SAN LEANDRO UNIFIED SCHOOL DISTRICT

CONTRACTED SERVICES AGREEMENT

INSTRUCTIONS:
1. Submit Contracted Services Agreement to Assistant Superintendent, Educational Services, for Board Approval **at least 1 month prior to services.**
2. Forms must be completed with all required signatures and have Board approval before the consultant/independent contractor can perform services for the District. (Requests submitted after services are performed will jeopardize payment.)
3. Clearances must be obtained with Human Resources Dept. (if applicable) prior to the start of services. Educational Services will facilitate this with HR once the contract is received.

Requested by: Sheila Lawrence (SLUSD) Print Name / Signature / 11/6/2013 Date

Name of Consultant/Organization: School Reach

9735 Landmark Parkway (Address) | St. Louis (City) | MO (State) | 63127 (Zip)

800-420-1479 ext5055 (Telephone Number) | 877-817-8625 (Fax Number) | jwyatt@schoolreach.com (Cell # or E-Mail Address)

SCOPE OF WORK: Allows students to text or call anonymously to report bullying/harassment of any kind to site administrators via e-mail. Provides wallet size cards for them to report any time.

LOCATION OF SERVICES: Bancroft and Muir Middle Schools

DATE(S) OF SERVICE: November 1, 2013-November 1, 2016 3 year contract

ESTIMATED COST: $1,881.00 annually based on $1 per student (and/or hourly Rate: $_____) for total of $ 5,643.00

NAME OF PROGRAM: Cyberbullying Hotline

BUDGET NUMBER: 010-5809-0405-1110-1000-048-48-375 (or ASB funds___)

Administrator/Program Manager Approval:
Rosanna Mucetti / R. Mucetti / Date: 11/6/13
Print Name / Signature

Consultant/Contractor:
Paul Meiners / _____ / Date: 11/6/13
Print Name / Signature

Business Manager: Initial: _____ Date: _____ Human Resources: Initial: _____ Date: _____

The Contracted Services Agreement must include the following before going to Purchasing Dept. for processing. Check off and attach all documentation that applies.

___ **BOARD APPROVAL DATE:** _____
___ **Clearances with Human Resources:** ___ **Fingerprinting** ___ **TB Note:** _____
___ Add as Vendor ___ W-9 Tax Form ___ EDD form (Employment Development Dept.)
___ Copy of Requisition ___ Invoice Attached

Note: District staff cannot be employed as a consultant/independent contractor.

Distribution:
___Assistant Superintendent, Educational Services ___Human Resources ___Purchasing Department

REVISED 2011-12 8-8-11 DWNo

SchoolReach
Instant Parent Contact

Service Agreement

Date: 10/30/2013

Follow us at:

Customer Information

Customer Name: San Leandro USD
Billing Address: 14735 Juniper Street
City: San Leandro St: CA Zip: 94579

Contact: Sheila Lawrence
Contact Email: slawrence@sanleandro.k12.ca.us
Contact Phone: 510-667-6239 Contact Fax:

Client Type: Public District
Database: Aeries
Caller ID: 510-667-6239
Enrollment: 1,881

Start Date: 11/1/2013
End Date: 11/1/2016

Plans

Features:

	Base	Plus
Unlimited Voice, Email, Text & Polling	Included	Included
Database Integration (EZ Data Sync)	Included	Included
Free SchoolReach App & Parent App	Included	Included
Social Network Integration	Included	Included
Message Retrieval Line	Included	Included
Alternate Languages	Included	Included
Staff Account Management (SAM)	Included	Included
Phone Surveys	Included	Included
Document Center	Included	Included
24/7/365 Customer Service	Included	Included
Attendance Notification (EZ Attendance)		Included
Lunch Balance Notification (EZ Lunch)		Included

Additional Services

CyberBullyHotline X
Includes 1 CyberBully Hotline number

Custom Intro on ALF
Custom Intro or Removal
Enhanced Attendance
EZ Bus Stop Alert
Homework Hotline
Message of the Day
Development Office Call Pack
Development Office Email Pack

Payment

Purchase Order #:
Price/Student: $1.00
Total Due: $1,881.00

To pay by credit card please call 800-420-1479 or provide your credit card information in the Payment Section to the right.

Credit Card Information

Name:
Credit Card #:
Expiration Date: CVV:

Additional Information

Three Year Annual Pay Agreement with Payment Due 11/2013, 11/2014 and 11/2015.

Service Acceptance

By signing the Service Agreement, you agree to the Terms & Conditions Agreement provided. Terms & Conditions can also be found after login at download.schoolreach.com

Customer
Signature: Sheila Lawrence
Printed Name: Sheila Lawrence
Title: Director SSS Date: 10/30/13

GroupCast
Signature:
Printed Name:
Date:

Office Use Only

Invoice #: Sales Rep: Jeannie Wyatt PIN #:
Invoice Date: Partnership: # of PIN's: # of Hotlines: 2