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: Wilson Maurice Gause / Maurice Gause / 12/4/19
(SLUSD) Print Name — Signature — Date

Name of Consultant/Organization: Nature Bridge

1033 Fort Cronkhite, Sausalito, CA 94965
Address — City — State — Zip

415-332-5771 — 415-332-5784 — caplain@naturebridge.org
Telephone Number — Fax Number — Cell # or E-Mail Address

SCOPE OF WORK: Residential Environmental Education

LOCATION OF SERVICES: 1033 Fort Cronkhite Sausalito, CA 94965

DATE(S) OF SERVICE: 4/1/2020 ~ 4/3/2020

ESTIMATED COST: $21,469 (and/or hourly Rate: $_____)

NAME OF PROGRAM: _____

BUDGET NUMBER: _____ (or ASB funds____)

Administrator/Program Manager Approval:

Maurice Gause / Maurice Gause / Date: 12/4/19
Print Name — Signature

Consultant/Contractor:

Casen Splain / Casen P Splain / Date: 10/25/2019
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
___ 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

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
See Attached		

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: Nature Bridge

By: Casen R. Splain (authorized signatory) **Date:** 10/25/2019

Name: Casen Splain **Title:** Director of Outreach & Enrollment

					TB TESTS
Either Livescan or Background Check Confirmation	PUGLIESE, CAROL-ANNE	10	2	Mentor Teacher	02/13/2021
Either Livescan or Background Check Confirmation	ORBIK, KIMBERLY	10	2	Educator	08/15/2023
Either Livescan or Background Check Confirmation	YAKOBOVICH, VANESSA	10	2	Educator/Lab Ste	01/20/2020
Either Livescan or Background Check Confirmation	MORENO, REYNA CHRISTA	10	2	Educator	05/09/2020
Either Livescan or Background Check Confirmation	MALLEN, EMILY	10	2	Educator	01/23/2021
Either Livescan or Background Check Confirmation	ROSE, OLIVIA MACY	10	2	Educator	01/26/2022
Either Livescan or Background Check Confirmation	RATTERAY, ANDREAS JOSHUA	10	2	Environmental Sc	05/01/2022
Either Livescan or Background Check Confirmation	DUENAS, GISELA	10	2	Environmental Sc	07/01/2022
Either Livescan or Background Check Confirmation	Nichols, Karen	10	2	Educator	10/02/2022
Either Livescan or Background Check Confirmation	RIOS DOMINGUEZ, ANDREA	10	2	Environmental Sc	05/10/2023
Either Livescan or Background Check Confirmation	ZAHLER, MOLLYE L	10	2	Host/Educator	06/01/2023
Either Livescan or Background Check Confirmation	DATHATRI, DEEPAK	10	2	Environmental Sc	06/22/2023
Either Livescan or Background Check Confirmation	Johengen, Chris	10	2	Educator	9/13/2023
Either Livescan or Background Check Confirmation	LUDWIG, SARAH	10	2	Mentor Teacher	09/26/2023
Either Livescan or Background Check Confirmation	HARPER, CAROLYN	10	2	Educator	02/26/21
Either Livescan or Background Check Confirmation	LANGENBERG, TIMOTHY	10	2	Environmental Sc	6/6/2020
Either Livescan or Background Check Confirmation	LUK, YI-CHUAN	10	2	Environmental Sc	08/14/19
Either Livescan or Background Check Confirmation	TAYLOR, ALEXANDER WILLIAM	10	2	Education Manag	07/01/2023
Either Livescan or Background Check Confirmation	WAGNER, NICHOLAS M	10	2	Educator	03/22/2023
Either Livescan or Background Check Confirmation	Westlund, Brian	10	2	Educator	09/10/2019

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/3/2019

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: Harjit Sim PHONE (A/C, No, Ext): 415-493-2563 FAX (A/C, No): 415-493-2505 E-MAIL ADDRESS: harjit_sim@ajg.com
INSURED NATUREB-01 Naturebridge 28 Geary Street, Suite 650 San Francisco, CA 94108	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : United States Fire Insurance Company — 21113 INSURER B : North River Insurance Company — 21105 INSURER C : Berkshire Hathaway Homestate Insurance Company — 20044 INSURER D : Western World Insurance Company — 13196 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1356249130 **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 X Incl Liquor Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			5068968237	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	$ 1,000,000 $ 500,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			5068968237	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 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			5821124427	7/1/2019	7/1/2020	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
C	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		NAWC009304	7/1/2019	7/1/2020	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
D	2ND LAYER EXCESS			GLX100175700	7/1/2019	7/1/2020	Excess Aggregate	$5,000,000 $5,000,000

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

Policy: Sexual Abuse Liability
Policy#: 5068968237
Carrier: United States Fire Insurance Company
Policy Term: 7/1/2019 To 7/1/2020
Per Claim: $1,000,000 / Aggregate: $2,000,000

See Attached...

CERTIFICATE HOLDER

Evidence of Coverage
USA

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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NatureBridge.

October 24, 2019

To Whom It May Concern,

This is to certify that it is the policy of NatureBridge to conduct fingerprint and background checks on all California and Washington NatureBridge staff in accordance with California and Washington education code requirements and require TB tests on NatureBridge staff who work directly with children. Fingerprints are submitted to DOJ and the FBI. Staff who do not pass the background check or the TB test are not allowed to work for NatureBridge.

Sincerely,

Jeff Crow
Director of Risk Management
NatureBridge

Cell: 559.840.7260

28 Geary Street Suite 650
San Francisco, California 94108

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.

NATUREBRIDGE

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) ▶

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.) See instructions.

28 GEARY STREET, SUITE 650

Requester's name and address (optional)

6 City, state, and ZIP code

SAN FRANCISCO, CA 94108

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	4	-	2	1	4	5	9	3	0

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** ▶ Kathleen McGrath | **Date** ▶ 1/9/19

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.*