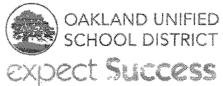
| Board Office Use: Le | gislative File Info. |
|----------------------|----------------------|
| File ID Number | 10-1452 |
| Introduction Date | 6-14-10 |
| Enactment Number | 10-12/6. |
| Enactment Date | 6-23-1082 |



| nactment Date 6- | 23-10g F | CAUCUL BULLESS |
|---|---|--|
| Memo | 1 | every student, every classroom, every day |
| То | Board of Equiparities | |
| From | Anthony Smith, Rh.D., Superintendent | |
| Board Meeting Date (To be completed by Procurement) | 6-23-10 | |
| Subject | Professional Services Contract Hatchuel Tabernik & Associates Berkeley CA 922 / Complementary Learning Department | (Contractor, City, State) - |
| Action Requested | Ratification by the Governing Board of a profeso Oakland Unified School District and Hatchuel Tal Services to be primarily provided to 922 / Compfor the period of 05/15/2010 through 06/3 | bernik & Associates lementary Learning Department |
| Background A one paragraph explanation of why the consultant's services are needed. | Hatchuel, Tabernik & Associates (HTA) is a consulting firm and training, and evaluation services to non-profit organiz provide technical assistance for grant writing, reporting, a opportunites. HTA's process includes initial discussion fo budget, research data, meeting facilitation, grant writing, e management. | ations and public agencies. HTA will nd research for additional funding r developing workplan, program planning, |
| Discussion One paragraph summary of the scope of work. | Ratification by the Board of Education of a Professional S Tabernik & Associates, Berkeley, CA, for the latter to provreporting, and research for additional funding opportunites Department for the period of May 15, 2010 through June 3 | ride technical assistance for grant writing, sor the Complementary Learning |
| Recommendation | Ratification by the Governing Board of a profesoakland Unified School District and Hatchuel Tale Services to be primarily provided to 922 / Compfor the period of 05/15/2010 through 06/3 | bernik & Associates lementary Learning Department |
| Fiscal Impact | (p | A Support |
| Attachments | Professional Services Contract including Fingerprint/Background Check Certification | g scope of work |

TB screening documentation Statement of qualifications



Rev. 9/01/09

PROFESSIONAL SERVICES CONTRACT 2009-2010

| Thi | is Agreement is entered into between the Oakland Unified School District (OUSD) and <u>Hatchuel Tabernik & Associates</u> (CONTRACTOR). OUSD is authorized by Government Code Section 53060 to contract for |
|-----|--|
| spe | furnishing of special services and advice in financial, economic, accounting, engineering, legal, and administrative matters with persons ecially trained, experienced, and competent to perform such services. CONTRACTOR warrants it is specially trained, experienced, and mpetent to provide such services. The parties agree as follows: |
| 1. | Services: The CONTRACTOR shall provide the ("Services" or "Work") as described in Exhibit "A," attached hereto and incorporated herein by reference. |
| 2. | Terms: CONTRACTOR shall commence work on <u>05/15/2010</u> , or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$72,400 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$72,400, whichever is later. The work shall be completed no later than <u>06/30/2010</u> . |
| 3. | Compensation: OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to exceed Eight Thousand Dollars (\$ 8,000.00). This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs. |
| | If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD. |
| | OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: N/A |
| | Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made. |
| | The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by the District and in that case must be replaced by CONTRACTOR without delay. |
| 4. | Submittal of Documents : CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following: |
| | Individual consultants: Tuberculosis Clearance – Documentation from health care provider showing negative TB status within the last four years. |
| | Completion of Pre-Consultant Screening Process – Attach letter from Human Resources Support Services showing completion of Pre-Consultant Screening for this current fiscal year. |
| | ☐ Insurance Certificates and Endorsements – General Liability insurance in compliance with section 9 herein. |
| | 2. Agencies or organizations: |
| | ☐ Insurance Certificates and Endorsements – Workers' Compensation insurance in compliance with section 9 herein. |
| 5. | Equipment and Materials: CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement except: N/Awhich shall not exceed a total cost of \$ |
| 6. | CONTRACTOR Qualifications / Performance of Services. |
| | CONTRACTOR Qualifications. CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and,/or regulations, as they may apply. |
| | Standard of Care. CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts. |
| 7. | Notices: All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below: |
| | |

Requisition No. <u>R0006015</u> P.O. No. ____

Professional Services Contract

OUSD Representative: CONTRACTOR: Name: Tim Tabernik Name: Jane Nicholson Title: President 922 / Complementary Learning Department Site /Dept.: 2560 9th Street, Suite 211 Address: Address: Berkeley CA 94710 Oakland, CA Phone: (510) 559-3193 Phone: 879-8328

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

Invoicing

Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD.

- Invoices shall include, but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, total payment requested.
- 2. Invoices from Agencies or Organizations must include evidence of compliance with section 19 herein:
 - i. Fingerprinting of Employees and Agents: Agency or organization must provide a current list of all employees, agents and volunteers working at an OUSD site when invoicing, and must include the Department of Justice ATI number for each person, and at statement that subsequent arrest records have been requested for each person listed.
 - ii. Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.
- Status of Contractor: This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

10. Insurance:

- 1. General Liability Insurance: Unless specifically waived by OUSD, the following insurance is required:
 - i. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

- □ CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.
- ☐ CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.
- ii. CONTRACTOR shall maintain General Liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured. Evidence of insurance must be attached. Inclusion of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.
- 11. Licenses and Permits: CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

Professional Services Contract

- 12. **Assignment:** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
- 13. **Anti-Discrimination**. It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, the CONTRACTOR agrees to require like compliance by all its subcontractor(s). Contractor shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation.
- 14. **Drug-Free / Smoke Free Policy**. No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use drugs on these sites.
- 15. **Indemnification:** CONTRACTOR agrees to hold harmless, indemnify, and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
- 16. Copyright/Trademark/Patent/Ownership. CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORs in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
- 17. Waiver: No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
- 18. Termination: OUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
- 19. Conduct of Consultant. CONSULTANT will adhere to the following staff requirements and provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8, which include:
 - 1. Tuberculosis Screening
 - 2. Fingerprinting of Employees and Agents. The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contract with OUSD pupils in providing services to the District under this Agreement.

Contractor initial:

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONSULTANT related persons, employee, representative or agent from an OUSD school site and, or property, CONSULTANT shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons.

- 20. **No Rights in Third Parties.** This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
- 21. OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors. OUSD may evaluate the CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
 - Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
 - 2. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

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Professional Services Contract

- 22. Limitation of OUSD Liability. Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
- 23. Confidentiality. The CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
- 24. Conflict of Interest. CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement.

CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.

Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 *et seq.* and section 87100 *et seq.* of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement, which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.

- 25. Integration/Entire Agreement of Parties. This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.
- 26. **Litigation:** This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
- 27. Contract Contingent on Governing Board Approval: The District shall not be bound by the terms of this Agreement until it has been formally approved by the District's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.
- 28. **Signature Authority.** Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
- 29. **Counterparts.** This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 30. Incorporation of Recitals and Exhibits. The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.

| Summary of terms and compensation: | | | | |
|--|-----------------------|------------------------------------|---|---|
| Anticipated start date: 05/18/2010 | Work shall be complet | ed by: <u>06/30/2010</u> | Total Fee: \$ <u>8,</u> | 000.00 |
| OAKLARD UNIFIED SCHOOL DISTRICT President Board of Education Superintendent | (2 10 Date | Contractor Contractor Signature | *************************************** | 5-<u>28-10</u> Date |
| A CHARLES OF A ACCORDING TO A STATE OF THE S | | Tim Tabernik | Preside | ent |
| CERTIFIED: | Date | Print Name, Title | | |
| Edgar Rakestraw, Jr., Secretary Board of Education | | File ID N Introduct | ion Date nt Number | 10-1452 6-14-10 10-13-16 6-23-10 83- |
| | | <u> </u> | | |

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EXHIBIT "A" Scope of Work

DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR'S entire Proposal is <u>not</u> made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED <u>WITHOUT</u> ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda – Must accurately describe scope of work below.

Ratification by the Board of Education of a Professional Services Contract between Hatchuel, Tabernik & Associates, Berkeley, CA, for the latter to provide technical assistance for grant writing, reporting, and research for additional funding opportunities for the Complementary Learning Department for the period of May 15, 2010 through June 30, 2010 in the amount of \$8,000.00.

| | Scope of Work |
|----|--|
| ho | tchuel Tabernik & Associates will provide a maximum of 114.29 hours of services at a rate of \$70.00 per ur for a total not to exceed \$8,000.00 . Provices are anticipated to begin on 05/15/2010 and end on 06/30/2010 . |
| 1. | Description of Services to be Provided Please provide a one or two paragraphs program description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and the planned outcome. Hatchuel, Tabernik & Associates (HTA) will provide technical assistance for grant writing, reporting, and evaluation. The process includes initial discussion for developing workplan, program planning, budget, research data, meeting facilitation, grant writing, evaluation plan, and project management. |
| 2. | Strategic Alignment: School-based contracts: Make clear how this service supports your academic goals and increases student achievement. Provide details as to program participation (Students will) and measurable outcomes (Students will be able to) Central office contracts: How does this service support the overall strategic goals of your department and increase student achievement? |
| | Complementary Learning Department is seeking funds to facilitate the superintendents vision for full-service community schools, support student achievement by meeting students multiple needs including health, social-emotional needs, and academic needs. |
| 2 | Alignment with Single Plan for Student Achievement (required if using State or Federal Funds) |
| | lease select: Action Item included in Board Approved SPSA (no additional documentation required) Action Item Number: |
| | Action Item added as modification to Board Approved SPSA – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off. |
| | 1. Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified" and the modification date, school site name, both principal and school site council chair initials and date. |
| | 2. Meeting announcement for meeting in which the SPSA modification was approved. |

Minutes for meeting in which the SPSA modification was approved indicating approval of the modification.

Sign-in sheet for meeting in which the SPSA modification was approved.

| | 4CORD, | CERTIF | ICATE OF I | LIABILI | TY INSU | JRANCE | | DATE 05-13-2010 | | | |
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| | history and a second | DE X OCCUR | | ŀ | | | MED EXP (Any one person) | \$10,000 | | | |
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| OU At | SD Office t: Monica 21 WEBSTE | of Alte Vaughan R ST | rnative Educ | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. | | | | | | |
| UΑ | DAKLAND, CA 94609 | | | | | AUTHORIZED REPRESENTATIVE Vailla | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

OP ID CMA HATCH-1 ie parabusi i i i j

| | HAT | 3H-1 02/06/10 | | | | |
|---|---|---------------|--|--|--|--|
| PRODUCER Farallone Pacific Insurance Services, LLC 0F84441 859 Diablo Avenue | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | |
| Novato CA 94947 Phone: 415-493-2500 Fax: 415-493-2505 | INSURERS AFFORDING COVERAGE | NAIC# | | | | |
| INSURED | INSURERA Republic Indemnity Compa | ny 27561 | | | | |
| | INSURER B: landwark American Insurance Co | | | | | |
| Hatchuel Tabernik & Associates | INSURER C: | | | | | |
| 2560 9th Street, Suite 211 Berkeley CA 94710 | INSURER D: | | | | | |
| Patrate CV 34 110 | INSURER E: | | | | | |
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| | | Berkeley CA 94710 | | INSURER E | | | | | | | |
|----------------|--|--|---------------------------------------|--|--|--|--------------------|--|--|--|--|
| CO | COVERAGES | | | | | | | | | | |
| TH AN MA | 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | |
| | ADD'I. INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (RANDDAYYYY) | POLICY EXPIRATION DATE (MINDD/YYY) | LIRAITS | ITS | | | | |
| | | GENERAL LIABILITY | | | | | 5 | | | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | s | | | | |
| | | CLAIMS MADE CCCUR | | | | MED EXP (Any one person) | \$ | | | | |
| | | | | | | PERSONAL & ADV INJURY | s | | | | |
| | | | | | | GENERALAGGREGATE | 5 | | | | |
| | | GENL AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | 8 | | | | |
| | | POLICY PRO- JECT LOC | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | | |
| | | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | s | | | | |
| | | HIREDAUTOS NON-OWNEDAUTOS | | | | BCDILY INJURY (Per accident) | S | | | | |
| | | | | | | PROPERTY DAMLAGE (Per accident) | s | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | | | | |
| | | ANY AUTO | | | | OTHER THAN EA ACC | S | | | | |
| | | | | | | AUTO ONLY: AGG | 8 | | | | |
| Ì | | EXCESS/ UMBRELLA LIABILITY | | | | EACH OCCURRENCE | S | | | | |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE | \$ | | | | |
| | | | | l İ | | | 5 | | | | |
| | | DEDUCTIBLE | | | | | s | | | | |
| _ | WORK | RETENTION S ERS COMPENSATION | V | | | X TORY LIMITS ER | • | | | | |
| _ | AND E | MPLOYERS' LIABILITY ROPRIETORIPARTNER/EXECUTIVE | 156724-08 | 10/01/09 | 10/01/10 | X TORYLIMITS ER | s 1,000,000 | | | | |
| A | OFFIC | ER/MEMBER EXCLUDED? | 130724 00 | 20,02,00 | | E.L. DISEASE - EA EMPLOYEE | s 1,000,000 | | | | |
| Ì | if yes, | describe under AL PROVISIONS below | | ŀ | | E.L. DISEASE - POLICY LIMIT | s 1,000,000 | | | | |
| | ОТНЕ | | LHR813138 | 12/31/09 | 12/31/10 | Limit Deđ | 1,000,000 2,500 | | | | |
| *1 | DESCRIPTION OF OPERATIONS/LOCATIONS/USERICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS *10-day notice of cancellation for nonpayment of premium. Evidence of coverage only. | | | | | | | | | | |
| 느 | CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | |
| | ax HF | Oakland Unified School District | мноак-7 | SHOULD ANY OF THE DATE THEREOF, THE NOTICE TO THE CERT | ABOVE DE SCRIBED POLICIES B ISSUING INSURER WILL ENDEAV DE ICATE HOLDER NAMED TO THI | E CANCELLED BEFORE THE EXPIRATION OR TO MAIL ELEFT, BUT FAILURE TO DO SO SHALL IPON THE IN SURER, IT S AGENTS OR | 30★ DAYS WRITTEN | | | | |
| | | 4521 Webster Street Oakland CA 94609 | | AUTYORIZED REPRESE | AUTORIZED REPRESENTATIVE | | | | | | |

ACORD 25 (2009/01)

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PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2009-2010

| Services cannot be provided until the contract is fully approved and a Purchase Order has been Issued. 1. Controctor and CUSD controct originator (encing) or manager) roach agreement about scope of when and administration of the CUSD Vendor Number and meets the consultant requirements (including insurance and background check) 3. Controctor and CUSD controct originator creates the requisition. 5. Within 2 weeks of creating the requisition the OUSD controct originators submits complete controct packet for approval. Attachment | | Additio | nal directio | ns and | related docu | | c Direc he Scho | | ons Librar | v (http:// | intranet.ous | d.k12.ca.us) | |
|---|---|--|--|----------|-----------------|-------------------|---------------------------|--|--------------|------------|---|-------------------------|---------------|
| Contractor Name Hatchuel Tabernik & Associates Agency's Contact Tim Tabernik President Vi13083 Title Vi13083 Street Address 2560 9th Street, Suite 211 City Berkeley State CA Zip 94710 Street Address 2560 9th Street, Suite 211 City Berkeley Worked as an OUSD employee? Yes No W | Che | Additional directions and related documents are in the School Operations Library (http://intranet.ousd.k12.ca.us) Services cannot be provided until the contract is fully approved and a Purchase Order has been issued. 1. Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation. 2. Ensure contractor has OUSD Vendor Number and meets the consultant requirements (including insurance and background check) 3. Contractor and OUSD contract originator complete the contract packet together and attach required attachments. 4. OUSD contract originator creates the requisition. 5. Within 2 weeks of creating the requisition the OUSD contract originator submits complete contract packet for approval. Attachment | | | | | | | | | | | |
| Street Address State Address State S | Cor | tractor Name | Hatchu | ıel Tab | ernik & Asso | | | | ct Tim T | Tabernik | | | |
| Telephone (510) 559-3193 Email | | | | | J. 1.000 | , olatoo | | | | | | | |
| Contractor History Previously been an OUSD contractor? Yes No Worked as an OUSD employee? Yes No | | | | | | 1 | | | у | | State CA | Zip 94 | 1710 |
| Compensation and Terms – Must be within the OUSD Billing Guidelines Anticipated start date 05/15/2010 Date work will end 06/30/2010 Other Expenses Pay Rate Per Hour (required) \$70.00 Number of Hours 114.29 Total Contract Amount \$8,000.00 Budget Information If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office before completing requisition. Resource # Resource Name Org Key Object Code Amount 0099 MAA Support 9224685202 5825 \$8,000.00 Requisition No. R0006015 Total Contract Amount \$8,000.00 Approval and Routing (in order of approval steps) Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator // Manager (originator) Name Jane Nicholson Site / Department 922 / Complementary Learning Department Signature Signature Date Approved | | | | | | ND | | | 10/ | | 1100 | 0 🗆 🗸 | |
| Anticipated start date 05/15/2010 Date work will end 06/30/2010 Other Expenses Pay Rate Per Hour (required) \$70.00 Number of Hours 114.29 Total Contract Amount \$8,000.00 Budget Information If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office before competing requisition. Resource # Resource Name 9224685202 5825 \$8,000.00 Pay MAA Support 9224685202 5825 \$8,000.00 Requisition No. R0006015 Total Contract Amount \$8,000.00 Approval and Routing (in order of approval steps) Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator / Manager (polipsion) Name Jans Nicholson Fhone 879-8328 Site / Department 922 / Complementary Learning Department Fax 879-4030 Signature Administrator / Manager (polipsion) Name Jans Nicholson Date Approved 5-27-10 Resource MapAger, if using funds managed by: Distate and Federal School Porticiol Management Complementary Learning / After School Programs Date Approved 5-27-10 Resource MapAger, if using funds managed by: Distate and Federal School Proficiol Management Complementary Learning / After School Programs Date Approved Date Appro | Cor | itractor Histor | | <u>.</u> | | | | | | | | /ee? Yes | 0N |
| Pay Rate Per Hour (required) \$70.00 Number of Hours 114.29 Total Contract Amount \$8,000.00 | | | Con | pensa | ation and | | | ithin the (| DUSD Bi | illing G | uidelines | | |
| Budget Information | | | | 05/15/ | /2010 | Date work wi | ll end | 06/30/201 | | | | | |
| Resource # Resource Name | Pay | Rate Per Hou | Ur (required) | \$ 70.0 | 00 | Number of H | ours | 114.29 | Total C | ontract | Amount | \$ 8,000.00 | |
| Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator Manager Originator Name Jane Nicholson Phone 879-8328 | F | · · · · · · · · · · · · · · · · · · · | | | a contract usi | ng LEP funds, p | lease col | ntact the Sta | | S. W | | BY CONTRACTOR OF STREET | |
| Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator / Manager (Originator) Name Jane Nicholson Phone 879-8328 | | 0099 | MAA Su | pport | | | | | <u> </u> | 5-3-38 Bas | 5825 | \$8,000.00 | |
| Requisition No. R0006015 Total Contract Amount \$ 8,000.00 Approval and Routing (in order of approval steps) Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator / Manager (Originator) Name Jane Nicholson Fax 879-4030 Site / Department 922 / Complementary Learning Department Fax 879-4030 Signature Fax 879-4030 Resource Manager, if using funds managed by: Siste and Federal School Portfolio Management. Complementary Learning / After School Programs Signature (if using multiple restricted resource and is in alignment with school site plan (SPSA) Signature (if using multiple restricted resources) Network or Executive Officer Services described in the scope of work align with needs of department or school site Portfolio Management Services described in the scope of work align with needs of department or school site Portfolio Management Services described in the scope of work Signature Fax Services described in the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature Fax Services described in the scope of work Signature Fax Services described in the scope of work Signature Fax Services described in the scope of work Signature Fax Services described in the scope of work Signature Fax Services described in the scope of work Signature Fax Services described in the scope of work Signature Fax Services described in the scope of work | | | | | | | | | | _ | 5825 | | |
| Requisition No. R0006015 Total Contract Amount \$8,000.00 Approval and Routing (in order of approval steps) Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator / Manager (Originator): Name. Jane Nicholson Phone 879-8328 1. Site / Department 922 / Complementary Learning Department Fax 879-4030 Signature Phone Programs Date Approved 5-27-/0 Resource Manager, if using funds managed by: State and Federal School Portfolio Management: Complementary Learning / After School Programs Signature (if using multiple restricted resources) Date Approved Date Approved Signature (if using multiple restricted resources) Network or Executive Officer Signature According to the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature According to the scope of work align with needs of department or school site Cabinet (CA), CCA, CFO, CSD Assist. Sup-Facilities) Signature Date Approved Date Approved Date Approved Date Approved 4. Signature Date Approved Date Approv | | | | | | | | | | _ | | | |
| Approval and Routing (in order of approval steps) Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator / Manager (Originator) Name Jane Nicholson Phone 879-8328 Site / Department 922 / Complementary Learning Department Fax 879-4030 Signature Date Approved 5-27-/0 Resource Manager, if using funds managed by: Distate and Federal Date Approved Date Approved Signature Date Approved Date Approved Signature (if using multiple restricted resources) Date Approved Network or Executive Officer Date Approved Date Approved Signature Date Approved Date Approved 4. Signature Date Approved Date Approved Date Approved Signature Date Approved Date Approved Date Approved Signature Date Approved Date Approved Date Approved Date Approved Signature Date Approved Date | R | Requisition I | No. RO | 006015 | <u></u> | | | Total Co | ntract Am | nount | | | |
| Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. Administrator / Manager (Originator) Name Jane Nicholson Phone 879-8328 | | | | | | al and Routin | a (in or | der of app | roval ster | ps) | | | |
| 1. Site / Department 922 / Complementary Learning Department Fax 879-4030 Signature | | | | | contract is ful | ly approved and | | | | | s document af | firms that to yo | ur |
| Signature | | Administrato | r / Manage | (Origina | tor) Name | Jane Nicho | Ison | * * ; | Ph | one | 879-8328 | # # | 77.32 |
| Resource Manager, if using funds managed by: State and Federal School Portfolio Management Complementary Learning / After School Programs Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA) Signature Date Approved | 1. | | /- | | | | ning De | partment | | | | | |
| Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA) Signature | | | | 4 | ichole | <u>in</u> | * 20%, hE | Andre des Baltimolos es | | | | | ************* |
| 2. Signature Signature (if using multiple restricted resources) Date Approved Network or Executive Officer Services described in the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature Cabinet (CAC, CCA, CFO, CSD, Assist, SOD, Facilities) Signature Date Approved | | | ************************************** | | - Miles | | - Ithia | 2. 2. 2. 3. 11. 11. 11. 12. 12. 12. 12. 12. 12. 12 | | | | / After School Prog | jrams |
| Signature (if using multiple restricted resources) Network or Executive Officer Services described in the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature Cabinet (CAO, CCA, CFO, CSO Assist, SQD, Facilities) Signature Date Approved Date Approved Date Approved Legal Required if not using standard contract Approved Denied - Reason Date | 2. | | TOTA ITICICATE | COMPI | ant use of res | Stricted resource | anu is in | r angriment v | | | (3534) | | |
| Network or Executive Officer Services described in the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature Cabinet (CAO, CCA, CFO, CSO, Assist, SOD, Facilities) Signature Date Approved Date Approved Date Approved Superintendent, Board of Education or State Administrator Signature on the legal contract Legal Required if not using standard contract Approved Denied - Reason Date | | | | | | | | | | | | | |
| 3. Services described in the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature Cabinet (CAO, CCA, CFO, CSO, Assist, Sup. Facilities) Signature Date Approved Date Approved Date Approved Legal Required if not using standard contract Approved Denied - Reason Date | | l . J | | | sources) | * | » койф!! | | Date App | | | | |
| 4. Cabinet (CAO, CCA, CFO, CSD, Assist, Sup. Facilities) Signature Date Approved | Services described in the scope of work align with needs of department or school site | | | | | | | | | | | | |
| 4. Signature Date Approved 9 10 5. Superintendent, Board of Education or State Administrator Signature on the legal contract Legal Required if not using standard contract Approved Denied - Reason Date | | Signature lass Nichalson | | | | Date App | roved | 5-2 | 7-10 | | | | |
| Signature Date Approved Superintendent, Board of Education or State Administrator Signature on the legal contract Legal Required if not using standard contract Approved Denied - Reason Date | | Cabinet (CAC | CCA, CF | o, cso | Assist. Sup | Facilities) | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Legal Required if not using standard contract | 4. | Signature | 13 | Tour | A. | 7 | | | Date App | roved | 613 | 110 | |
| | 5. | Superintend | ent, Board | of Educ | ation or State | e Administrator | Signatu | ire on the leg | jal contract | t e | * * *********************************** | North Control | |
| Procurement Date Received PO Number | Leg | | | | | | | | | | | | |
| | Pro | curement D | ate Receive | d | | | | PO Numb | er | | | | |

