



Amendment No. 1 to ^{PO} 97583

- Independent Service Contract
- Master Contract

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and Events to the 'T' (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on April 11, 20 16 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).

Provide 4 Security Guards
Casino - 2 Blackjack Tables, 1 Craps Table w/ Dealer
Live Band Spirit of 129 8-9
Props 100 each of Hairs and Hats for May 14, 2016 prom

- 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 \$ 5,125 to original contract amount.

The amended contract amount rate is now \$ 29,625

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
 By: [Signature]
 Budget Administrator/Principal
 Date: 4/14/16

Mt. Diablo USD
 By: [Signature]
 Superintendent or Designee
 Date: 4/14/16

Contractor
 By: [Signature]
 Date: 4/13/16

Board Approval (if needed)
 Docket Number: _____
 Agenda Item Number: _____
 Date: _____

PURCHASE ORDER CHANGE FORM

Purchasing Department

*****THIS FORM TO BE SENT TO THE FISCAL SERVICES DEPARTMENT*****

(Fiscal will forward to Purchasing after they approve the changes)

REQUESTOR NAME: Corissa Stobing EXT. # 2602 EMAIL: stobingc@MDUSD.ORG
 SITE: Ygnacio Valley High PO#: 97583 VENDOR NAME: Evets to Re "I"

CIRCLE SELECTION APPROPRIATELY: Cancel PO **Change PO** (fill out applicable areas below)

Delete Line Item(s)

| Line Item | Description | Price | Budget Code to be Charged |
|-----------|-------------|-------|---------------------------|
| | | \$ | |
| | | \$ | |

Change of Budget Code ONLY

| Line Item | Change From: | Change To: | Amount |
|-----------|--------------|------------|--------|
| | | | \$ |
| | | | \$ |

Change Line Item: Reason required if PO total is increased by 10% or more*

| Line Item | Description, Quantity, and/or Price to be changed | Price | Budget Code to be Charged: |
|-----------|---------------------------------------------------|-----------------|----------------------------|
| | <u>Increase PO 97583</u> | <u>\$ 5,125</u> | <u>399-3936-39-5800</u> |
| | | \$ | |

Add Line Item(s) Reason required if PO total is increased by 10% or more*

| Line Item | Description | Price | Budget Code to be Charged: |
|-----------|-------------|-------|----------------------------|
| | | \$ | |
| | | \$ | |

*Reason for Change (required if PO total is increased by 10% or more):

| | | |
|--------------------------------------------------|----------------------|----------------------------------------------------|
| SITE/Department Head Approval <u>[Signature]</u> | Date: <u>4/13/16</u> | ADJUSTED PO Grand Total <u>\$ 29,625</u> |
| Budget Administrator Approval <u>[Signature]</u> | Date: <u>4/13/16</u> | |
| Fiscal Approval _____ | Date: _____ | |

PR # 84911

Contr w/ approval to Fiscal 5/13



| | | | |
|--------------|-------------|---------------------------------------------------------|---------------|
| < Previous < | View Agenda | 13.4 (Item #4) Ygnacio Valley High School's Independent | > Next Item > |
|--------------|-------------|---------------------------------------------------------|---------------|

Meeting Date: 5/4/2015 - 6:00 PM

Category: Consent Agenda

Type: Action

Subject: 13.4 (Item #4) Ygnacio Valley High School's Independent Contract with Events to the T, Inc.

Strategic Plan: Strategic Initiative 1.1 Academic Excellence and Learning

Policy:

Enclosure:

File Attachment: YVHS Events to the T Revised.pdf

Summary: Please approve the attached Independent Contract with Events to the T, Inc. to provide services for YVHS's Jr. Prom at Hs. Lordships Restaurant in Berkeley on May 14, 2016.

Funding: The school will sell tickets and fund raise to off set the cost of this event.

Fiscal Impact : Jr. Prom will run \$24,500.00 and funds will be taken out of 399-3936-10-5800.

Recommendation: Approve the contract between Events to the T and Ygnacio Valley High School.

Recommended By:

Signed By: *Signature*
 Michele McKimmie - Administrative Assistant

Signed By: *Signature*
 Chris Holleran - Assistant Superintendent of High Schools

Approvals: Signed By: *Signature*
 Deborah Cooksey - Associate General Counsel

Signed By: *Signature*
 Nance Juner - Director of Fiscal Services

Signed By: *Signature*
 Dr. Nellie Meyer - Superintendent

Original Motion

Member (Linda Mayo) Moved, Member (Barbara Oaks) seconded to approve the Original motion 'Approve all Consent Agenda Items.'. Upon a Roll-Call Vote being taken, the vote was: Aye: 5 Nay: 0. The motion CARRIED 5 - 0

Purchase Requisition # 84911

On File
 W-9
 Insurance

AP Received
MAR 26 2015

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

On 5/4 Agency
DNC approval
2015 0 120
to 1/2015

Fiscal Services

AGREEMENT BETWEEN
MT. DIABLO UNIFIED SCHOOL DISTRICT
AND INDEPENDENT CONTRACTOR

THIS AGREEMENT is made this 13th day of March, by and between the Mt. Diablo Unified School District (hereinafter "District") and Events To The T, Inc. (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 4 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:

\$ 24,600 total fee for Services 399-393610 5800s 24,500.-

The basis of the fee for Services shall be as follow _____ \$ _____

- a. \$ _____ per hour, _____ \$ _____
- b. \$ _____ per day, or _____ BUDGET CODE(S)
- c. \$ 24,000 per engagement. 2 New amount per 4/21/15 email

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 3/13/15. 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.

Purchase Requisition # _____

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 ____ 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. EXCEPTION: Contracts of less than \$5,000 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. Professional Liability/Errors & Omissions Liability, if applicable: \$1,000,000 per occurrence.

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.

Purchase Requisition # _____

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:

Limits: _____

Other: _____

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

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. 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, 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

Name: Events To The T, Inc.
Attn: Tony Prosser
Address: 286 Brady St
Martinez, CA 94553
Phone: 925-335-0633
Fax: 925-335-9797
Tax ID #: 33-1013077

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

Purchase Requisition # _____

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

11. 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.
12. 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.
13. 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.
14. 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.

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

MT. DIABLO UNIFIED SCHOOL DISTRICT

By: [Signature] 3/18/15
Principal/Budget Administrator Date

Title: Stephen Brady, Principal
Print Name and Title

Independent Contractor/Consultant

By: [Signature] 3/13/15
Signature of Contractor/Consultant Date

Title: Toby Proescher (CEO)
Print Name and Title

Authorized and Approved by:
[Signature] 3/26/15
Assistant or Associate Superintendent Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

[Signature] 3/19/15
Originator's Signature Date

Ygnacio Vallejo Higley
Site/Department Originating this Contract

Corissa Stobing, Director of Activities
Print Name of Originator and Title

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

ASB Prom Account
175

| | |
|--------------|---------------------------------|
| Distribution | |
| original: | Fiscal Services for payment |
| copy: | Contractor |
| copy: | Originator/Budget Administrator |

EXHIBIT A

LIST OF SERVICES 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

HS Lordships Georgian Ballroom, Windsor Room
~~4 Security~~ delete per email 4/21/15
Decor
Buffet Dinner
Event Manager

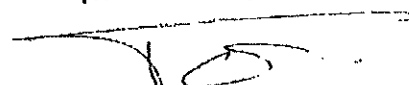
EXHIBIT B CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District
Consultant/Independent Contractor Agreement
Criminal Background Check

| | |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Independent Consultant/Contractor: | Events To The 'T', Inc. |
| Services to be performed under the Agreement: | Prom Planning |
| Schools/Locations where services will be performed: | HS Lordships, Berkeley |
| Total amount to be paid by the District under this Agreement: | \$ 24,500 -\$500 delete security added back in |
| Term of Agreement: | |
| <i>Check the applicable box(es) and fill in any blanks.</i> | |
| 1 | <input checked="" type="checkbox"/> I certify that none of my employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement. |
| 2A | <input type="checkbox"/> If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed): |
| 2B | <input checked="" type="checkbox"/> I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code. |

Certification by Contractor/Consultant

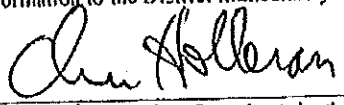
"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."



Independent Contractor/Consultant Signature

Toby Proeschler 3/13/15

Print Name Date
Independent Contractor/Consultant 5/13/16



Assistant or Associate Superintendent's Signature

Chris Holleran 2/26/15

Print Name Date
Assistant or Associate Superintendent

Events to the 'T' Inc.

Northern California's Largest School Event Planner

SFproms.com for everything you need!

INVOICE

Please make deposits payable and remit to:

Events To The 'T', Inc.

286 Brady St. Martinez, CA 94553

Client Name: Ygnacio Valley High School Event Date: 5/14/16
Event Location: Hs. Lordships Event Type: Prom

| <i>Date Due</i> | <i>Description</i> | <i>Amount Due</i> |
|-----------------|--------------------|-------------------|
| To Reserve | Initial Deposit | \$1,000.00 |
| | | |
| | | |
| | Total: \$ | \$1,000.00 |

Events to the 'T' Inc

286 Brady Street
Martinez, CA 94553

(925) 335-0633 Office
(925) 525-8629 Cell
(925) 335-9797 Fax

www.Sfproms.com

EVENT CONTRACT

This agreement is entered into on April 21, 2015 between EVENTS TO THE 'T', Inc. and YGNACIO VALLEY HIGH SCHOOL/Mt. DIABLO UNIFIED SCHOOL DISTRICT, Concord, California.

THE FOLLOWING IS AGREED UPON BETWEEN BOTH PARTIES:

___ 1. For the engagement described hereinafter Events To The 'T', Inc. will provide:

- Hs Lordships: Georgian & Windsor Ballroom
- Food: Grand Buffet Dinner & Dessert Assortment (See Attached Menu)
- Drinks: Unlimited Sodas, Water, and Coffee
- Facility Set-Up & Clean-Up
- Décor (See Attached Menu)
- Events to the 'T', Inc. Manager

___ 2. Event Location:
Hs Lordships Restaurant
199 Seawall Dr.
Berkeley, CA 94710

___ 3. Date(s) / Time (s) of engagement:
Saturday, May 14, 2016
4:00p.m. -8:00p.m. Set-up
8:00p.m. -12:00a.m. Prom

___ 4. Agreed upon compensation for engagement:
\$24,000.00 (\$96.00/guest)
*Guaranteed number of students attending is 250
*Full menu is included for 10 chaperones

| | | |
|--------------------------|------------------------------------|------------------------|
| ___ 5. Deposit schedule: | \$ 1,000.00 | To Reserve |
| | \$ 2,500.00 | October 10, 2015 |
| | \$ 5,000.00 | February 10, 2016 |
| | \$15,500.00 (+ Any Extra Students) | May 14, 2016 |
| | | Final count due 5/6/16 |

Events to the 'T' Inc

286 Brady Street
Martinez, CA 94553

(925) 335-0633 Office
(925) 525-8629 Cell
(925) 335-9797 Fax

www.SFproms.com

TERMS OF AGREEMENT

- 1) Events To The 'T' will act as your agent and book all requested vendors.
- 2) Events To The 'T' will schedule all arrivals, handle all deposits and payments, and ensure all scheduled activities are approved by the event site.
- 3) In the event of sickness, accident, acts of god and/or other legitimate conditions beyond the above vendor's control, every effort will be made to find a replacement. Events To The 'T' and vendor's liability are limited to vendors price.
- 4) Client will assume full responsibility and liability for the conduct of his or her guests regarding theft or damage to any performers' equipment, or injury to any performer caused by intentional or negligent acts by clients or his or her guests.
- 5) No verbal agreement may amend this contract. If any legal action is necessary to enforce the terms of this agreement, Events To The 'T' will be entitled to reasonable collection fees.
- 6) Any deposits/balances unpaid after due date will accrue a 1.5% interest rate per month.
- 7) Lessee agrees to indemnify and hold lessor harmless from any and all claims, actions, suits, proceeding costs, expenses, damages and liabilities, including reasonable attorney's fees arising by reason of injury, damage, or death to persons or property, in connection with or resulting from the use of equipment including, but not limited to the manufacture, selection, delivery, possession, use, operation, or return of the equipment.

TERMINATION OF AGREEMENT

- 1) If terminating a date, written notice must be received at least ninety (90) days prior to cancellation.
- 2) Outside of ninety days the full facility rental fees are due and 100% of expected commissions will be due to Events To The 'T' Inc.
- 3) If terminating 30-90 days prior to event date, client will increase payment to 50% of expected total of said event. Events To The 'T' Inc. will pay off all deposits due to vendors per their contracts and 100% of expected commissions due to Events To The 'T' Inc. We will then mail you a refund check with an itemized cancellation fee schedule.
- 4) If terminating event within 30 days, full payment is due. Events To The 'T' Inc. will pay off all monies due to vendors per their contracts and 100% of expected commissions due to Events To The 'T' Inc. We will then mail you a refund check with an itemized cancellation fee schedule.

The undersigned, _____, acting as an authorized agent of Ygnacio Valley High School/MDUSD hereby accepts and agrees to the terms of the contract and as recognition thereof has signed below.

(Name of Client) (Area Code & Phone Number)

(Mailing Address) (City) (State) (Zip)

(Signature of Client) (Date)

Toby Proescher  4/21/15 4/21/15

(Toby Proescher, Events to the 'T', Inc.) (Date)

Events to the 'T' Inc

286 Brady Street
Martinez, CA 94553

(925) 335-0633 Office
(925) 525-8629 Cell
(925) 335-9797 Fax

www.Sfproms.com

GRAND DINNER BUFFET

SALAD

(Select Three)

California Field Greens
Caesar Salad
Italian Pasta
Seafood Salad
Marinated Cucumber Tomato Salad

ENTREES

(Select Two)

Grilled Chicken Ragout
With Sundried Tomato and Mushroom Ragout

Fresh Grilled Atlantic Salmon
Served with Grilled Onions

Roast Beef Au Jus with Carver
Served with Creamy Horseradish

Portobello Mushroom Ravioli
Served with Creamy Pesto Sauce

ACCOMPANIMENTS

Parsley Red Potatoes
Rice Pilaf
Medley of Fresh Vegetables
Rolls & Butter
Assortment of Domestic Cheeses Served with Crackers & Sliced Baguettes
Sliced Seasonal Fruit
Spicy Chicken Drumettes Served with Ranch Dipping Sauce

DESSERT STATION

Assortment of Cakes, Pies, & Chocolate Mousse

BEVERAGES

Unlimited Sodas
Coffee and Tea
Water

Events to the 'T' Inc

286 Brady Street
Martinez, CA 94553

(925) 335-0633 Office
(925) 525-8629 Cell
(925) 335-9797 Fax

www.SFproms.com

DÉCOR INCLUDED

- Linens: Your choice of any color tablecloth & napkin
- Your choice of any standard centerpiece in walk through packet TBD
- Coat check materials including: racks, hangers, tickets, paper bags, and sharpie pens
- Uplights for Georgian & Windsor Ballroom color TBD

SPECIAL NOTES

- Final student count *must* be received by Friday, 5/6/16 before 3:00p.m.
NO MEALS CAN BE GUARANTEED AFTER THAT POINT
- Each student guaranteed seating for dinner
- If you prefer a seated meal service versus buffet, please deduct \$5/student



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/01/2016

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 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 Hiscox Inc. d/b/a Hiscox Insurance Agency In CA 820 Madison Avenue 32nd Floor New York, NY 10022 | CONTRACT NUMBER: _____ PHONE: (888) 202-3007 FAX: (212) 100-1161 E-MAIL: contact@hiscox.com ADDRESS: _____ |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____ |

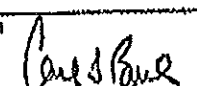
INSURED
 Events To The T, Inc.
 2764 Vanado Camino
 Walnut Creek, CA 94598

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.

| COV. LIT. | TYPE OF INSURANCE | ADDITIONAL INSURED (Y/N) | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (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"/> CGL Is on BOP Form | Y | UDC-1008925-BOP-16 | 12/02/2016 | 12/02/2016 | EACH OCCURRENCE \$ 2,000,000 DAMAGE RETENTION \$ 60,000 MED EXP (Any occ period) \$ 5,000 PERSONAL & ADY INJURY \$ 5M Each Occ. GENERAL AGGREGATE \$ 4,000,000 PRODUCTS-COMPANY AGG \$ 5M Gen. Agg. \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER OCC <input type="checkbox"/> LOSS OTHER: _____ | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> IRRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COVERED AUTOMOBILE LIMIT (Per occurrence) \$ 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"/> REVENUE | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY APPROXIMATE PERCENTAGE OF EXECUTIVE OFFICERS UNDER EXCLUSION (Mandatory in RI) If yes, please describe: _____ DESCRIPTION OF OPERATIONS: _____ | Y/N | NA | | | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> P.L. EACH ACCIDENT \$ P.L. DISEASE - EA EMPLOYEE \$ P.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, its officers, officials, agents, employees and volunteers are additional insureds.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers 1936 Carfella Dr. Concord, CA 94519 | 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  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Hiscox Insurance Company Inc.

Policy Number: UDC-1666925-BOP-16
Named Insured: Events To The 'T', Inc.
Endorsement Number: 19
Endorsement Effective: December 07, 2016

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

| |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| Name Of Additional Insured Person(s) Or Organization(s): |
| Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers 1938 Carlotta Drive Concord, CA 94619 |
| <i>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</i> |

The following is added to Paragraph C. Who is An Insured in Section II - Liability:

- Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-19-2015

GROUP:
POLICY NUMBER: 1702731-2014
CERTIFICATE ID: 11
CERTIFICATE EXPIRES: 08-01-2015
08-01-2014/08-01-2015

MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD CA 94519-1358

NB

This is to certify that we have issued a valid Workers' Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - TOBY PROESCHER PRES, SEC, TRES - EXCLUDED.

EMPLOYER

EVENTS TO THE 'T', INC.
286 BRADY ST
MARTINEZ CA 94553

NB

[B01,CN]

PRINTED : 02-19-2015