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/ Victoria Forrester / Victoria Forrester / 4/8/16
(SLUSD) Print Name — Signature — Date

Name of Consultant/Organization: Go Green Transportation Inc. – Eric Hoopes

20630 John Drive	Castro Valley	CA	94546
Address	City	State	Zip

(510) 464-7336	510-209-2524	begreengogreen@yahoo.com
Telephone Number	Fax Number	Cell # or E-Mail Address

SCOPE OF WORK: Provide transportation services for SPED students for the 2015-2016 school year.

LOCATION OF SERVICES: Various Sites

DATE(S) OF SERVICE: 4/12/16 – 6/9/16

ESTIMATED COST: $18,000.00 (and/or hourly) Rate: ____

NAME OF PROGRAM: Special Services Transportation

BUDGET NUMBER: 010-5809-6500-5750-1180-049-49--240 (or ASB funds——)

Administrator/Program Manager Approval:

Victoria Forrester / Victoria Forrester /Date: 4/8/16
Print Name — Signature

Consultant/Contractor:

GO GREEN transportation inc / /Date: 4-11-16
Print Name ERIC HOOPES — Signature

Business Manager: Initial: MV Date: 4-11-16 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
___ 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

REQUIRED CERTIFICATIONS AGREEMENT
BETWEEN SAN LEANDRO UNIFIED SCHOOL DISTRICT
AND GO GREEN TRANSPORTATION

All providers of services to the San Leandro Unified School District ("District") are required to comply with the terms and conditions of this Required Certifications Agreement ("Agreement"), which is incorporated into and made a material condition and provision of all agreements for services. Failure to comply with these terms and conditions constitutes grounds for immediate termination of any agreement for services between any Agency/Consultant/Contractor (hereafter referred to as "Consultant") and the District. The undersigned Consultant has the responsibility to make a reasonable determination of whether an employee/agent/volunteer/subconsultant and/or other authorized representative (each, a "Consultant provider") will have more than limited contact with pupils, and therefore requires a criminal background check. To make this determination, Consultant shall consider the totality of the circumstances, including factors such as the length of time the person will be on school grounds, whether the person will be in proximity with pupils, and whether the person will be alone on school grounds or will be constantly supervised by a person who has passed a criminal background check. As an example, note that any counselor, instructor or care provider in a group or individual setting will be considered to have "more than limited contact."

Criminal Background Clearance: Consultant shall, in connection with each Consultant provider comply with the provisions of Education Code §45125.1, including, but not limited to obtaining clearance from both the California Department of Justice (CDOJ) and the Federal Bureau of Investigation prior to providing Services to any District student. Consultant shall not permit any Consultant provider to have any direct contact with District pupils or families until after Consultant certifies in writing to the District that such Consultant provider has not been convicted of a violent or serious felony, as contemplated in the Education Code. Consultant shall also make a request for subsequent arrest service from the CDOJ as required by California Penal Code Section 11105.2.

Tuberculosis Clearance: Each Consultant provider must show evidence of negative tuberculosis (TB) test results, as described in, and within the timeline prescribed by, Education Code §49406, before having contact with District students or families. Consultant shall maintain on file the certificates from the examining physicians and surgeons showing that each Consultant provider was examined and found free from active tuberculosis. These forms must be maintained and updated by Consultant, and be available to the District or any designated agency upon request or audit.

Cost: Consultant shall be responsible for all costs related to fingerprinting and TB testing. Consultant shall provide the District with Certifications, in the form attached to this Agreement (Page 2), covering each and every Consultant provider.

Effective Date: This agreement shall be dated and in full force and effect on the date signed by the District, as indicated below.

No Other Changes: All provisions of this Agreement not specifically changed herein remain in full force and effect. This Agreement, constitutes the full agreement and understanding of the Parties with respect to the matters therein and herein contemplated.

Execution: The person(s) executing this Agreement on behalf of the Consultant warrants and represents that Consultant has vested authority on such person(s) to execute and deliver this Agreement and to perform the services contemplated hereunder and further agrees that this Agreement is a material condition of any and all agreements for services between Consultant and the District.

Company Name: GO GREEN TRANSPORTATION **For the SLUSD:**

ERIC HOOPES

[Authorized Representative]

[Superintendent or Designee]

Title: Manager | Title:
Date: 4-11-16 | Date:

REQUIRED CERTIFICATIONS AGREEMENT - Page 2: Criminal Background Checks and Tuberculosis Testing in Connection with Consultant and Contracting Services

I certify that each of the persons below meets all of the requirements as described on Page 1 of the Required Certifications Agreement. If necessary, additional persons may be added to this agreement on attached pages labeled Criminal Background Checks and Tuberculosis Testing in Connection with Consultant and Contracted Services and shall meet all of the requirements specified in this agreement.

I certify that none of my employees/agents/volunteers/subconsultants, contractors, or representatives will have any contact with students prior to passing the criminal background checks and tuberculosis screening required by this Agreement.

Name	Fingerprint Clearance Date	TB Clearance Date
ERic Hoopes N56446	All Background checks Renew 2-25-16	2012
PATEL Sheepak F7771091	↓	2014
JAVIER Rojas F8543215	↓	2016

By signing below on behalf of Consultant, I certify that I am an authorized signatory and that the information provided herein as "Required Certifications" is true and accurate. I further acknowledge that during the term of this Agreement, if I learn of additional information which differs from the responses provided above, or if I engage additional employees/agents/volunteers, I promise to forward this additional information to the District immediately.

Legal Name of Consultant/Contractor: GO-GREEN Transportation Inc

By: _____ Date: 4-11-16
(authorized signatory)

Name: ERic Hoopes Title: Manager

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
GO-GREEN TRANSPORTATION

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
20630 JOHN DR

Requester's name and address (optional)

6 City, state, and ZIP code
CASTRO VALLEY CA 94546

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
2 7 - 0 3 4 2 8 8 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 4-11-16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Rice Insurance LLC
1400 Broadway
P.O. Box 639
Bellingham WA 98227

CONTACT NAME: Sandi Jones
PHONE (A/C, No, Ext): (360) 734-1161 **FAX (A/C, No):** (360) 734-1173
E-MAIL ADDRESS: sandi@riceinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Ins Co	
INSURER B: RIC Insurance General Agency Inc	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Go Green Transportation Inc, DBA: Go Green
20630 John Dr
Castro Valley CA 94546

COVERAGES **CERTIFICATE NUMBER:** CL1582431019 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		CPS2289567	8/26/2015	8/26/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		9106317-15	7/1/2015	7/1/2016	PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured as required by written contract per attached form

CERTIFICATE HOLDER
San Leandro Unified School District
14735 Juniper St.
San Leandro, CA 94579

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
Troy Haskell/SAN

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SAFETY COMPLIANCE REPORT/ TERMINAL RECORD UPDATE

CHP 343 (Rev 6-10) OPI 062

NEW TERMINAL INFORMATION	CA NUMBER	FILE CODE NUMBER	COUNTY CODE	BED
☑ Yes ☐ No	387800	347573	43	

TERMINAL TYPE	CODE	OTHER PROGRAM(S)	LOCATION CODE	SUBAREA
☑ Truck ☐ Bus	B		345	4546

TERMINAL NAME: Go Green Transportation Inc

TELEPHONE NUMBER (W/ AREA CODE): (510) 464-7336

TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE): 20630 John Drive, Castro Valley, CA 94546

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIPCODE) (IF DIFFERENT FROM ABOVE):

INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY):

LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO.	HWT. REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE	DRIVERS	BIT FLEET SIZE
					I- II- 3	2	
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT	HW VEH.	HW CONT.	PPB / CSAT	
						☐ Yes ☑ No	

CONSOLIDATED TERMINALS: ☐ Yes ☑ No

FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS):

EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO. (W/ AREA CODE)	NIGHT TELEPHONE NO. (W/ AREA CODE)
Eric Hoopes	(510) 828-7656	
Pat Wilsford	(510) 331-5337	

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2014]

A	B	C	D	E	F	G	H	I
☐ UNDER 15,000	☑ 15,001 — 50,000	☐ 50,001— 100,000	☐ 100,001— 500,000	☐ 500,001— 1,000,000	☐ 1,000,001— 2,000,000	☐ 2,000,001— 5,000,000	☐ 5,000,001— 10,000,000	☐ MORE THAN 10,000,000

OPERATING AUTHORITIES OR PERMITS

PUC	☐ T	☑ TCP ☐ PSC 25245	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE: ☐ Yes ☐ No ☐ N/A	IMS FITNESS EVALUATION: ☐ Yes ☑ No
USDOT	US DOT NUMBER: 2693394	☐ MC ☐ MX	☐ MC ☐ MX	REASON FOR INSPECTION: PUC renewal & Annual terminal inspection

INSPECTION FINDINGS		INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable				
REQUIREMENTS	VIOL	MAINTENANCE PROGRAM	DRIVER RECORDS	REG. EQUIPMENT	HAZARDOUS MATERIALS	TERMINAL
MAINTENANCE PROGRAM		1 N/A 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 N/A 2 S 3 S 4 S	1 N/A 2 N/A 3 N/A 4 N/A	1 S 2 S 3 S 4 S
DRIVER RECORDS		No. 2 Time 1.0	No. 2 Time 1.0	No. 3 Time 3.0	TIME: N/A	TOTAL TIME: 5.0
DRIVER HOURS		HAZARDOUS MATERIALS: ☑ No H/M Transported ☐ No H/M violations noted		CONTAINERS/TANKS No. Time	VEHICLES PLACED OUT-OF-SERVICE Vehicles 0 Units 0	
BRAKES		REMARKS				
LAMPS & SIGNALS						
CONNECTING DEVICES						
STEERING & SUSPENSION	2					
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS	5					
CONTAINERS & TANKS						
HAZARDOUS MATERIALS						

BIT	NON - BIT	FEES DUE	CHP 345	CHP 100D COL.	INSPECTION DATE(S)	TIME IN	TIME OUT
☐ I ☐ R	☐	☐ Yes ☐ No	☐	5	7/21/2015	0700	1200

INSPECTED BY (NAME(S))	ID NUMBER(S)	SUSPENSE DATE
R. Perez	A13299	☑ Auto ☐ None

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 4), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfatcory rating by contacting the Motor Carrier Safety Unit Supervisor at (707) 648-4180 within 5 calendar days of the rating.

CURRENT TERMINAL RATING	CARRIER REPRESENTATIVE'S SIGNATURE	DATE
SATISFACTORY		7-21-15

CARRIER REPRESENTATIVE'S PRINTED NAME	TITLE	DRIVER LICENSE NUMBER	STATE
Eric Hoopes	Manager	N5666416	CA

Destroy Previous Editions

BUSINESS LICENSE

Issuance of this license does not grant compliance with any other state law or county ordinances.

BUSINESS NAME: Go Green Transportation, Inc.

BUSINESS LOCATION: 20630 JOHN DRIVE
CASTRO VALLEY, CA 94546

BUSINESS OWNER: Rita Hoopes

GO GREEN TRANSPORTATION, INC.
20630 JOHN DRIVE
CASTRO VALLEY, CA 94546

TO BE POSTED IN A CONSPICUOUS PLACE

COUNTY OF ALAMEDA

224 W. Winton Avenue, Suite 169, Hayward, Ca. 94544
Phone: (510) 670-6400

BUSINESS CLASS NO: 9960

DESCRIPTION: Shuttle Bus

Business License Number: 125899
Effective Date: January 01, 2016
Expiration Date: December 31, 2016

DONALD R WHITE TREASURER - TAX COLLECTOR

DEPUTY

NOT TRANSFERABLE