LOS ANGELES
EDUCATION
PARTNERSHIP

Los Angeles Education Partnership Scope of Work for
San Leandro Unified School District
CORE Coach- School Year 2019-2020

LAEP Philosophy

The success of any student depends upon collaboration among educators, parents, nonprofits, government and businesses to create collective impact. Los Angeles Education Partnership is committed to facilitating collaborations that enable students to graduate college and career ready. We do this by improving teachers' skills and collaboration, empowering students and parents, and engaging community organizations to partner with schools. Our commitment to creating effective schools is woven into the transformational models that we implement.

Contract Proposal

This document describes potential services to be provided to San Leandro Unified School District ("SLUSD"), by the Los Angeles Education Partnership ("LAEP").

SERVICES PROVIDED

Between October 1st, 2019 and July 31, 2020, a CORE Coach will provide the following services:

The CORE Coach shall:

- Provide services, including professional development, strategic planning, and in person and virtual coaching for up to 3 SLUSD schools, 4 days per week.
- Work collaboratively with the school staff and community partners to implement and sustain a comprehensive trauma-informed approach to address both preventative and responsive measures for students and staff at 2 middle schools and 1 high school in SLUSD.
- Design & facilitate four, 90-minute, professional development workshops per school that supports a consistent implementation of trauma-informed practices throughout the school year to all school staff.
- Engage school administrators and staff in ongoing consultation and coaching that is reflective, responsive, supportive and contextual and promotes sustainable trauma-informed mindsets, systems, practices and school-community partnerships
- Coach additional school personnel to support in implementing and sustaining trauma-informed practices.
- Work with administrative district, union, and school leadership staff to ensure that policies and procedures reflect an understanding of the role of trauma in student behaviors.
- Participate in required evaluation activities associated with the project

- Work collaboratively with the leadership teams and coach teachers in /supporting the strategic plan to align the vision, mission, and instructional priorities of the school using data-informed decision making
- Provide individualized, classroom-based coaching to support teachers in building supportive relationships with students and implementing and sustaining trauma-informed practices that promote student success and empowerment.
- Support additional school personnel to support in implementing and sustaining trauma-informed practices.
- Facilitate communication including, e.g., strategic plans, sustainability plans, weekly coaching updates via virtual and written communication.
- Facilitate actions plans that focus on resilient policy and practice implementation and revision.
- Participate in LAEP professional development and other opportunities for professional growth

SLUSD
SLUSD shall:

- Work with the school sites to ensure there are opportunities for CORE-related PD throughout the school year at each school site;
- Support the continuation of a leadership team focused on implementing trauma-informed practices at each site;
- Provide access to student, staff, and school data as required.
- Participate in the sharing of evaluation data for grant reporting and school-based data

FINANCIAL AGREEMENT
SLUSD agrees to pay LAEP a fee of **$114,000** for the services discussed above and related expenses. The amount will be billed monthly, as services are delivered.

Los Angeles Education Partnership	**San Leandro Unified School District**
By:_____	By:_____
Date:_____	Date:_____
Michele Broadnax, MBA	
President and CEO	

LOS ANGELES
EDUCATION
PARTNERSHIP

San Leandro Unified School District
CORE Coach

Schedule of Payments

Service Dates	Invoice Date	Amount
October 1 – October 31, 2019	November 1, 2019	$12,666.67
November 1 – November 30, 2019	December 3, 2019	$12,666.67
December 1– December 14, 2019	January 7, 2020	$12,666.67
January 7 – January 31, 2020	February 1, 2020	$12,666.67
February 1– February 28, 2020	March 1, 2020	$12,666.67
March 1– March 31, 2020	April 2, 2020	$12,666.67
April 1– April 30, 2020	May 1, 2020	$12,666.67
May 1– May 31, 2020	June 1, 2020	$12,666.67
June 1- June 30, 2020	July 1, 2020	$12,666.67
July 1- July 31, 2020	August 1, 2020	$12,666.67

SAN LEANDRO UNIFIED SCHOOL DISTRICT

CONTRACTED SERVICES AGREEMENT

INSTRUCTIONS:

1. Submit Contracted Services Agreement 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. Originating Dept. will follow up with HR once the contract is received.

Requested by: Joanne Clark (SLUSD) Print Name / [signature] Signature / 10/1/19 Date

Name of Consultant/Organization: Los Angeles Education Partnership (LAEP)

202 W. 1st. Street, Suite 6-0410 (Address) | Los Angeles (City) | CA (State) | 90012 (Zip)

213-622-5237 (Telephone Number) | 213-629-5288 (Fax Number) | 248-345-2224/lmccabe@laep.org (Cell # or E-Mail Address)

SCOPE OF WORK: Cultivating Organizational Resilience and Empowerment (CORE) workshops and coaching - see contract for full scope of work.

LOCATION OF SERVICES: John Muir Middle School; Bancroft Middle School; San Leandro High School.

DATE(S) OF SERVICE: Oct. 2019 - June 2020

ESTIMATED COST: $114,000 (and/or hourly Rate: $_____)

NAME OF PROGRAM: LAEP CORE

BUDGET NUMBER: Youth Reinvestment Grant Resource 9030 (or ASB funds____)

Administrator/Program Manager Approval:

Joanne Clark (Print Name) / [signature] (Signature) / Date: 10/1/19

Consultant/Contractor:

Elvia De La Torre (Print Name) / [signature] (Signature) / Date: 10-01-2019

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
___ 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:
___Originating Department ___Human Resources ___Purchasing Department

REVISED 4-16-14 RA/RM/vkc

REQUIRED CERTIFICATIONS AGREEMENT
BETWEEN SAN LEANDRO UNIFIED SCHOOL DISTRICT
AND Los Angeles Education Partnership (LAEP)

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: Los Angeles Education Partnership (LAEP)

Eli De La Torre
[Authorized Representative]

Title: Chief Operating Officer
Date: 10-01-2019

For the SLUSD:

_____
[Superintendent or Designee]

Title: _____
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
Amy Chou	08-04-2017	Exam was done in Aug. 2017, she needs to do exam again, when she returns from Maternity leave

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: Amy Chou

By: Elvia De la Torre Date: 10-01-2019

(authorized signatory)

Name: Elvia De la Torre Title: Chief Operating Officer

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Los Angeles Education Partnership

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ 501 c 3

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 1

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
202 W. 1st St., Suite 6-0410

Requester's name and address (optional)

6 City, state, and ZIP code
Los Angeles, CA 90012

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
			-		-				

or

Employer identification number
9	5	-	3	9	0	9	2	1	8

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 for Part II, later.

Sign Here | **Signature of U.S. person** ▶ Michelle R. Broadnax | **Date** ▶ 5/1/19

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

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, *later.*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/26/2019

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
Arthur J. Gallagher & Co.
Insurance Brokers of CA. Inc. LIC # 0726293
505 N Brand Blvd, Suite 600
Glendale CA 91203

CONTACT NAME: Jenny Kim
PHONE (A/C, No, Ext): 818.539.8611 FAX (A/C, No): 818.539.8711
E-MAIL ADDRESS: Jenny_Kim@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B : NOVA Casualty Company	42552
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED LOSANGE-57
Los Angeles Education Partnership
202 W. 1st Street, Suite 6-0410
Los Angeles, CA 90012

COVERAGES **CERTIFICATE NUMBER:** 1206834031 **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:			PHPK1982799	7/1/2019	7/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Sexual Abuse	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1M Each/$3M Agg
A	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PHPK1982799	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			PHUB676991	7/1/2019	7/1/2020	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory In NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		CF1-WK-10000337-00	7/1/2019	7/1/2020	X 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
A A	Crime Professional Liability			PHPK1982799 PHPK1982799	7/1/2019 7/1/2019	7/1/2020 7/1/2020	Limit Each Claim Aggregate	See Below $1,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Policy: Crime
Employee theft: Limit:$100,000 ,Deductible:$2,500
Forgery or Alteration: Limit:$150,000 ,Deductible:$2,500
Computer fraud: Limit:$100,000 ,Deductible:$2,500

Evidence of Coverage.

CERTIFICATE HOLDER

Evidence of Coverage

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
Melissa Cruz

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