



**AT LAKE TAHOE**

Memorandum of Understanding Between  
Friends of Camp Concord  
And

Mt. Diablo Unified School District CARES After School Programs

Friends of Camp Concord Middle School Youth Camp Week

This Memorandum of Understanding (“MOU”) by and between the Friends of Camp Concord, a non-profit (hereinafter “FOCC”), and Mt. Diablo Unified School District (hereinafter “District”).

The FOCC, and District enter into this MOU for the purpose of implementing a Mt. Diablo CARES After School elementary and middle school Youth Camps at Camp Concord in South Lake Tahoe. The FOCC Youth Camp with the District CARES After School Programs will consist of an Elementary Camp weekend (Friday-Sunday) for **148** elementary CARES After School students and a Middle School Youth Camp week (Monday-Friday) for **40** middle school CARES After School students. This is a total of 188 District CARES students. The District shall select the appropriate student population from District sites contingent upon the availability of funding.

The Elementary weekend session will be **Friday May 18th to Sunday May 20th, 2018** and the Middle School week session will be **Monday June 25th to Friday June 29th, 2018**. The FOCC Youth Camp at Camp Concord provides well-trained camp staff, facilities, equipment, and a unique group living situation. The impact of this experience is an organized resident camp environment that is focused on teamwork, creativity, communication and collaboration. This camp environment helps children develop their potential by teaching them new life skills, provide new opportunities for personal growth, encouraging them to take healthy risks, connect to the natural world around them, and be accepted as part of a distinctive cabin group.

**FOCC Services and Resources Provided**

- Provide a Youth Camp Coordinator to plan and implement the overall day to day youth camp activities schedule with input from District staff before and during the Middle School Youth Camp week.
- Provide four youth camp counselors, of the appropriate gender based on students attending, to lead a cabin group of up to ten youth in partnership with District staff.



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- FOCC will cover the per person cost to the City of Concord for food and lodging up to **\$6,000**. For the CARES Elementary Camp Weekend. This equals 100 District and CARES students and staff. The additional 74 student and staff cost will be cover by the District.
- FOCC will cover the full per person cost to the City of Concord for food and lodging for the CARES Middle School Camp Week. Approximately \$6000 depending on number of staff.
- Coordinate all youth camp activities, including but not limited to: Canoeing, Archery, Tie Dye, Camp Fires (Skits and songs), Beach and water games, team building/cabin unity, and hikes.
- All FOCC staff will be CPR, First Aid, and AED Certified
- Lifeguards will be provided for water activities on both Lake Tahoe and Fallen Leaf Lake. Additionally life jackets will be provided for all participants in Canoeing.
- Provide a Registered Nurse on Camp to dispense any medications, and give treatment as needed to all in Youth Camp during the Middle School Week.
- All participants and staff will be provided meals (breakfast, lunch, and dinner) for the duration of their stay. Lunch will be provided for the return trip home.
- Camp Forms will be provided to the District including: camp waivers, camper information and health history forms to assist the Nurse or District designated staff in medication and allergy monitoring and disbursement. Camper health history forms will be kept confidential by the Nurse and Youth Camp Coordinator and stored in the Nurses cabin for reference throughout the Youth camp weekend or week.
- Youth Camp Coordinator will attend any requested meetings the District deems necessary and provide training or camp overview to staff attending the FOCC Middle School Youth Camp week or Elementary weekend if required.
- All FOCC staff will be fingerprinted and background checked under procedures established by the California Department of Justice prior to start of working with FOCC, and the results of those fingerprints revel none of the FOCC employees have been convicted of a serious or violent felony as defined by the California Penal Code.
- All FOCC staff and employees working with youth have been TB tested and have negative results for TB or a chest x-ray with negative results for TB.

### **District Services and Resources Provided**

- Select up to 148 youth for the elementary weekend and 40 youth from middle school sites of their choosing to attend the FOCC Youth Camp.



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- Provide 8-16 staff of the appropriate gender to assist in supervision of a cabin group of 10 elementary or middle school students. District and or CARES staff will supervise in the sleep away cabins.
- Transportation of students from the Bay Area to Camp and back down.
- Support the completion of all camp forms by the students' parents or guardians and provide them to the Youth Camp Coordinator by an agreed upon date.
- Schedule and provide a space for a parent meeting of prospective participants/students/campers and their parent(s) or guardians if the District deems necessary.
- District Cost to FOCC **\$7,440.**
  - **\$3,000** shall be paid to the Friends of Camp Concord to provide trained staff for camp activities that require certifications including lifeguards, archery, and a Certified RN to be the Camp Nurse.
  - **\$4,440** shall be paid to the Friends of Camp Concord to increase the number of campers for the CARES Elementary Weekend. This is an additional 74 students and staff.

**Friends of Camp Concord**

\_\_\_\_\_  
Youth Camp Coordinator Signature:

Date: \_\_\_\_\_

Moselle Davis-Kaufman/ Youth Camp Coordinator  
(Name and Title)

**Mt. Diablo Unified School District**

\_\_\_\_\_  
MDUSD Signature of Authorized Representative:

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Title)

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>FRIENDS OF CAMP CONCORD, INC.</b></p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501(c)3 CHARITABLE ORGANIZATION</b></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. BOX 6373</b></p> <p>6 City, state, and ZIP code <b>CONCORD, CA 94524</b></p> <p>7 List account number(s) here (optional):</p>	<p>Requester's name and address (optional)</p>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
or	
Employer identification number	
6 8 - 0 0 6 7 1 6 9	

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Shea Vanalbo</i>	Date ▶ <i>4/3/18</i>
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### General Instructions

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

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

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/04/2018

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).


<b>PRODUCER</b> Suhr Risk Services 5300 Stevens Creek Blvd. San Jose, CA 95129 Select Accounts Department	408-510-5440	<b>CONTACT</b> Select Accounts Department NAME:	
		PHONE (A/C, No, Ext): 408-510-5440 E-MAIL ADDRESS:	FAX (A/C, No):
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A : Nonprofits Ins. Alliance of CA	NAIC # 10023
<b>INSURED</b> Friends of Camp Concord, Inc. 131 Clyde Drive Walnut Creek, CA 94598		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> see other cov's GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	201733942NPO	08/13/2017	08/13/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: Certificate holder is named as additional insured per attached endorsement form CG2025.  
 Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from...

<b>CERTIFICATE HOLDER</b>  Mt. Diablo Unified School District 1936 Carlotta Dr Concord, CA 94519	<b>CANCELLATION</b>  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 

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>Name Of Additional Insured Person(s) Or Organization(s):</b></p> <p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

- 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 your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

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 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 shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/3/2018

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).

<b>PRODUCER</b> GEICO One GEICO Boulevard Fredericksburg, VA 22412	<b>CONTACT NAME:</b> <b>GEICO</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>1-866-509-9444</b>	<b>FAX (A/C, No):</b>
	<b>Email Address:</b> <b>R1COMMEND@GEICO.COM</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A: GOVERNMENT EMPLOYEES INSURANCE COMPANY		<b>NAIC #</b> 22063
<b>INSURED</b> CHOICE AFTER SCHOOL INC 2245 CENTER AVE MARTINEZ CA 94553-5408	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

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

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INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED. EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG.	\$ \$ \$ \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			9100181532 00	12/12/2017	12/12/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N <input type="checkbox"/> N / <input type="checkbox"/> A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$ \$ \$

**DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
MT DIABLO UNIFIED SCHOOL DISTRICT IS NAMED AS ADDITIONAL INSURED

<b>CERTIFICATE HOLDER</b> MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519-1358	<b>CANCELLATION</b> 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
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