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: James Parrish / _____ / _____
(SLUSD) Print Name | Signature | Date

Name of Consultant/Organization: Community Youth Forum – Karen Halfon Prog. Director

291 McLeod Street | Livermore | CA | 94550
Address | City | State | Zip

925-337-2758 | 510-262-4680 | karenhalfon@communityyouthcourts.com
Telephone Number | Fax Number | Cell # or E-Mail Address

SCOPE OF WORK: Providing restorative justice measures to at risk students. Diversion services include the following: community service, case management, expulsion contract support, and counseling. Program intended to promote emotional development and reduce recidivism and disproportionate disciplinary consequences.

LOCATION OF SERVICES: Barbara Lee Center, 2251 Bancroft Ave, San Leandro 94577

DATE(S) OF SERVICE: Second Monday of each month with the exception of BLC closures, school holidays, etc. Additional dates may be scheduled to accommodate additional student referrals. Recurring dates/times subject to change based on mutually agreeable preferred day/time.

ESTIMATED COST: $1,600.00 per month not to exceed $16,000 annually)

NAME OF PROGRAM: Community Youth Courts

BUDGET NUMBER: 010-5800-9030-1110-3110-018-18-001 (or ASB funds ____)

Administrator/Program Manager Approval:

_____ / _____ /Date: _____
Print Name | Signature

Consultant/Contractor:

Karen Halfon /  /Date: 8/31/21
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