_Yaudes@ajg.com

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

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

b. Real Estate Manager

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

c. Temporary Custodians Of Your Property

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

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

d. Legal Representative If You Die

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

e. Unnamed Subsidiary

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

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

3. Newly Acquired Or Formed Organization

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

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

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

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

4. Operator Of Mobile Equipment

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

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

5. Operator of Nonowned Watercraft

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

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

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

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

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

BUSINESS LIABILITY COVERAGE FORM

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

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

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

a. Vendors

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

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

This insurance does not apply to:

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

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

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

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

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

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

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

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

b. Lessors Of Equipment

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

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

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 2021-2022 school year.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$124,866.00

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

Yancy Hawkins

10/15/2021

Associate Superintendent, Chief Business Officer

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	218 days @\$339/day		\$ 339.00						218		\$73,902
		Occupational Therapy - Individual	30min session/week at \$90 per session for 46 weeks							\$ 90.00	46		\$4,140
		Individual Counseling	30min session/week at \$90 per session for 46 weeks							\$ 90.00	46		\$4,140
		Counseling - Group	30min session/week at \$45 per session for 46 weeks							\$ 45.00	46		\$2,070
		Behavior Intervention Services	60min/wk @\$171 per hour for 46 weeks							\$ 171.00	46		\$7,866
		Vocational Services	60min/wk @\$129 per hour for 46 weeks							\$ 129.00	46		\$5,934
		Transportation	\$98/day for 16 days							\$ 98.00	218		\$21,364
		Covid transportation surcharge	\$25/day for 16 days							\$ 25.00	218		\$5,450
												Total:	\$124,866.00

**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 June 30, 2022 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 _____ (Residence) _____ (Business) _____

Address _____ (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 218 x Daily Rate \$339.00 = **PROJECTED BASIC EDUCATION COSTS** \$73,902.00

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							
.000Language/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)							

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				
Occupational Therapy (450) a. Individual b. consult		X		a) 1 x 30 min / wkly	\$90.00 / ½ hr	46	\$4140.00
Physical Therapy (460)							
Individual Counseling (510)		X		1 x 30 min / wkly	\$90.00 / ½ hr	46	\$4140.00
Counseling - Group		X		1 x 30 min / wkly	\$45.00 / ½ hr.	46	\$2070.00
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		X		60 min/Weekly	\$171.00	46	\$7866.00
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	46	\$5934.00
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							

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				
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation		X		218 days	\$98.00 / day	218	\$21364.00
Covid 19 transportation surcharge		x		218 days	\$25.00/day	218	\$5450.00
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$50,964.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 124,866.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)
October 2021, January 2022 March 2022, June 2022

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:

Tom Drechsler

9/28/2021

(Signature)

(Date)

(Signature)

(Date)

Tom Drechsler, Program Director

(Name and Title)

Holly Wade, Ph.D., Director of Special Education
(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

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).

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

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"/> COMMERCIAL GENERAL LIABILITY <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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR 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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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

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ACORD 25 (2016/03)

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 10/12/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Transstar Sedan Service

Reason for proposal:

To pay for transportation costs for a student attending Non-Public School for the 2021-2022 school year.

Certificate of Insurance: Church Mutual Insurance Company

Contract Amount: \$30,600.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

10/12/2021

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

Yancy Hawkins

10/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Transstar													
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
	Transstar	Transportation Services	204 days at \$150/day		\$ 150.00						204		\$30,600
												Total:	\$30,600.00

SPECIAL EDUCATION DEPARTMENT
SAN MATEO UNION HIGH SCHOOL DISTRICT
650 N DELAWARE STREET
SAN MATEO, CA 94401
(650) 558-2299

This Transportation Service Agreement entered into by and between the San Mateo Union High School District and Transstar Sedan & Limousine Service for the transport of:

Student: [REDACTED]

Pick Up AM/Drop off PM

Address: [REDACTED]

Home Phone: [REDACTED]

Parent: [REDACTED]

Drop Off AM/Pick Up PM:

Address: [REDACTED]

School Hours:

Mon, Tues, Thurs & Fri: 9 am to 2:30pm

Wed: 9 am to 1pm

Price: \$75 each way; \$150.00 RT

Total for School Year (204 days): \$30,600.00

The Transportation service is for the 2021-2022 school year and is subject to change or cancellation by either party.

The District will pay for completed trips on days that [REDACTED] is in attendance at Oak Hill School in San Anselmo, CA.

Parents are to call Transstar Sedan/Limousine (650) 225-9000 directly for cancelled trips.

By: [Signature]

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

Date: 8/13/21

By: _____

Kevin Skelly, Ph.D. Superintendent

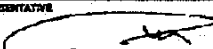
Date: _____

By: [Signature]

Bo' Santiago

Date: 8/11/21

Transstar Sedan/Limousine Service
(650) 225-9000

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE 08/18/21																																					
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.																																									
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PRODUCER CESAR S GERARDO DAS BROKERS INC 28120 Eden Landing Road Ste 5 Hayward, CA 94545 BD-64095		INSURED RICARDO P SANTIAGO & SUSAN A SANTIAGO M 218 SHAW ROAD, 14A SOUTH SAN FRANCISCO, CA 94080																																							
INSURER A: UNITED SPECIALTY INSURANCE CO. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		AGENCY: BO SANTIAGO TEL: (650) 342-4303 FAX: (650) 342-4271 E-MAIL: cesar@cedasbrokers.com ADDRESS:																																							
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:																																					
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CERTIFICATE HOLDER		CANCELLATION																																							
SAN MATEO UNION HIGH SCHOOL DISTRICT 640 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 																																							

ACORD 25 (2016/03)

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

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 2021-2022 school year.

Certificate of Insurance: NonProfits Insurance Alliance of California

Contract Amount: \$90,084.00

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

Yancy Hawkins 10/15/2021

Associate Superintendent, Chief Business Officer

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	218 days @\$339/day		\$ 339.00						218		\$73,902
		Occupational Therapy - Ind. Consult	30min/wk @\$90 per 30 min session for 46 weeks							\$ 90.00	46		\$4,140
		Individual Counseling	30min/wk @\$90 per 30 min session for 46 weeks							\$ 90.00	46		\$4,140
		Vocational Assessment, Counseling, Guidance, Career Assessment	60min/wk @\$129 per hour for 46 weeks							\$ 129.00	46		\$5,934
		Transportation	\$98/day for 16 days							\$ 98.00	16		\$1,568
		Covid transportation surcharge	\$25/day for 16 days							\$ 25.00	16		\$400
												Total:	\$90,084.00

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

REVISED

This agreement is effective July 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, 2022, 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: _____
(Last) (First) (M.I.)

Address _____ 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: _____ 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: 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 218 x Daily Rate \$ 339.00 = PROJECTED BASIC EDUCATION COSTS \$73,902.00

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 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) Individual Consult		x		1x30min/wkly	\$90.00/1/2 hr	46	\$4140.00
Physical Therapy (460)							
Individual Counseling (510)		x		1x30min/wkly	\$90.00/1/2hr	46	\$4140.00
Counseling and guidance (515). Group							
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)		x		60 mins/wkly	\$129/wk	46	\$5934.00
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (State Meal Mandate costs)							
Transportation		x		Daily	\$98.00/day	16	\$1568.00
Covid 19 transportation surcharge		x		Daily	\$25.00/day	16	\$400.00
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 16,182.00TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 90,084.00

4. Other Provisions/Attachments:

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.

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PRODUCER Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107 www.boltonco.com 0008309	CONTACT NAME: PHONE (A/C, No. Ext): (626) 799-7000 FAX (A/C, No): (626) 583-2117 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: NonProfits Insurance Alliance of California INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Achieve Kids 3660 Middlefield Road Palo Alto CA 94303	NAIC # 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"/> COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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

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ACORD 25 (2016/03)

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