

Purchase Order # 224128



Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519

Amendment No. 1 to

- Independent Service Contract
- Master Contract

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and LEADERSHIP LEGACY CONSULTING LLC (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on MAY 13TH, 2022 and the parties agree to amend that Agreement as follows.

1. **Services:** (Check and complete ONE of the options below).
- CONTRACTOR agrees to provide the following amended services. (Provide full description of expected final results, such as services, materials, products, and/or reports; attach additional pages as necessary).

To reflect the agreed upon payment schedule in original contract.

- The scope of work is attached as Exhibit A (incorporated by reference to the extent that it is subordinate to and not inconsistent with this Agreement).
- The scope of work is unchanged.

2. **Terms:** (Check and complete ONE of the options below).
- The contract term is extended by an additional _____ (days/weeks/months), and the amended expiration date is _____, 20____.
 - The contract term is unchanged.

3. **Compensation:** (Check and complete ONE of the options below. This provision may only be changed if there is also a change to the above Services OR Terms of the Contract).
- The rate is amended by an increase of decrease of \$ _____ for _____ type of service
 - The contract amount is amended by an increase of decrease of \$ 37,100 to original contract amount.
- The amended contract amount rate is now \$ 62,000

4. **Remaining Provisions:** All other provisions of the Agreement, and prior Amendment(s) if any, shall remain unchanged and in full force and effect as originally stated.

5. **Amendment History:** This contract has previously been amended as follows:

No.	Date	General Description of Reason for Amendment	Amount of Increase/Decrease
			\$
			\$
			\$

6. **Approval:** This Agreement is not effective and no payment shall be made to Contractor until it is approved. Approval requires signature by the Superintendent (or his designee).

Mt. Diablo USD	Mt. Diablo USD	Contractor	Board Approval (if needed)
By: <u>[Signature]</u>	By: _____	By: _____	Docket Number: _____
<i>Budget Administrator/Principal</i>	<i>Superintendent or Designee</i>		<i>Agenda Item Number</i>
Date: _____	Date: _____	Date: _____	Date: _____

MAY 17 2022

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
Concord, CA 94519

PURCHASING
MDUSD

RECEIVED

MAY 18 2022

SCHOOL SUPPORT
DIRECTOR, SECONDARY ED

AGREEMENT BETWEEN
MT. DIABLO UNIFIED SCHOOL DISTRICT
AND INDEPENDENT CONTRACTOR

THIS AGREEMENT is made this 13 day of May, by and between the Mt. Diablo Unified School District (hereinafter "District") and Leadership Legacy Consulting, LLC (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

- (a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 5 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.
(b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ 24,900 for Services.

The basis of the fee for Services shall be as follows:

a. \$ per hour, b. \$ per day, or c. \$ per engagement.

01 3010 1110 1000 30700 000 399 399 5800 \$ 24,900

\$

\$

BUDGET CODE(S)

Check One:

Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.

Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.

Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on 05/16/2022. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching

party. Termination shall be effective immediately on receipt of said notice. Upon termination of this Agreement, District will compensate Contractor only for services satisfactorily rendered to the date of termination.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit B prior to commencing work under this Agreement.

6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.

7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.

8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit (with aggregate limit no less than **\$4,000,000**). **EXCEPTION:** Contracts of less than \$7,500 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.

4. **Other Coverages When Applicable:**

- a. Professional Liability/Errors & Omissions Liability: \$1,000,000/occurrence, \$2,000,000/aggregate.
- b. Sexual Abuse and Molestation Coverage:
- c. Cyber Insurance:
- d. Other:

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

INSURANCE REQUIREMENTS

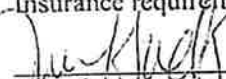
No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance, Section 8, are hereby waived or modified as follows (note, a waiver for one type of insurance does not constitute waiver for all):

Limits: Waiver Workman's Comp Insurance. Shelley Jones-Holt, Ed.D is sole proprietor and will provide all services.

Other: MDUSD accepts the CGL \$1M Ea Occurrence & 2M Aggregate, as the Insurance Policy incorporates

Professional Liability of 1M Ea Occurrence & 2M Aggregate. Personal Automobile Coverage will be accepted.

The initials of the Superintendent, or his/her designee, and the General Counsel, are required to waive or modify any Insurance requirements in this Agreement:


Superintendent or
his designee


General Counsel

- 9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. Limitation of District Liability. Other than as provided in this Agreement, District'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 District 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.
- 11. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail,

R127967

registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

CONTRACTOR

Bus. Name: Leadership Legacy Consulting
Attn: Dr. Shelley Jones-Holt
Address: PO Box 1563, Belleville, MI 48112
Phone: 916.800.4308
Fax: _____
Email: drshelleyholt@LeadershipLegacyConsulting.c
Tax ID #: 83-1530335

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 12. 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.
- 13. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 14. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 15. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.
- 16. Equal Employment Opportunity. It is the policy of the District that, in connection with all work performed under District agreements, there shall be no discrimination against any employee or applicant for employment because of race, color, religious creed, national origin, ancestry, marital status, sex, sexual orientation, age, disability or medical condition and therefore the Contractor agrees to comply with applicable federal and state laws. In addition, the Contractor agrees to require like compliance by all subcontractors employed on the work.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By: [Signature]
Signature of Principal/Budget Administrator Date
Title: Mr. Jonathan Pike, Principal
Print Name and Title

Leadership Legacy Consultant

By: _____
Name of Company Organization or Independent Contractor Consultant
Signature of Contractor/Consultant Date
Title: Dr. Shelley Jones-Holt
Print Name and Title

X
Shirley A. Allen, Director of Secondary

registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

CONTRACTOR

Bus. Name: Leadership Legacy Consulting, LLC
Attn: Dr. Shelley Jones-Holt
Address: PO Box 1563, Belleville, MI 48112
Phone: (916) 800-4308
Fax: _____
Email: drshelleyholt@leadershiplegacyconsulting.com
Tax ID #: 83-1530335

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 12. 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.
- 13. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 14. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 15. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.
- 16. Equal Employment Opportunity. It is the policy of the District that, in connection with all work performed under District agreements, there shall be no discrimination against any employee or applicant for employment because of race, color, religious creed, national origin, ancestry, marital status, sex, sexual orientation, age, disability or medical condition and therefore the Contractor agrees to comply with applicable federal and state laws. In addition, the Contractor agrees to require like compliance by all subcontractors employed on the work.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By: _____
Signature of Principal/Budget Administrator Date

Title: Jonathan Pike, Principal
Print Name and Title

Samantha Allen 5/16/20
Samantha Allen, Director of Secondary Education Date

Leadership Legacy Consulting, LLC

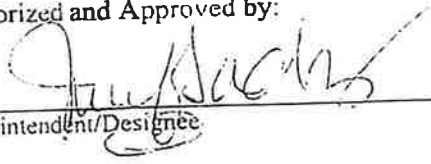
Name of Company/Organization or Independent Contractor/Consultant

By: Dr. Shelley Jones-Holt
Signature of Contractor/Consultant Date

Title: Dr. Shelley Jones-Holt
Print Name and Title

Purchase Requisition # _____

Authorized and Approved by:

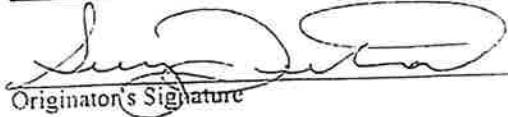


5/17/2022

Superintendent/Designee

Date

Prior to commencement of service, sign and forward completed original contract packet to Purchasing.



5/12/2022

Date

DENT-On behalf of Ygnacio Valley HS

Site/Department Originating this Contract

Sunny Quintana, Administrative Secretary II

Print Name of Originator and Title

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

Distribution
original: Purchasing with Purchase Order
copy: Contractor
copy: Accounts Payable/Fiscal
copy: Originator/Budget Administrator

Revised: 02/14/2020

EXHIBIT "A"

LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE (NOTE THAT ALL PAYMENTS ARE GENERATED FROM AN INVOICE).

SECTION 1

2021-2022 SCHOOL YEAR (Terms of agreement: May 16, 2022 - June 30, 2022)

DESCRIPTION OF SERVICES:

Year 1: Equity Task Force Development, Facilitation, and Equity Impact Action Plan. Introductions, learning about equity, forming subcommittees, identifying equity gaps in sub committees. Listening sessions to gather more input on relevance of identified gaps.*

DATES OF SERVICE: June 9, 2022 (In-Person)

PAYMENT SCHEDULE: May 2022

- All prices include one (1) hour consultation/preparation time and minimum of one (1) hour personal preparation time per session or event (\$5,000 daily rate plus expenses - includes preparation time and can be split into two (2) half days of three (3) hours or less)
- Equity Task Force Development, Facilitation, and Equity Impact Action Plan

*See the attachment for strategies and objectives of services.

SECTION 2

This Section is informational for future services and is not included in this ISC. An amended/updated ISC will be submitted at a future date to the Board of Education for continuing services for in the 2022-23 & 2023-24 school years.

- All prices include one (1) hour consultation/preparation time and minimum of one (1) hour personal preparation time per session or event (\$5,000 daily rate plus expenses - includes preparation time and can be split into two (2) half days of three (3) hours or less)
- Equity Task Force Development, Facilitation, and Equity Impact Action Plan, five (5) days.
- Executive/Instructional Leadership Team Equity Leadership Development, five (5) days.
- Administrative Leadership Coaching and Consultation, two (2) days
- Staff Keynotes and Facilitated Discussion, three (3) days
- Listening Session, two (2) days

EXHIBIT "B"

Contractor REQUIRED to Complete

FINGERPRINTING AND CRIMINAL BACKGROUND CHECK CERTIFICATION

Name of Contractor:	Leadership Legacy Consulting, LLC Dr. Shelley Jones-Holt
Services to be performed under the Agreement:	Equity Consulting and Keynote
School(s) and Specific Location(s) where services will be performed:	Ygnacio Valley High School 755 Oak Grove Rd., Concord, CA 94518
Term of Agreement:	May 16, 2022 - June 30, 2022
<i>Check the applicable box(es) and fill in any blanks.</i>	
1	<input checked="" type="checkbox"/> <p>The Contractor hereby certifies that it has completed the criminal background check requirements of Education Code (EC) section 45125.1 and that none of its employees that may come into contact with District students have been convicted of a violent felony listed in Penal Code section 667.5(c) or a serious felony listed in Penal Code section 1192.7(c). The following employees have successfully completed fingerprinting and criminal check clearance in accordance to law: (attach and sign additional pages, as needed)</p>
2	<input type="checkbox"/> <p>The Contractor hereby certifies that its employees/subcontractors will have NO CONTACT with pupils. (No school-site services will be provided.)</p>
3	<input type="checkbox"/> <p>The Contractor hereby certifies it qualifies for a waiver of the Department of Justice (DOJ) fingerprint and criminal background investigation for the following reason: Contractor and its employees/subcontractors will have LIMITED CONTACT with pupils. (Attach and sign additional page(s) with information about length of time on school grounds, proximity of work area to pupil areas; whether Contractor/its employees will be working by themselves or with others, whether Contractor will be under continued monitoring/surveillance by a District employee (provide name and title of District employee) and any other factors that substantiate limited contact.) [EC 45125.1 (c)]</p>

Certification by Contractor

"I certify under penalty of perjury that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."

Dr. Shelley Jones-Holt

Authorized Contractor Signature

Dr. Shelley Jones-Holt 5/13/2022

Print Name Date

		<p>VIII. Planning Identifying Equity Gaps - Action Planning I-V</p> <p>A. Recognizing and Responding to Barriers, Racial Equity Detours V-VIII</p> <p>IX. Recognizing and Responding V- VIII</p> <p>A. Action Plan Presentation Prep</p> <p>X. Action plan presentations</p> <p>A. Next Steps</p>
<p>16 hours total</p> <p>April 2022</p> <p>August 9, 2022 PM</p>	<p>Executive Leadership Coaching</p> <p>Virtual or on an in person day</p>	<p>Jonathan and admin team</p>
<p>6 3-hour sessions am 8:15 - 11:15</p> <p>8/9/22</p> <p>10/10/22</p> <p>3/13/23</p> <p>8/8/23</p> <p>10/19/23</p> <p>1/11/24</p>	<p>School Leadership Keynote and Facilitated Discussions</p> <p>All Staff</p> <p>(In-Person)</p>	<p>Campus supervisors, staff, yard duty?, crossing guards, bus drivers</p> <p><u>Session Outline</u></p>
<p>8 2-hour sessions</p> <p><u>Spring 2023</u></p> <p>Day 1</p> <p>Students - 3/13</p> <p>Parents - 4/12</p> <p>Day 2</p> <p>Students 4/12</p> <p>Parents 5/4</p> <p><u>Spring 2024</u></p> <p>Day 1- March 11, 2024</p> <p>Students - midday lunch</p> <p>Parents 5:30 - 7:30pm</p> <p>Day 2 - April</p> <p>Students 3-5pm</p> <p>Parents 5:30 -7:30 pm</p>	<p>Facilitated community/parent and student forums</p> <p>Community/parents (4 sessions)</p> <p>Students (4 sessions)</p> <p>1 right afterschool and 1 later in evening</p> <p>(In-Person)</p>	<p>Invite campus supervisors</p> <p>Year 1: All groups to gather information for input on equity subcommittees</p> <p>Year 2: Specific groups identified as subcommittee foci to deepen quantitative with qualitative</p>
<p>9 half day sessions with one for planning with the team or 5 full day sessions is what is written. With this schedule you are getting much more!</p> <p>Evenings between 4:30 and 7:30</p>	<p>Equity Steering Committee</p> <p>(In-Person/Virtual)</p>	<p>Parents, Staff, Faculty Students, Community, campus supervisors</p> <p>Year 1: Introductions, Learning about Equity, Forming Subcommittees, Identifying Equity Gaps in subcommittees. Listening</p>

Exhibit A: Payment Schedule and Scope of Work

1712-967

Payment Schedule

- 7000 June 2022
- \$10,000 December 2022
- \$10,000 June 2023
- \$10,000 December 2023
- \$7,000 June 2024

Please Review
next page

Scope of Work

Days/Dates (times)	Service/Audience/Venue	Description
<p>10 3-hour sessions</p> <p>PM (2-3:30 Admin/3:30 - 5 ILT)</p> <ul style="list-style-type: none"> I. June 9th (Planning meeting) - Morning? II. August 9, 2022 12:15-3:15 PM III. October 10, 2022 12:15 - 3:15 PM IV. January 12, 2023 2:15 - 5:15 PM V. March 13, 2023 12:15 - 3:15 PM VI. May 4, 2023 2:15 - 5:15 PM VII. August 8, 2023 PM VIII. October 19, 2023 PM IX. March 11, 2024 PM X. June 2024 	<p><u>Equity Leadership Institute</u> Administrative, Instructional and Equity Leadership Team</p> <p>Administrative and Equity Leadership Teams</p> <p>ILT</p> <p>(In-Person)</p>	<ul style="list-style-type: none"> I. 1.5 hours ILT (School Leadership) <ul style="list-style-type: none"> A. 1.5 Admin/Equity Leadership Team (Administrative Leadership) I. Introductions, Overview of Learning for Equity, Overview of the Equity Committee Process, Their Roles <ul style="list-style-type: none"> A. Prep: What is Leading for Equity? II. What is leading for equity? <ul style="list-style-type: none"> A. Prep: Barriers to Equity III. Barriers to Leading for Equity <ul style="list-style-type: none"> A. Prep: Barriers to Leading for Equity pt. II IV. Barriers to Leading for Equity pt. II <ul style="list-style-type: none"> A. Prep: Redefining V. Redefining Student Success with an Equity Lens <ul style="list-style-type: none"> A. Systemic Approach VI. Systemic Approach to Equity <ul style="list-style-type: none"> A. Prep: Next year overview, identifying equity gaps VII. Review and Action Planning Overview, <ul style="list-style-type: none"> A. Identifying Equity Gaps in the School - Begin Action

PAYMENT PLAN

1.	\$24,900.00 ✓	Jul 11, 2022	#202676-000010	UNPAID
2.	\$10,033.33 ✓	Dec 1, 2022 3	#202676-000015	UNPAID
3.	\$10,033.33	Jun 1, 2023	#202676-000014	UNPAID
4.	\$10,033.34	Dec 1, 2023	#202676-000012	UNPAID
5.	\$7,000.00	Jun 1, 2024	#202676-000011	UNPAID

22-23
\$ 20,066.66

23-24
\$ 17,033.34

Total Amount: \$62,000.00

info@leadershiplegacyconsulting.com | LeadershipLegacyConsulting.com | (916) 800-4108 | PO Box 1563, Belleville, MI 48112

so working parents and community members can attend

23 (Dates, Times, Location)

- I. August 9 - planning time
- September TBD - application review
- II. October 10 First meeting
- III. November 3, 2022 (Virtual)
- IV. *January 12, 2022
- V. February 2, 2022 (Virtual)
- VI. March 13 - Listening Session

April 12 - Listening Sessions
*May 4, 2022 Listening Sessions

2023

23-24 (meetings)

- VII. August 8, 2023
- VIII. *October 19, 2023
- March 11, 2024 Listening Sessions
- April - Listening Sessions
- IX. *June

sessions to gather more input on relevance of identified gaps.

Year 2: Applying Knowledge acquired to more deeply learn about equity gaps and create/revise/refine action plan with an equity lens. Listening sessions for specific identity groups for root cause analysis and asset-based perspective.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2023

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Leadership Legacy Consulting, LLC 48500 Ormond Dr Van Buren Twp, MI 48111	INSURER A: State National Insurance Company, Inc.	NAIC # 12831
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 624948833

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	NXTF73TJWH-01-GL	04/21/2023	04/21/2024	EACH OCCURRENCE \$1,000,000.00
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	X	NXTF73TJWH-01-GL	04/21/2023	04/21/2024	Each Occurrence: \$1,000,000.00 Aggregate: \$2,000,000.00

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

The Certificate Holder is Mt. Diablo Unified School District. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
1936 Carlotta Dr
Concord, CA 94519

LIVE CERTIFICATE



Click or scan to view

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/23/2023

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.

PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919		FAX (A/C, No):
	E-MAIL ADDRESS: support@nextinsurance.com		
PRODUCER CUSTOMER ID:			
INSURED Leadership Legacy Consulting, LLC 48500 Ormond Dr Van Buren Twp, MI 48111	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Next Insurance US Company		16285
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 624948833 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	NXTRH3WTCH-01-CP	04/21/2023	04/21/2024	<input checked="" type="checkbox"/> BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 70,400.00
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input type="checkbox"/> CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input checked="" type="checkbox"/> SPECIAL				\$500.00	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
							\$
							\$
	INLAND MARINE	TYPE OF POLICY			EQUIPMENT	\$	
	CAUSES OF LOSS				MISC TOOLS	\$	
	NAMED PERILS	POLICY NUMBER			BORROWED TOOLS	\$	
	OPEN PERILS					\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Dr Concord, CA 94519	LIVE CERTIFICATE  Click or scan to view	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 
----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1995-2015 ACORD CORPORATION. All rights reserved.

Fold here

Cut along edge



**Alabama
Proof of Insurance Card**



Allstate Property and Casualty Insurance Company

NAIC# 17230

**Arthur Holt
779 Hicks Store Rd
Tallasse AL 36078-4823**

POLICY NUMBER
821 944 961
EFFECTIVE DATE
10/10/23
EXPIRATION DATE
04/10/24

YEAR / MAKE / MODEL
2013 Mazda 3
VEHICLE ID NUMBER
JM1BL1TG2D1812608

This card must be carried in the vehicle at all times as evidence of insurance.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent or broker as soon as possible.

David Norris Agency
(334) 777-2152
8650 Minnie Brwn 220
Montgomery, AL 36117-7433

**Alabama
Proof of Insurance Card**



Allstate Property and Casualty Insurance Company

NAIC# 17230

**Arthur Holt
779 Hicks Store Rd
Tallasse AL 36078-4823**

POLICY NUMBER
821 944 961
EFFECTIVE DATE
10/10/23
EXPIRATION DATE
04/10/24

YEAR / MAKE / MODEL
2005 Chrysler Town-Country
VEHICLE ID NUMBER
2C4GP54L65R417258

This card must be carried in the vehicle at all times as evidence of insurance.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent or broker as soon as possible.

David Norris Agency
(334) 777-2152
8650 Minnie Brwn 220
Montgomery, AL 36117-7433

**Alabama
Proof of Insurance Card**



Allstate Property and Casualty Insurance Company

NAIC# 17230

**Arthur Holt
779 Hicks Store Rd
Tallasse AL 36078-4823**

POLICY NUMBER
821 944 961
EFFECTIVE DATE
10/10/23
EXPIRATION DATE
04/10/24

YEAR / MAKE / MODEL
2010 Ford Van Econo Wag
VEHICLE ID NUMBER
1FBNE3BL4ADA51158

This card must be carried in the vehicle at all times as evidence of insurance.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent or broker as soon as possible.

David Norris Agency
(334) 777-2152
8650 Minnie Brwn 220
Montgomery, AL 36117-7433

**Alabama
Proof of Insurance Card**



Allstate Property and Casualty Insurance Company

NAIC# 17230

**Arthur Holt
779 Hicks Store Rd
Tallasse AL 36078-4823**

POLICY NUMBER
821 944 961
EFFECTIVE DATE
10/10/23
EXPIRATION DATE
04/10/24

YEAR / MAKE / MODEL
2019 Ram Trucks 1500 4wd
VEHICLE ID NUMBER
1C6SRFJT8KN869372

This card must be carried in the vehicle at all times as evidence of insurance.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent or broker as soon as possible.

David Norris Agency
(334) 777-2152
8650 Minnie Brwn 220
Montgomery, AL 36117-7433

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Mt. Diablo Unified School District: Its officers, officials, agents, and volunteers 1936 Carlotta Dr Concord, CA 94519	MI
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;
whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 03

POLICY NUMBER NXTF73TJWH-01-GL	POLICY CHANGES EFFECTIVE 11/17/2023	COMPANY State National Insurance Company, Inc.
NAMED INSURED Shelley Jones-Holt Leadership Legacy Consulting, LLC 48500 Ormond Dr Van Buren Twp, MI 48111		AUTHORIZED REPRESENTATIVE Ann Ryan
COVERAGE PARTS AFFECTED Commercial General Liability Coverage Part		
CHANGES SEE ATTACHED SCHEDULE		

Return Total

\$0.00



Authorized Representative Signature

SCHEDULE OF POLICY CHANGES

It is understood and agreed that:

The following forms are added:

CG 20 10 12 19 - Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization

All other terms and conditions remain unchanged.