

SAN MATEO UNION HIGH SCHOOL DISTRICT
Approval of Consulting Agreements, Contracts, Invoices and Purchase Orders over \$25K

Submitted to the Board of Trustees on 10/10/19

VENDOR	SITE	DESCRIPTION	FUNDING SOURCE	AMOUNT
IVS Computer Technology	SMHS	Purchase of (7) SMARTBOARDS and wall mounts for the classroom.	SMHS Foundation	\$46,627.16
Bobcat	M & O	Purchase of (1) Bobcat Compact Track Loader.	General Fund - Maintenance	\$76,080.33
New Haven	Spec. Ed	(1) Individual Service Agreement To pay for the student's out of state educational services.	General Fund	\$69,650.00
New Haven	Spec. Ed	(1) Individual Service Agreement To pay for the student's out of state educational services.	General Fund	\$69,650.00
Children's Therapy Associates	Spec. Ed	(5) Individual Service Agreements To pay for student's physical therapy services from NPS .(1) \$19,422.00, (2) \$17,688.00,(3) \$12,616.00, (4) \$4,482.00, (5)\$1,660.00.	General Fund	\$55,848.00
Palo Alto Preparatory	Spec. Ed	(1) NPS Service Contract To Pay for the educational tuition for a student attending NPS.	General Fund	\$48,780.00
Palo Alto Preparatory	Spec. Ed	(1) NPS Service Contract To Pay for the educational tuition for a student attending NPS.	General Fund	\$48,780.00
Heartspring	Spec. Ed	(1) Service Contract To pay Special Education tuition, Residential care and Speech for student attending out of state NPS.	General Fund -	\$327,693.33
Elevations Academy	Spec. Ed	(1) Individual Service Agreement To pay for educational services for a student attending an out of state NPS.	General Fund	\$41,743.00
ADROIT	Spec. Ed	(1) Transportation Agreement To pay ADROIT Transportation for transporting student to and from NPS School in Petaluma.	General Fund	\$47,048.32

Total \$831,900.14

SAN MATEO HIGH SCHOOL
APPROVAL REQUEST

To: Kevin Skelly

Date: October 1, 2019

From: Jenelle Vazquez

Site: San Mateo High School

Number of Quotes: 1

Funding Source: SMHS FOUNDATION

Reason for proposal: SMARTBOARDS for the classroom

Total: \$46,627.16

Please review and approve the quote from IVS Computer Technology.

Thank you,

Jenelle
x2320

**IVS Computer Technology**

1415 McDonald Way
Bakersfield, CA 93309
Ph: 661.831.3900

Ref. 002467

Sales Quote

Date	Quote #
9/27/2019	2019-04683

Name / Address

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

Quote Expires

10/26/2019

Sales Rep Name

Pam Quattlebaum

Site

Qty	Item	Description	Rate	Total
7	SMA SBID-7275-V2	SMART Board 7075- V2 with IQ and SMART Learning Suite * Promo includes 5 Year Subscription to SLS and 5 Year Warranty	5,200.00	36,400.00T
7	PEE SF670	PEERLESS INDUSTRIES : Universal FlatWall Mount XL Plasmas 46in - 90in	75.00	525.00T
7	Misc Hardware PKG 1	Misc parts (Cable, raceway, nuts, bolts, hangers, etc.)	257.00	1,799.00T
7	General Labor-Install	General labor new install	439.00	3,073.00
1	Customer Shipping Charge	Customer Shipping Charge	1,345.00	1,345.00
		C: Carlo Maontisano E: cmontisano@smuhsd.org		

Sales quotes do not include the cost of Electrical Labor unless otherwise stated.

Subtotal

\$43,142.00

Accepted By: _____ Date: _____

Purchase Order #: _____

Sales Tax (9.0%)

\$3,485.16

Total

\$46,627.16

Phone # (661) 831-3900 suzanne@ivsct.net

www.ivsct.com

To order: Please contact your local Sales Representative or send a copy of the approved quotation along with a PO and/or credit card authorization to: orders@ivsct.net

Return Policy: Product must be returned within 30 days of invoice date and be in new factory fresh condition along with original packaging. Restocking fees and freight charges will apply. These prices may not include applicable taxes, insurance, shipping, delivery, setup fees, or any cables or cabling services or material unless specifically listed above.

Additional Terms and Conditions: By accepting this quote, the Client agrees to the Terms and Conditions attached.

SAN MATEO UNION HIGH SCHOOL DISTRICT

PURCHASE FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: September 30, 2019

From: Linda Carlton

Site(s) or Department: Maintenance & Operation

Number of Quotes: 1 (Sourcewell – Cooperative Purchasing Program)

Vendor/Contractor: Bobcat Company

Reason for proposal: To purchase a Bobcat Compact Track Loader for various heavy-duty tasks for Maintenance and Grounds.

Certificate of Insurance: N/A


Contract Amount: \$76,080.33

Funding Source: General Fund - Maintenance

Approved by:



Personnel who oversees Site/Department budget



Manager of Capital Facilities and Purchasing



Director of Budget and Fiscal Services



Bobcat

Product Quotation

Quotation Number: HMM-16698v1

Date: 2019-09-30 12:48:37

Customer Name/Address:

Bobcat Delivering Dealer

ORDERS TO BE PLACED WITH:
Contract Holder/Manufacturer

SAN MATEO USD
Attn: BRAD BARNCORD
650 N DELAWARE ST
SAN MATEO, CA 94401

Bobcat of Contra Costa, Pittsburg, CA
2035 E Leland Rd
Pittsburg CA 94565
Phone: 925-318-4465
Fax:

Clark Equipment Company
dba Bobcat Company
250 E Beaton Dr, PO Box 6000
West Fargo, ND 58078
Phone: 701-241-8719
Fax: 701-280-7860
Contact: Heather Messmer
Heather.Messmer@doosan.com

Description	Part No	Qty	Price Ea.	Total
T595 T4 Bobcat Compact Track Loader	M0249	1	\$40,796.20	\$40,796.20
74.0 HP Tier 4 Turbo Diesel Engine	Lift Path: Vertical			
Auxiliary Hydraulics: Variable Flow	Lights, Front & Rear			
Backup Alarm	Operator Cab			
Bob-Tach	<ul style="list-style-type: none"> Includes: Adjustable Suspension Seat, Top & Rear Windows, Parking Brake, Seat Bar & Seat Belt Roll Over Protective Structure (ROPS) meets SAE-J1040 & ISO 3471 Falling Object Protective Structure (FOPS) meets SAE-J1043 & ISO 3449, Level I; (Level II is available through Bobcat Parts) 			
Bobcat Interlock Control System (BICS)	Parking Brake: Spring Applied, Pressure Released (SAPR)			
Controls: Bobcat Standard	Solid Mounted Carriage with 4 Rollers			
Cylinder Cushioning - Lift, Tilt	Tracks: Rubber, 12.6" Wide			
Engine/Hydraulic Systems Shutdown	Warranty: 2 years, or 2000 hours whichever occurs first			
Glow Plugs (Automatically Activated)				
Horn				
Instrumentation: Engine Temperature & Fuel				
Gauges, Hourmeter, RPM and Warning Lights				
Lift Arm Support				
Factory Installed Power Bob-Tach	O51 Option Package	M0249-P01-O51	1	\$899.84
	Cab Accessories Package			
Attachments	Telematics US	M0249-R51-C02	1	\$0.00
	30C Auger Drive Unit	6809445	1	\$1,659.84
	--- Auger 15C/H, 30C/H Mounting Frame	6812980	1	\$304.00
	--- Bumper Kit	7172609	1	\$155.68
	--- .625 in. Pin Kit	6809733	1	\$16.77
	--- Heavy Duty, Hex 12" Bit	6674959	1	\$996.49
	--- Heavy Duty, Hex, 18" Bit	6675034	1	\$1,357.21
	7BH Backhoe	7243518	1	\$9,457.44
	--- Mounting Kit for M-Series Loaders (400 & 500 platform)	7228276	1	\$463.60
	--- Quick-Tach Rear Stabilizer Kit	6811449	1	\$3,013.06
	--- Rear Auxiliary Hydraulic Kit	7229294	1	\$2,512.68
	--- Quick-Tach Mounting Kit	7152508	1	\$342.76
	--- 18" MX3 XCHG TEETH	7323842	1	\$744.80
	68" Combination Bucket	7167311	1	\$2,520.16
	--- Bolt-On Cutting Edge, 68"	6718006	1	\$173.60
	5.5K Severe Duty Pallet Fork Frame	7294332	1	\$478.80

---	48" 5.5K Severe Duty Pallet Fork Teeth	6541518	1	\$334.40	\$334.40
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Total of Items Quoted	\$66,227.33
Freight Charges	\$1,663.00
Dealer Assembly Charges	\$1,890.00
9.25% (does not include freight amount)	\$6,300.00
Quote Total - US dollars	\$76,080.33

Notes:

Plus estimated sales tax

UKC

Prices per the Sourcewell - **NJPA Contract #042815-CEC. Effective thru 05-19-2020*
**Customer must be a Coop Member to buy off contract – Log onto www.njpacoop.org if not a member to sign up.*
**Terms Net 30 Days. Credit cards accepted.*
**FOB Origin – Prepay and Add to Quote*
**Delivery: 60 to 90 days from ARO.*
**State Sales Taxes apply. IF Tax Exempt, please include Tax Exempt Certificate with order.*
**TID# 38-0425350*
**Orders Must Be Placed with: Clark Equipment Company dba Bobcat Company, Govt Sales, 250 E Beaton Drive, PO Box 6000, West Fargo, ND 58078.*

Prices & Specifications are subject to change. Please call before placing an order. Applies to factory ordered units only.

ORDER ACCEPTED BY:

SIGNATURE

DATED

PRINT NAME AND TITLE

PURCHASE ORDER #

SHIP TO ADDRESS: _____

BILL TO ADDRESS (if different than Ship To): _____



BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(1) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay for the following out of state educational services at NPS - New Haven.

Total Contract Amount: *\$69,650.00*

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

This agreement is effective on August 1st, 2019 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, 2020, 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 NEW HAVEN

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number (650) 558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex: ☐ M ☒ F Grade: 12

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

DOB [REDACTED] Residential Setting: ☒ Home ☐ Foster ☐ LCI # [REDACTED]

Parent/Guardian [REDACTED] Phone (650) [REDACTED] [REDACTED]

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

AGREEMENT TERMS:

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

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$350.00

Estimated Number of Days 199 x Daily Rate \$350.00 = **PROJECTED BASIC EDUCATION COSTS** \$69,650.00

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)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							

Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (880)							
RESIDENTIAL ROOM & BOARD		✓			\$63.00	366days	\$23,058.00 SELPA PAYS
RESIDENTIAL MENTAL HEALTH SERVICES		✓			\$302.00	366days	\$110,532.00 SELPA PAYS
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 133,590.00 (SELPA pays)

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 203,240.00

4. Other Provisions/Attachments:

Please invoice SAN MATEO COUNTY SELPA all Room/Board costs, Residential Mental Health and Counseling services for a total of \$133,590.00

SMUHSd pays Basic Education program costs \$69,650.00

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 203,240.00

4. Other Professional Attachments:

Please include SAN MATEO COUNTY SELPA all Record and Book, Residential Mental Health and Counseling services for a total of \$183,598.00

DELINED with Basic Education services costs \$19,642.00

A MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

B. Program 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-

NEW HAVEN RTC

(Name of Municipal School Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

[Signature]

(Date)

[Signature]

(Carolyn Schwarzbord, Director SpEd)

(Date)

Jack Thomas - New Haven Executive Director

(Name and Title)

(Kevin Sully, Ph.D., Superintendent)

(Date)

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(1) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay for the following out of state educational services at NPS - New Haven.

Total Contract Amount: *\$69,650.00*

(Education Code Sections 56365 et seq.)

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
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)							
RESIDENTIAL ROOM & BOARD		✓			\$63.00	366 days	\$23,058.00.00 SELPA PAYS
RESIDENTIAL MENTAL HEALTH SERVICES		✓			\$302.00	366 days	\$110,532.00 SELPA PAYS
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 133,590.00 (SELPA pays)

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 203,240.00

4. Other Provisions/Attachments:

Please Invoice SAN MATEO COUNTY SELPA all Room/Board costs, Residential Mental Health and Counseling services for a total of \$133,590.00

SMUHS D pays Basic Education program costs \$69,650.00

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 206,240.00

4. Other Provisions/Attachments

Please Invoice SAN MATEO COUNTY SELPA all Room/Board costs, Residential Mental Health and Counseling services for a total of \$133,920.00

SELPA pays Basic Education program costs \$72,320.00

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements

Quarterly

Monthly

Other (Specify)

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

~~CONTRACTOR~~

~~LEA~~

NEW HAVEN RTC

(Name of Nonpublic School/Agency)

Jeanne Thomas 10-2-19
(Signature) (Date)

Jeanne Thomas - New Haven Executive Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Carolyn Schwartz 10/2/19
(Signature) (Date)

(Carolyn Schwartz, Director SpEd)

(Kevin Stelly, Ph.D., Superintendent)

(Date)

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(5) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay for the following (5) students physical therapy services from NPA – Children's Therapy Associates

Total Contract Amount: *\$55,848.00*

Contract 1 - \$19,422.00

Contract 2 – \$17,688.00

Contract 3 – \$12,616.00

Contract 4 – \$4,482.00

Contract 5 - \$1,660.00

(Education Code Sections 56365 et seq.)

This agreement is effective on 7/1/2019 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, 2020, 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 CHILDREN'S THERAPY ASSOCIATES

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name _____ Sex: ☐ M ☒ F Grade: NPA

Address [REDACTED] [REDACTED]

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

Parent/Guardian [REDACTED] [REDACTED] [REDACTED]

Address _____ (Residence) City _____ (Business)
(If different from student) 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: _____ during the regular school year
_____ during the extended school year
3. ***Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.***

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

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

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (426)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)			NPA	135 min week (120 min wk + 15 mins consult) Admin Fees 18 hrs per school yr	\$166 hrly \$166 hrly	44 18 hrs	\$16,434.00 \$2,988.00
Individual Counseling (510)							
Counseling and guidance (515).							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 19,422.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 19,422.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

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

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

-CONTRACTOR-

-LEA-

CHILDREN'S THERAPY ASSOCIATES

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of Nonpublic School/Agency)

(Name of LEA)



10/02/19

(Signature)

(Date)

Michelle F. Diamond, PT Director

(Name and Title)



(Carolyn Schwartzbord, Director SpEd)

10/24/19

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

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

This agreement is effective on 7/1/2019 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, 2020, 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 CHILDREN'S THERAPY ASSOCIATES

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name Sex: ☒ M ☐ F Grade: NPA
(Last) (First) (M.I.)

Address City State/Zip

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

Parent/Guardian Phone

Address (Residence) City (Business)
(If different from student) 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: during the regular school year
 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

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

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

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (480)			NPA	120 mins/wk (90 mins service; 30 mins compensatory) 18 hrs per school yr	\$166 hrly	44 wks 18 hrs	\$14,680.00 \$2,988.00
Individual Counseling (510)							
Counseling and guidance (515).							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 17,668.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 17,668.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

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

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

-CONTRACTOR-

-LEA-

CHILDREN'S THERAPY ASSOCIATES

(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Michelle F. Diamond PT

(Signature)

10/2/19

(Date)

Carolyn Schwartzbord

(Carolyn Schwartzbord, Director SpEd)

10/2/19
(Date)

Michelle F. Diamond, PT Director

(Name and Title)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

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

This agreement is effective on 07/01/19 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 6/30/20, 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 CHILDREN'S THERAPY ASSOCIATES

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex: ☐ M ☒ F Grade: NPA

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

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

Parent/Guardian M/M [REDACTED] Phone [REDACTED] [REDACTED]

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

AGREEMENT TERMS:

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

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

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

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)			NPA	90 mins/mon consult; 10 hrs Caseload Admin fees	\$166 hrly	44 wks	\$10,956.00 \$1,660.00
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)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (885)							
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 \$ 12,616.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 12,616.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON: _____

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

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

-CONTRACTOR-

-LEA-

CHILDREN'S THERAPY ASSOCIATES

(Name of Nonpublic School/Agency)

Michelle F. Diamond PT

(Signature)

10/02/19

(Date)

Michelle F. Diamond, PT Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Carolyn Schwartzbord 10/2/19

(Carolyn Schwartzbord, Director SpEd)

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

(Education Code Sections 56365 et seq.)

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency CHILDREN'S THERAPY ASSOCIATES

Pupil Name _____ Sex: ☒ M ☐ F Grade: NPA

Address _____ City _____ State/Zip _____

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

Parent/Guardian _____ Phone _____ () _____

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

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

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

3. Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.

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

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

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)			NPA	120 min/mo 5 hours Admin Fees	\$166 hrly	11 months 5 hours	\$3,652.00 \$830.00
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (880)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other:							

(Education Code Sections 56365 et seq.)

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)			NPA	300 mins/yr 5 hrs Admin Fees	\$166 luty	Year 5 hours	\$830.00 \$830.00
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 1,660.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

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

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

-CONTRACTOR-

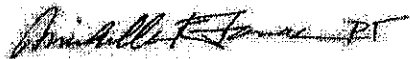
-LEA-

CHILDREN'S THERAPY ASSOCIATES

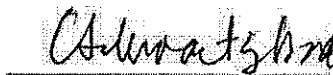
(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)



10/02/19



10/2/19

(Signature)

(Date)

(Carolyn Schwartzbord, Director SpEd)

(Date)

Michelle F. Diamond, PT Director

(Name and Title)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: (1) Individual Service Agreement

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay for the education tuition for the student attending NPS – Palo Alto Preparatory.

Total Contract Amount: *\$48,780.00*

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

This agreement is effective on August 1, 2019 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, 2020, 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** PALO ALTO PREPARATORY SCHOOL

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number (650) 558-2265

Pupil Name _____ Sex: ☐ M ☒ F Grade: 12
(Last) (First) (M.I.)

Address _____ City _____ State/Zip _____

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

Parent/Guardian _____ Phone (650) _____ (650) _____

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: _____ 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
 _____ 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: \$271.00

Estimated Number of Days	180 days	x Daily Rate	\$271.00	= PROJECTED BASIC EDUCATION COSTS	\$48,780.00
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B. RELATED SERVICES:

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

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (880)							
RESIDENTIAL ROOM & BOARD							
RESIDENTIAL MENTAL HEALTH SERVICES							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ \$48,780.00

4. Other Provisions/Attachments:

SMUHSD pays Basic Education program costs per settlement agreement

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

Semester, December and June

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

~~CONTRACTOR~~

~~LEA~~

PALO ALTO PREPARATORY SCHOOL

(Name of Nonpublic School/Agency)

(Signature)

(Date)

Lisa O'Hearn-Keck Dean of Students

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

(Carolyn Schwartzbord, Director SpEd)

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(1) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay for the education tuition for the student attending NPS – Palo Alto Preparatory.

Total Contract Amount: *\$48,780.00*

(Education Code Sections 56365 et seq.)

This agreement is effective on August 1, 2019 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, 2020, 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 PALO ALTO PREPARATORY SCHOOL

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number (650) 558-2265

Pupil Name _____ Sex: ☒ M ☐ F Grade: 9
(Last) (First) (M.I.)

Address _____ (Last) _____ (First) _____ City _____ State/Zip _____

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

Parent/Guardian _____ Phone (650) _____ () _____

 (Residence) _____ (Business) _____

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

AGREEMENT TERMS:

- 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
_____ 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: \$271.00

Estimated Number of Days 180 days x Daily Rate \$271.00 = PROJECTED BASIC EDUCATION COSTS \$48,780.00

B. RELATED SERVICES:

RELATED SERVICES:							
SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (516).				120 min/week	\$182.00	36 weeks	\$13,104.00 (SELPA PAYS)
Parent Counseling (520)							

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

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 13,104.00 (SELPA PAYS)

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ \$81,884.00

4. Other Provisions/Attachments:

SMCOE SELPA Pays Counseling portion: please bill separately = \$13,104.00

SMUHSD pays Basic Education program Cost of \$48,780.00

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

_____ Quarterly _____

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

-CONTRACTOR-

-LEA-

PALO ALTO PREPARATORY SCHOOL

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of Nonpublic School/Agency)

(Name of LEA)

[Signature]

9/12/19

(Signature)

(Date)

Carolyn Schwartzbord

10/1/19

(Carolyn Schwartzbord, Director SpEd)

(Date)

Lisa O'Keefe Dean Students

(Name and Title)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(1) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay the special education tuition, residential care, speech and occupational therapy for student attending out of state Non Public School, Heartspring.

Total Contract Amount: *\$327,693.33*



SERVICE CONTRACT

Parties to Agreement:

Sending State Educational Agency (SEA),
Local Education Agency (LEA), or Private
Party (PP):

Heartspring
8700 East 29th Street North
Wichita, KS 67226
316-634-8700

San Mateo Union High School District
839 Hlnckley Road
Burlingame, CA 94010
(650) 558-2265

The parties agree as follows:

Heartspring shall provide services in behalf of [REDACTED]

1. **DURATION:** The term of this contract shall be from July 1, 2019 to June 30, 2020 unless otherwise terminated.
2. **TERMINATION:** Either party may terminate this agreement upon 30 calendar days written notice. Notwithstanding this notice requirement, Heartspring has the right to immediately terminate this agreement should Heartspring, in its sole discretion, deem that it can no longer provide adequate services to meet the child's needs and/or because Heartspring determines that the child poses too great of risk or danger to self or others.
3. **NO ABATEMENT DUE TO ABSENCES:** There shall be no abatement in contract price due to absence from the program for any reason, including school recess or breaks between semesters, except that individual therapy sessions shall only be billed when actually performed.
4. **ULTIMATE RESPONSIBILITY UNDER IDEA:** The parties acknowledge that the sending SEA and/or LEA has the ultimate responsibility to ensure that the requirements of IDEA and the State Law of the sending SEA and/or LEA are complied with. Heartspring will provide reasonable documentation and collaborate with the sending SEA and/or LEA, but the drafting of educational plans and related due process requirements remains the ultimate responsibility of the sending SEA and/or LEA and is not shifted to Heartspring. Heartspring will convene an IEP or other type meeting once annually, and will cooperate if more than one such meeting is required.

5. **PROVISION OF PROGRESS REPORTS:** Heartspring agrees to provide reports and documentation each quarter (unless another time period is agreed upon, in writing) to either the SEA and/or LEA (as directed), and the parent or guardian, concerning progress. The parties shall have the right to access, at any reasonable time, the records compiled and maintained concerning the child for which services are provided. These records shall include all data collected regarding said child, standardized as well as all other forms of testing, medical records, psychological records, correspondence with parents, and any other information compiled. Request for such information shall be made in writing, and information releases and requests shall comply with applicable law. Upon appropriate request from SEA and/or LEA, a response will be provided within fourteen (14) business days, and will not require prior consent by the Parent(s) or Guardian.
6. **PRECEDENCE OF CONTRACTUAL PROVISIONS:** In the event of an addendum or addition to this contract, and conflicting contractual terms are discovered, then those conflicting terms found in the addendum or other addition shall be subordinate to the provisions contained herein, and if such conflict(s) are discovered, the parties agree that the conflict(s) shall not nullify any of the terms of this contract as set forth herein, and the parties shall remain contractually bound by the contract terms contained herein.
7. **SERVICES TO BE PROVIDED AND THE COST THEREOF:** The parties agree that Heartspring shall provide the following services to the child, as attached and marked as Exhibit 1, at a cost set forth therein.
8. **PAYMENT/DEFAULT:** Heartspring shall be paid on a monthly basis. Heartspring shall forward a monthly statement as directed by the SEA, LEA or PP by the 10th calendar day each month. Payment shall be promptly made to Heartspring, and no later than thirty (30) calendar days from the date of statement. Failure to make timely payment shall constitute default and Heartspring may immediately terminate this contract by giving written notice after five (5) business days from the date payment is due and not received by Heartspring. Should Heartspring, in its sole discretion, find it necessary to refer an amount due for collection, the cost of collection shall be the responsibility of the SEA, LEA or Private Pay Party, as applicable.

Estimated Total Cost for the Year			
	Rate		Total
Residential Care	\$14,540.00		\$174,480.00
Special Education	\$11,670.00		\$140,040.00
Speech**	\$95.00	75 min/wk	\$12,350.00
OT**	\$95.00	5 min/wk	\$823.33
Contract Total	**		\$327,693.33

****Therapy time per IEP. If IEP requirements change significantly during the contract period, then the contract may need to be amended to reflect the new total.**

Exhibit 1
FY 2020 FEE SCHEDULE
July 1, 2019 - June 30, 2020

Base Services

Residential Care ¹	\$ 14,540	per month
Special Education ¹	\$ 11,670	per month
Occupational Therapy, Physical Therapy, and Speech Therapy (including Assistive Technology), per IEP requirements, including direct (1:1 and group), indirect, and/or consulting, or a combination of said services	\$ 95	per 30 minute session
Group Psychotherapy, per IEP/agency requirements	\$ 40	per 30 minute session
Individual/Family Psychotherapy, per IEP requirements	\$ 95	per 30 minute session

Additional Services-if needed

Residential Intensive Staffing ²	\$ 4,000	per month
Classroom Intensive Staffing ²	\$ 2,500	per month
3rd Shift Intensive Staffing ³	\$ 4,000	per month
Round-trip transportation (including lodging and meals if needed) from Wichita to the student's city of residence during Heartspring's scheduled breaks, via regularly scheduled airline flights (or other mode of transportation agreed upon by Heartspring and the responsible party will be billed to the responsible party at the actual cost incurred by Heartspring. Heartspring will provide a travel escort for those students requiring one at a cost of \$175 per round trip	Actual cost plus \$175	per round trip
Psychological/Psychiatric Evaluations, includes records review, assessment, scoring, and report writing	\$ 1,000	each
Augmentative and Alternative Communication Evaluations, includes written report	\$ 1,000	each
Helmets and other protective devices worn by the student, electronic communication devices, and any other student-centered device that may be required by the Individual Education Plan.	Actual cost	

¹Includes up to 1:1 staffing. For additional information please refer to our Explanation of Staffing & Ratios sheet.

²Includes a minimum of 1:1 staffing at all times with the regular assignment of a second paraeducator for all waking hours.

³Includes the addition of an extra 3rd shift staff to accommodate extraordinary overnight needs of the student.

IN WITNESS THEREOF, the parties hereto have caused this agreement to be executed by the day and year first above written.

SEA and/or LEA or Private Pay Party:

Carolyn Schwartzbord
Signature

10/1/19
Date

Carolyn Schwartzbord, Director of Special Education
Please print or type name and title

Kevin Skelly, PHD Date
Superintendent, SMUHSD

HEARTSPRING:

Carolyn Wilhelm
Carolyn Wilhelm, CFO

10/1/19
Date

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(1) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: *To pay for educational services at out of state NPS – Elevations Academy.*

Total Contract Amount: *\$41,743.00*

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56385 et seq.)

This agreement is effective on July 1, 2019 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, 2020, 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 Elevations Academy

LEA Case Manager: Name CAROLYN SCHWARTZBORD, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex: ☐ M ☐ F Grade: 12

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

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

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

Address [REDACTED] (Residence) City [REDACTED] (Business) [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: 191 during the regular school year
56 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: \$169.00

Estimated Number of Days 247 x Daily Rate \$169 = PROJECTED BASIC EDUCATION COSTS \$41,743.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per week/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. (426)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (460)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							
Parent Counseling (520)							
Social Work Services (525)							

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-

EVALUATIONS

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of Nonpublic School/Agency)

(Name of LEA)

Judith Jacques 9/26/19

(Signature)

(Date)

Carolyn Schwartzbord

(Carolyn Schwartzbord, Director SpEd)

(Date)

Judith Jacques Exec Dir.

(Name and Title)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

BOARD ITEM

(Over \$25,000)

Date: *October 2, 2019*

To: *Roberta Beeken / Board Approval*

From: *Amber Vigil / Carolyn Schwartzbord*

Site: *District Office*

Number of Quotes: *(1) Individual Service Agreement*

Funding Source: *General Fund – Special Education*

Reason for proposal: To pay ADROIT Transportation for transporting student to and from NPS School in Petaluma.

Total Contract Amount: *\$47,048.32*

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 ADROIT for the transport of:

Student(s): [REDACTED]

Pick Up AM/Drop off PM:

Address: [REDACTED]
[REDACTED]

Drop Off AM/Pick Up PM: Cypress School

Address: 3835 Cypress Drive, Petaluma, CA 94954
Phone: (415) 720-9328

Start Date: September 27th, 2019

End Date: June 30th, 2020 (Including June ESY),

Last day of Regular School June 5th, First day of Summer School June 22, 2020

Price: \$286.88 RT – Estimated Total of \$47,048.32

The Transportation service is for and during the 2019-2020 school year to Cypress School and is subject to change or cancellation by either party.

The District will pay for completed trips on days that the students are in attendance at Cypress School.

By: Carolyn Schwartzford
Carolyn Schwartzford, Director of Special Ed.

Date: 10/1/19

By: Daniel Hernandez
Daniel Hernandez, Adroit Transportation

Date: 09/30/2019

By: _____
Kevin Skelly, Ph.D. Superintendent

Date: _____