

SAN MATEO UNION HIGH SCHOOL DISTRICT

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

Submitted to the Board of Trustees on 6/23/2022

Vendor/Contractor	Site/Dept	Reason for Proposal	Funding Source	Amount
KidzJet Inc.	Special Education	To pay for student's round trip transportation cost; to and from home/NPS-Cypress School.	Fund 01 - Special Education	144,610.00
The Avalon Academy	Special Education	FY22-23 including ESY, To pay for the educational program and related services for a student attending NPS	Fund 01 - Special Education	158,565.00
The Avalon Academy	Special Education	FY22-23 including ESY, To pay for the educational program and related services for a student attending NPS	Fund 01 - Special Education	122,277.00
The Avalon Academy	Special Education	FY22-23 including ESY, To pay for the educational program and related services for a student attending NPS	Fund 01 - Special Education	146,273.00
			TOTAL	\$ 571,725.00

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over \$25K)

To: Board of Trustees

Date: 06/16/2022

From: Special Education

Site(s) or Department: Special Education

Number of Quotes: 0

Vendor/Contractor: KidzJet, Inc.

Reason for proposal:

To pay for student's round trip transportation cost; to and from home/NPS-Cypress School.

Certificate of Insurance: Protective Insurance Company

Contract Amount: \$144,610.00

Funding Source: General Fund - Special Education

Approved by:

Holly Wade 06/16/2022
Administrator

Vanessa Castano 06/16/2022
Manager of Purchasing

Valerie Miller 06/16/2022
Director of Budget and Fiscal Services

Yancy Hawkins 06/16/2022
Associate Superintendent, Chief Business Officer

Accounting Personnel: SQ

Board Approval Date:

Transportation Agreement for 2022-23 School Year

This Transportation Agreement (“Agreement”) is a contract between KidzJet, Inc. (“KidzJet”) and **San Mateo Union High School District** (“School”) by which KidzJet agrees to provide scheduled transportation services to School’s students pursuant to the following terms and conditions:

1. KidzJet agrees to provide transportation to and/or from the designated locations for the agreed upon dates of service. Pick up and drop off schedule is noted in item # 17. KidzJet transportation services shall be provided in accordance with California and local laws and regulations.
2. KidzJet represents that the transportation services provided pursuant to this contract are exempt from California Public Utilities Commission regulation pursuant to Public Utilities Code Section 226(b), which provides that "(b) ‘Passenger stage corporation’ does not include that part of the operations of any corporation or person engaged in the ownership, control, operation, or management of any passenger stage over any public highway in this state, whether between fixed termini or over a regular route or otherwise, engaged in the transportation of any pupils or students to and from a public or private school, college, or university, or to and from activities of a public or private school, college, or university, where the rate, charge, or fare for that transportation is not computed, collected, or demanded on an individual fare basis.”
3. KidzJet can outsource a portion of the services provided under this Agreement to a third-party, including KidzJet partners, on the condition that: a. KidzJet retains co-responsibility for all aspects of said third-party’s acts or omissions; b. the third-party fully complies with all applicable laws, regulations and ordinances; and c. the third-party carries the same types and levels of insurance as described in paragraph 9 below, and KidzJet provides School with copies of the policies as well as any riders or changes to the policies. It is KidzJet’s exclusive responsibility to ensure that it contracts with a third-party that the relationship is, in fact, a bona fide independent contractor, and neither the third-party nor those providing services through the third-party are serving as common law employees of School. The parties recognize that School is not in the business of providing transportation for its students to and from their residences and the school. KidzJet agrees to indemnify and hold the School harmless from any claim made by its third-party contractor as well as any employee of or contracting individual with the third-party.
4. KidzJet does not provide specialized equipment (such as special or adapted buses, lifts, and ramps), and may not be required to provide special transportation for a child with a disability under this Agreement.
5. KidzJet will strive to provide on-time services; however, under no circumstance shall KidzJet, its employees or its contractors transport School’s students in an unsafe or reckless manner or violate any driving laws or ordinances. Likewise, KidzJet’s drivers shall not use a cell phone or engage in text messaging while driving. If necessary, to do

so, the driver must pull over in a safe manner and park the vehicle before using the phone or texting. KidzJet pick up and drop off time estimates are +/- 15 minutes of scheduled time(s) and can vary based on traffic flow and weather conditions, and thus are subject to change. Other contingencies like traffic congestions, accidents along the route and other students being late can also cause delays, which are beyond KidzJet control. KidzJet shall not be held responsible for such delays. KidzJet will inform the School administrator if there is a delay.

6. Seat belts or child restraint chairs are required for all passengers on KidzJet vehicles. KidzJet reserves the right to terminate transportation for any child that does not cooperate with the use of seat belts or car seats. All discipline problems shall be reported to the School in writing following completion of the route. Procedures and regulations for the administration of discipline shall be established cooperatively between the School and KidzJet.
7. Kidzjet is not liable for the health, safety or welfare of School's students once they are dropped at the agreed destination; however, Kidzjet shall not leave any student unattended.
8. Any damage to Kidzjet property/vehicle caused by a rider is the responsibility of the School.
9. COVID-19: Given COVID-19 outbreak, we require all riders and Kidzjet employees to follow safety guidelines published by State, County and CDC. These guidelines include:
 1. Personal Protective Equipment: Its required that all students and driver at all times are required to wear face coverings and proper personal protective equipment during ride and while getting in and out of the van.
 2. Kidzjet will require all students to follow CDC and local guidelines by keeping student home if they show symptoms of COVID-19. Kidzjet can check the rider temperature using infra-red electronic equipment. Kidzjet has the right to refuse ride to any student if they show symptoms of COVID-19 or refuse to follow the Kidzjet van rules.
 3. All students will be required to follow safe distancing. Student can only be seated in assigned seats and will not be allowed to move around during the ride.
 4. Windows will be kept open to provide air circulation. Air conditioning will be turned off at all times.
 5. All students will follow safe distancing guidelines when getting in and out of the van.
 6. School and student will have responsibility to inform Kidzjet about any student/teacher if they test positive for COVID-19 or came in contact with someone who has been tested positive. Kidzjet will share the same information with the school about its employees.
 7. Students should only ride at their own risk knowing that they may be at the risk of exposure to COVID-19. These are unprecedented circumstances and Kidzjet is

not liable for any damage whatsoever. Please refer to COVID-19 Waiver form. Only riders who have signed the waiver will be allowed to ride the van,

10. **Insurance:** KidzJet shall provide, pay for and maintain in effect during the term of this Agreement, insurance as follows: a. Workers Compensation as required by law to a minimum of \$1,000,000 per occurrence; b. General Commercial Liability and Property Damage Insurance in the minimum aggregate amount of \$ 2,000,000; c. Commercial Automobile Liability Insurance to a minimum of \$1,500,000 per occurrence. The policies shall not be claims-made. The policies shall provide for thirty (30) day written notice of cancellation or material change. Within five (5) days of the execution of this Agreement, KidzJet shall provide School with a certificate of such insurance policies on which School is named as additional insured. The obligation to carry insurance shall not limit or modify any other obligations assumed by KidzJet under this Agreement. School shall not be under any duty to examine such insurance certificate(s) or to advise KidzJet in the event the insurance is not in compliance with the terms of this Agreement. However, KidzJet shall provide School with current copies of all of the above insurance policies upon School's request, including any changes or riders to any of the policies.
11. **Indemnification:** To the fullest extent permitted by law, KidzJet shall indemnify and hold harmless, and at School's option, defend the School, and its Board of Trustees, employees, representatives, and agents from and against any and all suits, actions, legal proceedings, claims, demands, damages, losses and expenses including attorneys' fees, arising out of or resulting from the acts or omissions by KidzJet, including a claim, damage, loss or expense attributable to: (1) bodily injury, sickness, disease or death to any person, including the School's staff, KidzJet's employees, contractors, subcontractors, agents, representatives, guests or invitees; (2) injury to or destruction of property (including property of the KidzJet or the KidzJet's employees, contractors, subcontractors, agents, representatives, guests or invitees); (3) claims of liens from the KidzJet's employees, contractors, subcontractors, agents, representatives, guests or invitees; or (4) the presence of hazardous, toxic, or petroleum products resultant from the KidzJet's activities or the activities of the KidzJet's employees, contractors, subcontractors, agents, representative, guests or invitees, but only to the extent caused in whole or in part by acts or omissions of the KidzJet or the KidzJet's employees, contractors, subcontractors, agents, representatives, guests or invitees, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity, which would otherwise exist as to any person or party described in this paragraph. Kidzjet agrees to comply with all requirements of federal, state or local law, ordinances rules or regulations and shall indemnify, defend and hold blameless the School from and against any liabilities or claims arising out of or from any alleged breach of such laws, ordinances, rules or regulations in the performance of KidzJet's services under this Agreement. The terms of this indemnity shall survive the expiration, or earlier termination, of this Agreement. Within five (5) days of the execution of this Agreement, the KidzJet shall provide the School with a certificate of such insurance policies as well as the policies if so requested by the School.

12. KidzJet represents and warrants that:
 - a. KidzJet follows all California Public Utilities Commission and California Department of Motor Vehicles guidelines for children's transportation.
 - b. All KidzJet drivers (i) are registered with TrustLine; (ii) are pre-screened and periodically tested for drugs and alcohol; (iii) hold clean driving records; (iv) are enrolled in the Pull Notice Program; (v) receive periodic safety training; (vi) will abide by the rules of the road; (vii) are periodically trained and tested on their understanding of the vehicles that they operate for KidzJet; (viii) are required to perform daily inspections; and (ix) are First Aid certified; and.
 - c. KidzJet performs all of the above checks on its drivers before hiring and randomly throughout each driver's employment.
13. Management Personnel: KidzJet shall designate a permanent regular, manager/supervisor to be directly responsible for the provision of all services required in this contract. The manager/supervisor will be responsible for providing safe and efficient transportation services required by this Agreement and will supervise necessary support staff required for on-site management. This person shall work with ("School") Designee for purposes of service coordination. KidzJet shall inform the School of the name(s) and business address(s) of such management personnel.
14. Term of Agreement: The term of this Agreement shall coincide with the School's regular calendar school year, which initially is from **08/23/2022** through **06/09/2023**. The Agreement shall automatically terminate on **06/10/2023**, unless the parties expressly agree in writing to extend the Agreement for an additional year. Further extensions of this Agreement shall be subject to the parties agreeing in writing for each such extension on a year-by-year basis.
15. Termination: Either party may cancel this Agreement at any time by giving a 30-day written notice. School may terminate in lieu of notice by paying KidzJet the lesser of the equivalent of 30 days' notice or the balance of the contract term. Service will be terminated with immediate effect if Kidzjet driver/employee or student on the van directly or indirectly came in contact with someone who has been tested positive for COVID-19. Service will only resume once it's safe per CDC guidelines, and its determined that resuming service will not jeopardize health and safety of students and Kidzjet employees. This Agreement shall be governed by the laws of the State of California with venue in the County of San Mateo.
16. All services are to be paid pursuant to the agreed upon payment schedule and are nonrefundable. KidzJet cannot provide refunds or credit for any reason, including student absences, cancellations, sick days, expulsions, or suspensions during a billing month.

17. Payment Terms and service charges:

- a. The parties agree that KidzJet shall invoice School monthly based on 180 school days for a daily rate of \$782.00. Monthly payment schedule found below:

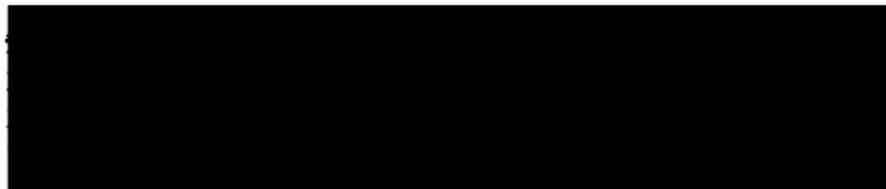
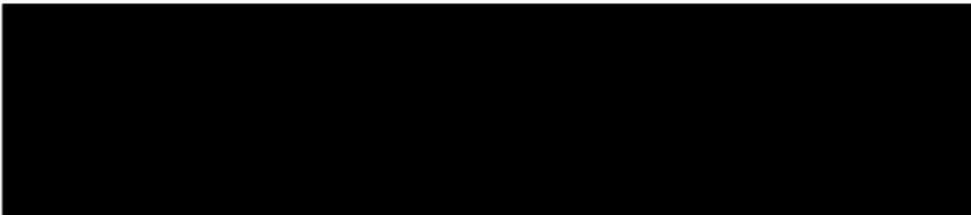
Month	Days of Service	Payment
August & September 2022	28	\$21,896.00
Oct-22	21	\$16,422.00
Nov-22	16	\$12,512.00
Dec-22	12	\$9,384.00
Jan-23	21	\$16,422.00
Feb-23	15	\$11,730.00
Mar-23	23	\$17,986.00
Apr-23	15	\$11,730.00
May & June 2023	29	\$22,678.00

- b. Billing: All billing is done electronically on a monthly basis. Full payment must be made by due date established on an electronic invoice in order to provide service. Payment will be due and payable within ten (10) days from the date of receipt of invoice. Processing fee of 3.4% will be charged for the credit card payment. If School pays by check, the check shall be payable to "KidzJet, Inc." and mailed to: 951 Mariners Island Blvd. Suite # 300, San Mateo CA 94404.
- c. Late Fee: A late fee of 10% will be charged by KidzJet to School if invoice is not paid within 30 days of the invoice date.
- d. Deposit: Not applicable.
- e. Clean-Up Fee: No food or colored drinks are allowed to be consumed in a KidzJet van by School's students. At KidzJet's discretion, School will be charged up to \$300.00 for each incident by a student, such as a spill or sickness, requiring a special cleaning of a van.
- f. Route Add/Change Fee: After two weeks of start of the contract, any changes to route pickup/drop-off location, change in pickup/drop-off time, addition or deletion of new routes will be charged with a \$50/hour administration fee. Kidzjet will communicate to the school these charges once we receive the change request. Only after approval of admin fee the changes will be made. Admin charges will be billed with monthly invoice.
- g. No-show/ Missing adult at drop off: Student safety is of utmost importance to us. If student is unable to be left at the specified drop-off location due to being locked out, an adult not being there upon arrival, unforeseen changes in your child's extracurricular activities, etc., KidzJet will contact the School to get an alternative

drop off location. There will be, however, a \$25.00 surcharge if the driver has to wait for more than 10 minutes. Additional charge of \$5.00/minute will be applied for every minute after first 10 minutes. We request that School have a back-up plan for these situations.

- h. COVID-19 Disinfection Charges: Due to COVID-19 outbreak all vans will be disinfected after every route. This requires detailed disinfection of frequently used surfaces like seat belts, seat covers, windows, handles, etc. An additional disinfection fee will be charged for \$350.00 per month per van. These charges will be applied until CDC removes these restrictions.

18. Routes Description:



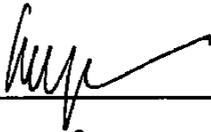
The parties shall establish route pick-up and drop-off times and locations for each van. Any changes to the pickup and/or drop off details shall be subject to the parties' mutual agreement and may result in additional charges. Additional vans can be added or eliminated on one week's notice at the same rate. A request for an additional van is subject to availability.

- 19. Notices:** Notices to either party to this Agreement shall be by both email and overnight mail to the other party to their last known address. A notice to the School shall be addressed to the School's Director of Operations.

- 20. Severability:** If one or more of the provisions of this Agreement is deemed void by law, the remaining provisions will continue in full force and effect.

- 21. Scope of Agreement:** This Agreement is the complete agreement between School and KidzJet, and supersedes all prior oral and/or written representations or agreements. Any future changes to this Agreement must be in writing and signed by both the undersigned parties. There are no implied promises, obligations, covenants or guarantees in connection with this Agreement. Duly authorized representatives of the School and KidzJet have read this Agreement, understand it and agree to its terms as stated above.

San Mateo Union High School District

Signature 

Name Holly Wade, Ph.D.

Title Director of Sped Education

Dated: 5/3/2022

San Mateo Union High School District

Signature _____ Date _____
Kevin Skelly, Ph.D., Superintendent

KidzJet, Inc.

Signature _____

Name _____

Title _____

Dated: _____

COVID-19 Waiver Form

With full awareness and appreciation of the risks involved, I on behalf of **San Mateo Union High School District**, including students, parents, employees, contractors, teachers, executors, administrators, assigns, and personal representatives hereby forever release, waive, discharge, and covenant not to sue the Kidzjet Inc, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party performing routes for Kidzjet or using Kidzjet equipment, or otherwise, while in, on, or around the Kidzjet employees and/or while using any Kidzjet vans facilities, tools, equipment, or materials.

San Mateo Union High School District

Signature  _____

Name Holly Wade, Ph.D

Title Director of Special Education

Dated: 5/3/2022

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over \$25K)

To: Board of Trustees

Date: 06/15/2022

From: Special Education

Site(s) or Department: Special Education

Number of Quotes: 0

Vendor/Contractor: The Avalon Academy

Reason for proposal:

To pay for the educational program and related services for a student attending NPS, The Avalon Academy for the 2022-2023 school year including ESY.

Certificate of Insurance: Nonprofits Insurance Alliance of CA

Contract Amount: \$158,565.00

Funding Source: General Fund - Special Education

Approved by:

Holly Wade 06/17/2022
Administrator

Vanessa Castano 06/21/2022
Manager of Purchasing

Valerie Miller 06/21/2022
Director of Budget and Fiscal Services

Yancy Hawkins 06/21/2022
Associate Superintendent, Chief Business Officer

Accounting Personnel:

Board Approval Date:

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Avalon Academy

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
Avalon Academy	Inclusive and/or basic education program rate											
	RSY	\$5173 per month for 10 months			\$ 5,173.00					10		\$ 51,730.00
	ESY	\$299 per day for 29 days		\$ 299.00						29		\$ 8,671.00
	Speech Language & AAC Therapy											
	RSY											
	Individual	1 hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Group	1 hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Consult	.5 hr/wk for 36 weeks at \$148/hr	\$ 148.00			0.5				36		\$ 2,664.00
	ESY											
	Individual	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	Group	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	Consult	.5 hr/wk for 6 weeks at \$148/hr	\$ 148.00			0.5				6		\$ 444.00
	Physical Therapy											
	RSY											
	Individual	2 hr/wk for 36 weeks at \$141/hr	\$ 141.00			2				36		\$ 10,152.00
	Consult	12 hr/year at \$141/hr	\$ 141.00							12		\$ 1,692.00
	ESY											
	Individual	2 hr/wk for 6 weeks at \$141/hr	\$ 141.00			2				6		\$ 1,692.00
	Functional Vision											
	RSY											
	Group	1 hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Consult	5 hr/year at \$148/hr	\$ 148.00							5		\$ 740.00
	ESY											
	Group	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	Orientation and Mobility											
	RSY											
	Group	1 hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Consult	5 hr/year at \$148/hr	\$ 148.00							5		\$ 740.00
	ESY											
	Group	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	SCIA/RN Services											
	RSY	30hr/wk for 36 weeks at \$44/hr	\$ 44.00			30				36		\$ 47,520.00
	ESY	30hr/wk for 6 weeks at \$44/hr	\$ 44.00			29				6		\$ 7,656.00
											Total	\$ 158,565.00

This agreement is effective on July 1, 2022 or the date student begins attending a nonpublic school, if after the date identified, and terminates at 5:00 P.M. on June 30, 2023, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency	San Mateo Union High School District		Nonpublic School	The Avalon Academy	
LEA Case Manager	Holly Wade, Director of Special Education		Email	hawade@smuhd.org	
Pupil Name	[REDACTED]	[REDACTED]	Sex	[REDACTED]	Grade [REDACTED]
Address	[REDACTED]	City [REDACTED]	State/Zip	[REDACTED]	
DOB	[REDACTED]	Residential Setting [REDACTED]	Other	[REDACTED]	
Parent/Guar.	[REDACTED]	Phone [REDACTED]	Parent/Guar.	[REDACTED]	Phone [REDACTED]
Address	[REDACTED]		Address	[REDACTED]	

Agreement Terms:

- Nonpublic School: The average number of minutes in the instructional day will be:

360	during the regular school year
348	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
29	during the extended school year
- Educational services as specified in the IEP shall be provided by the Contractor and paid at the rates specified below.

A. Inclusive and/or Basic Education Program Rate (applies to nonpublic schools only):	Mo. Rate	\$5,173.00	Daily Rate	\$299.00		
Estimated Number of Months - Regular SY	10	months x	monthly rate	\$5,173.00	Projected Basic Ed. Costs RSY	\$51,730.00
Estimated Number of Months - Extended SY	29	days x	daily rate	\$299.00	Projected Basic Ed. Costs ESY	\$8,671.00
Total Estimated Basic Education Costs (regular school year and extended school year)						\$60,401.00

B. Related Services

Service	Provider	RSY & ESY	Cost per Session	Individual	Frequency	Group	Frequency	Consult	Frequency	Total	Max. No. of Sessions
SLT & AAC	NPS	RSY	\$148.00	1	hrs/week	1	hrs/week	0.5	hrs/week	\$13,320.00	36 weeks
		ESY		1	hrs/week	1	hrs/week	0.5	hrs/week	\$2,220.00	6 weeks
Total Cost Speech Language & AAC Therapy Services										\$15,540.00	42 weeks
OT	NPS	RSY	\$148.00	0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	36 weeks
		ESY		0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	6 weeks
Total Cost Occupational Therapy Services										\$0.00	42 weeks
PT	NPS	RSY	\$141.00	2	hrs/week	0	hrs/week	12	hrs/year	\$11,844.00	36 weeks
		ESY		2	hrs/week	0	hrs/week	0	hrs/year	\$1,692.00	6 weeks
Total Cost Physical Therapy Services										\$13,536.00	42 weeks
VI	NPS	RSY	\$148.00	0	hrs/week	1	hrs/week	5	hrs/year	\$6,068.00	36 weeks
		ESY		0	hrs/week	1	hrs/week	0	hrs/year	\$888.00	6 weeks
Total Cost Functional Vision Services										\$6,956.00	42 weeks
O&M	NPS	RSY	\$148.00	0	hrs/week	1	hrs/week	5	hrs/year	\$6,068.00	36 weeks
		ESY		0	hrs/week	1	hrs/week	0	hrs/year	\$888.00	6 weeks
Total Cost Orientation and Mobility Services										\$6,956.00	42 weeks
SCIA Services	NPS	RSY	\$32.00	0	hrs/week					\$0.00	36 weeks
		ESY		0	hrs/week					\$0.00	6 weeks
Total Cost SCIA Services										\$0.00	42 weeks
SCIA/RN Services	NPS	RSY	\$44.00	30	hrs/week					\$47,520.00	36 weeks
		ESY		29	hrs/week					\$7,656.00	6 weeks
Total Cost SCIA/RN Supervision Services										\$55,176.00	42 weeks
Estimated Maximum Related Services Costs :										\$98,164.00	
Total Estimated Maximum Basic Education and Related Services Costs :										\$158,565.00	

4. Other Provisions/Attachments:

5. Master Contract approved by the Governing Board on:

6. Progress Reporting Requirements: Quarterly Monthly Other (please specify):

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

Contractor

The Avalon Academy

Name of Nonpublic School/Agency



6/10/22

Signature

Date

Sara Hawkinson, Executive Director

Name and Title

LEA

San Mateo Union High School District

Name of LEA



6/15/22

Signature

Date

Dr. Holly Wade, Director of Special Education

Name and Title

Signature

Date

Name and Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2022

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 Risk Strategies Company 700 Airport Boulevard, Suite 300 Burlingame, CA 94010	CONTACT NAME Amanda Bend e	FAX (A/C, No) 	
	PHONE (A/C, No, Ext) 	E-MAIL ADDRESS abend e@r sk-strateg es.com	
INSURED The Avalon Academy 818 Mahler Road Burlingame CA 94010	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A Nonprof ts Insurance A ance of CA	11384	
	INSURER B Trumbu Insurance Company	27120	
	INSURER C		
	INSURER D		
	INSURER E		

COVERAGES

CERTIFICATE NUMBER: 68558521

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 L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2022-42441	3/1/2022	3/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 Liquor Lab ty \$1,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2022-42441	3/1/2022	3/1/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			2022-42441-UMB	3/1/2022	3/1/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	57WECVK8159	1/24/2022	1/24/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Sexua Mo estat on & Abuse Lab ty			2022-42441	3/1/2022	3/1/2023	\$1,000,000 / \$2,000,000 aggregate
A	E&O/Profess ona Lab ty			2022-42441	3/1/2022	3/1/2023	\$1,000,000 / \$3,000,000 aggregate

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

Cert f cate Ho der s named Add t ona Insured as requ red by wr tten contract per Form CG2026 attached to th s po cy.

CERTIFICATE HOLDER

San Mateo Special Education Local Plan Area
 101 Twin Dolphin Drive
 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

RSC Insurance Brokerage

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over \$25K)

To: Board of Trustees

Date: 06/15/2022

From: Special Education

Site(s) or Department: Special Education

Number of Quotes: 0

Vendor/Contractor: The Avalon Academy

Reason for proposal:

To pay for the educational program and related services for a student attending NPS, The Avalon Academy for the 2022-2023 school year including ESY.

Certificate of Insurance: Nonprofits Insurance Alliance of CA

Contract Amount: \$122,277.00

Funding Source: General Fund - Special Education

Approved by:

Holly Wade 06/17/2022
Administrator

Vanessa Castano 06/21/2022
Manager of Purchasing

Valerie Miller 06/21/2022
Director of Budget and Fiscal Services

Yancy Hawkins 06/21/2022
Associate Superintendent, Chief Business Officer

Accounting Personnel: SQ

Board Approval Date:

This agreement is effective on July 1, 2022 or the date student begins attending a nonpublic school, if after the date identified, and terminates at 5:00 P.M. on June 30, 2023, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency	San Mateo Union High School District		Nonpublic School	The Avalon Academy	
LEA Case Manager	Holly Wade, Director of Special Education		Email	hawade@smuhdsd.org	
Pupil Name	[REDACTED]	[REDACTED]	Sex	[REDACTED]	Grade [REDACTED]
Address	[REDACTED]	City	[REDACTED]	State/Zip	[REDACTED]
DOB	[REDACTED]	Residential Setting	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Phone	[REDACTED]
Address	[REDACTED]	Address	[REDACTED]	[REDACTED]	[REDACTED]

Agreement Terms:

- Nonpublic School: The average number of minutes in the instructional day will be:

360	during the regular school year
348	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
29	during the extended school year
- Educational services as specified in the IEP shall be provided by the Contractor and paid at the rates specified below.

A. Inclusive and/or Basic Education Program Rate (applies to nonpublic schools only):	Mo. Rate	\$5,173.00	Daily Rate	\$299.00
Estimated Number of Months - Regular SY	10	months x monthly rate	\$5,173.00	Projected Basic Ed. Costs RSY \$51,730.00
Estimated Number of Months - Extended SY	29	days x daily rate	\$299.00	Projected Basic Ed. Costs ESY \$8,671.00
Total Estimated Basic Education Costs (regular school year and extended school year)				\$60,401.00

B. Related Services

Service	Provider	RSY & ESY	Cost per Session	Individual	Frequency	Group	Frequency	Consult	Frequency	Total	Max. No. of Sessions
SLT & AAC	NPS	RSY	\$148.00	1	hrs/week	1	hrs/week	1	hrs/month	\$12,136.00	36 weeks
		ESY		1	hrs/week	1	hrs/week	1	hrs/month	\$1,998.00	6 weeks
Total Cost Speech Language & AAC Therapy Services										\$14,134.00	42 weeks
OT	NPS	RSY	\$148.00	0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	36 weeks
		ESY		0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	6 weeks
Total Cost Occupational Therapy Services										\$0.00	42 weeks
PT	NPS	RSY	\$141.00	1	hrs/week	0	hrs/week	12	hrs/year	\$6,768.00	36 weeks
		ESY		1	hrs/week	0	hrs/week	0	hrs/year	\$846.00	6 weeks
Total Cost Physical Therapy Services										\$7,614.00	42 weeks
VI	NPS	RSY	\$148.00	0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	36 weeks
		ESY		0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	6 weeks
Total Cost Functional Vision Services										\$0.00	42 weeks
O&M	NPS	RSY	\$148.00	0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	36 weeks
		ESY		0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	6 weeks
Total Cost Orientation and Mobility Services										\$0.00	42 weeks
SCIA Services	NPS	RSY	\$32.00	30	hrs/week					\$34,560.00	36 weeks
		ESY		29	hrs/week					\$5,568.00	6 weeks
Total Cost SCIA Services										\$40,128.00	42 weeks
SCIA/RN Services	NPS	RSY	\$44.00	0	hrs/week					\$0.00	36 weeks
		ESY		0	hrs/week					\$0.00	6 weeks
Total Cost SCIA/RN Supervision Services										\$0.00	42 weeks
Estimated Maximum Related Services Costs :										\$61,876.00	
Total Estimated Maximum Basic Education and Related Services Costs :										\$122,277.00	

4. Other Provisions/Attachments:

5. Master Contract approved by the Governing Board on:

6. Progress Reporting Requirements: Quarterly Monthly Other (please specify):

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

Contractor

The Avalon Academy

Name of Nonpublic School/Agency



6/10/22

Signature

Date

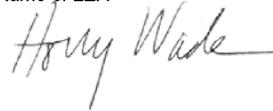
Sara Hawkinson, Executive Director

Name and Title

LEA

San Mateo Union High School District

Name of LEA



6/15/22

Signature

Date

Dr. Holly Wade, Director of Special Education

Name and Title

Signature

Date

Name and Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2022

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 Risk Strategies Company 700 Airport Boulevard, Suite 300 Burlingame, CA 94010	CONTACT NAME Amanda Bend e	FAX (A/C, No) 	
	PHONE (A/C, No, Ext) 	E-MAIL ADDRESS abend e@r sk-strateg es.com	
INSURED The Avalon Academy 818 Mahler Road Burlingame CA 94010	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A Nonprof ts Insurance A ance of CA		11384
	INSURER B Trumbu Insurance Company		27120
	INSURER C		
	INSURER D		
	INSURER E		

COVERAGES

CERTIFICATE NUMBER: 68558521

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 L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2022-42441	3/1/2022	3/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 Liquor Lab ty \$1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2022-42441	3/1/2022	3/1/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			2022-42441-UMB	3/1/2022	3/1/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	57WECVK8159	1/24/2022	1/24/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Sexua Mo estat on & Abuse Lab ty			2022-42441	3/1/2022	3/1/2023	\$1,000,000 / \$2,000,000 aggregate
A	E&O/Profess ona Lab ty			2022-42441	3/1/2022	3/1/2023	\$1,000,000 / \$3,000,000 aggregate

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

Cert f cate Ho der s named Add t ona Insured as requ red by wr ten contract per Form CG2026 attached to th s po cy.

CERTIFICATE HOLDER

San Mateo Special Education Local Plan Area
 101 Twin Dolphin Drive
 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

RSC Insurance Brokerage

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over \$25K)

To: Board of Trustees

Date: 06/15/2022

From: Special Education

Site(s) or Department: Special Education

Number of Quotes: 0

Vendor/Contractor: The Avalon Academy

Reason for proposal:

To pay for the educational program and related services for a student attending NPS, The Avalon Academy for the 2022-2023 school year including ESY.

Certificate of Insurance: Nonprofits Insurance Alliance of CA

Contract Amount: \$146,273.00

Funding Source: General Fund - Special Education

Approved by:

Holly Wade 06/17/2022
Administrator

Vanessa Castano 06/21/2022
Manager of Purchasing

Valerie Miller 06/21/2022
Director of Budget and Fiscal Services

Yancy Hawkins 06/21/2022
Associate Superintendent, Chief Business Officer

Accounting Personnel: SQ

Board Approval Date:

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Avalon Academy

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
Avalon Academy	Inclusive and/or basic education program rate											
	RSY	\$5173 per month for 10 months			\$ 5,173.00					10		\$ 51,730.00
	ESY	\$299 per day for 29 days		\$ 299.00						29		\$ 8,671.00
	Speech Language & AAC Therapy											
	RSY											
	Individual	1 hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Group	1 hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Consult	20 hr/yr for 10 months at \$148/hr	\$ 148.00							20		\$ 2,960.00
	ESY											
	Individual	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	Group	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	Occupational Therapy											
	RSY											
	Consult	12 hr/year at \$148/hr	\$ 148.00							12		\$ 1,776.00
	Physical Therapy											
	RSY											
	Individual	2hr/wk for 36 weeks at \$141/hr	\$ 141.00			2				36		\$ 10,152.00
	Consult	20 hr/year at \$141/hr	\$ 141.00							20		\$ 2,820.00
	ESY											
	Individual	2 hr/wk for 6 weeks at \$141/hr	\$ 141.00			2				6		\$ 1,692.00
	Functional Vision Services											
	RSY											
	Group	1hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Consult	5 hr/year at \$148/hr	\$ 148.00							5		\$ 740.00
	ESY											
	Group	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	Orientation and Mobility Services											
	RSY											
	Group	1hr/wk for 36 weeks at \$148/hr	\$ 148.00			1				36		\$ 5,328.00
	Consult	5 hr/year at \$148/hr	\$ 148.00							5		\$ 740.00
	ESY											
	Group	1 hr/wk for 6 weeks at \$148/hr	\$ 148.00			1				6		\$ 888.00
	SCIA Services											
	RSY	30hr/wk for 36 weeks at \$44/hr	\$ 32.00			30				36		\$ 34,560.00
	ESY	29hr/wk for 6 weeks at \$44/hr	\$ 32.00			29				6		\$ 5,568.00
											Total	\$ 146,273.00

This agreement is effective on July 1, 2022 or the date student begins attending a nonpublic school, if after the date identified, and terminates at 5:00 P.M. on June 30, 2023, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency	San Mateo Union High School District		Nonpublic School	The Avalon Academy	
LEA Case Manager	Holly Wade, Director of Special Education		Email	hawade@smuhd.org	
Pupil Name	[REDACTED]	[REDACTED]	Sex	[REDACTED]	Grade [REDACTED]
Address	[REDACTED]	City [REDACTED]	State/Zip	[REDACTED]	
DOB	[REDACTED]	Residential Setting	[REDACTED]	[REDACTED]	[REDACTED]
Parent/Guar.	[REDACTED]	Phone	[REDACTED]	Parent/Guar.	[REDACTED]
Address	[REDACTED]	Address	[REDACTED]		

Agreement Terms:

- Nonpublic School: The average number of minutes in the instructional day will be:

360	during the regular school year
348	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
29	during the extended school year
- Educational services as specified in the IEP shall be provided by the Contractor and paid at the rates specified below.

A. Inclusive and/or Basic Education Program Rate (applies to nonpublic schools only):	Mo. Rate	\$5,173.00	Daily Rate	\$299.00
Estimated Number of Months - Regular SY	10	months x monthly rate	\$5,173.00	Projected Basic Ed. Costs RSY \$51,730.00
Estimated Number of Months - Extended SY	29	days x daily rate	\$299.00	Projected Basic Ed. Costs ESY \$8,671.00
Total Estimated Basic Education Costs (regular school year and extended school year)				\$60,401.00

B. Related Services

Service	Provider	RSY & ESY	Cost per Session	Individual	Frequency	Group	Frequency	Consult	Frequency	Total	Max. No. of Sessions
SLT & AAC	NPS	RSY	\$148.00	1	hrs/week	1	hrs/week	20	hrs/year	\$13,616.00	36 weeks
		ESY		1	hrs/week	1	hrs/week	0	hrs/year	\$1,776.00	6 weeks
Total Cost Speech Language & AAC Therapy Services										\$15,392.00	42 weeks
OT	NPS	RSY	\$148.00	0	hrs/week	0	hrs/week	12	hrs/year	\$1,776.00	36 weeks
		ESY		0	hrs/week	0	hrs/week	0	hrs/year	\$0.00	6 weeks
Total Cost Occupational Therapy Services										\$1,776.00	42 weeks
PT	NPS	RSY	\$141.00	2	hrs/week	0	hrs/week	20	hrs/year	\$12,972.00	36 weeks
		ESY		2	hrs/week	0	hrs/week	0	hrs/year	\$1,692.00	6 weeks
Total Cost Physical Therapy Services										\$14,664.00	42 weeks
VI	NPS	RSY	\$148.00	0	hrs/week	1	hrs/week	5	hrs/year	\$6,068.00	36 weeks
		ESY		0	hrs/week	1	hrs/week	0	hrs/year	\$888.00	6 weeks
Total Cost Functional Vision Services										\$6,956.00	42 weeks
O&M	NPS	RSY	\$148.00	0	hrs/week	1	hrs/week	5	hrs/year	\$6,068.00	36 weeks
		ESY		0	hrs/week	1	hrs/week	0	hrs/year	\$888.00	6 weeks
Total Cost Orientation and Mobility Services										\$6,956.00	42 weeks
SCIA Services	NPS	RSY	\$32.00	30	hrs/week					\$34,560.00	36 weeks
		ESY		29	hrs/week					\$5,568.00	6 weeks
Total Cost SCIA Services										\$40,128.00	42 weeks
SCIA/RN Services	NPS	RSY	\$44.00	0	hrs/week					\$0.00	36 weeks
		ESY		0	hrs/week					\$0.00	6 weeks
Total Cost SCIA/RN Supervision Services										\$0.00	42 weeks
Estimated Maximum Related Services Costs :										\$85,872.00	
Total Estimated Maximum Basic Education and Related Services Costs :										\$146,273.00	

4. Other Provisions/Attachments:

5. Master Contract approved by the Governing Board on:

6. Progress Reporting Requirements: Quarterly Monthly Other (please specify):

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

Contractor

The Avalon Academy

Name of Nonpublic School/Agency



6/10/22

Signature

Date

Sara Hawkinson, Executive Director

Name and Title

LEA

San Mateo Union High School District

Name of LEA



6/15/22

Signature

Date

Dr. Holly Wade, Director of Special Education

Name and Title

Signature

Date

Name and Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2022

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 Risk Strategies Company 700 Airport Boulevard, Suite 300 Burlingame, CA 94010	CONTACT NAME Amanda Bend e	FAX (A/C, No)
	PHONE (A/C, No, Ext) 	E-MAIL ADDRESS abend e@r sk-strateg es.com
INSURED The Avalon Academy 818 Mahler Road Burlingame CA 94010	INSURER(S) AFFORDING COVERAGE	
	INSURER A Nonprof ts Insurance A ance of CA	NAIC # 11384
	INSURER B Trumbu Insurance Company	27120
	INSURER C	
	INSURER D	
	INSURER E	

COVERAGES

CERTIFICATE NUMBER: 68558521

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 L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2022-42441	3/1/2022	3/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 Liquor Lab ty \$1,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2022-42441	3/1/2022	3/1/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			2022-42441-UMB	3/1/2022	3/1/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	57WECVK8159	1/24/2022	1/24/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Sexua Mo estat on & Abuse Lab ty			2022-42441	3/1/2022	3/1/2023	\$1,000,000 / \$2,000,000 aggregate
A	E&O/Profess ona Lab ty			2022-42441	3/1/2022	3/1/2023	\$1,000,000 / \$3,000,000 aggregate

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

Cert f cate Ho der s named Add t ona Insured as requ red by wr ten contract per Form CG2026 attached to th s po cy.

CERTIFICATE HOLDER

San Mateo Special Education Local Plan Area
 101 Twin Dolphin Drive
 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

RSC Insurance Brokerage

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD