

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Proposer/Bidder Firm Name (Printed) Beverly Hills Unified School District	Federal ID Number 95-6000284
By (Authorized Signature) La Tanya Kirk Carter Assistant Superintendent of Business Services	
Printed Name and Title of Person Signing	
Executed in the County of Los Angeles	Executed in the State of California
Date Executed	

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.														
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) Beverly Hills Unified School District <hr/> <div style="display: flex; justify-content: space-between;"> <div> SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) <hr/> </div> <div> E-MAIL ADDRESS <hr/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> MAILING ADDRESS 255 S. Lasky Dr. <hr/> CITY, STATE, ZIP CODE Beverly Hills, CA 90212 </div> <div> BUSINESS ADDRESS 255 S. Lasky Dr. <hr/> CITY, STATE, ZIP CODE Beverly Hills CA 90212 </div> </div>														
3	PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 915-161000284 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> <div> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: </div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> </div> </div> <p style="font-size: small; text-align: center;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>													
4	PAYEE RESIDENCY STATUS	<input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 20px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>													
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div> AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Angeli Villafior </div> <div> TITLE Director Fiscal Svcs </div> </div> <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE </div> <div> DATE 9/20/17 </div> <div> TELEPHONE (310) 551-5100 2301 </div> </div>														
6	Please return completed form to: Department/Office: <u>Dept. of Rehabilitation</u> Unit/Section: _____ Mailing Address: <u>701 Capitol Mall 6th floor</u> City/State/Zip: <u>Sacramento, CA 95814</u> Telephone: <u>(916) 558 5686</u> Fax: () _____ E-mail Address: _____														

GRANT/CONTRACT SIGNATURE AUTHORIZATION

DR 325 (Rev. 12/98) Computer Generated

GRANTEE/CONTRACTOR: STATE OF CALIFORNIA Department of Rehabilitation 721 Capitol Mall Sacramento, California 95814	SUBGRANTEE/CONTRACTEE: (Legal Corporation/Public Agency Name & Address)
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The following persons are authorized to request reimbursement of expenses incurred as a result of the agreement between the Grantee/Contractor and Subgrantee/Contractee named above:

Signature 	Name (Please Type or Print) Angel Villar	Title (Please Type or Print) Director of Fiscal Services
Signature 	Name (Please Type or Print) La Tanya Kirk Carter	Title (Please Type or Print) Assistant Superintendent of Business Services
Signature 	Name (Please Type or Print) Reiona Ysaquiere	Title (Please Type or Print) Program Specialist
Signature 	Name (Please Type or Print)	Title (Please Type or Print)

I hereby delegate authority to request reimbursement of expenses as shown above.

Authorized Signature per Board Resolution 	Name (Please Type or Print) La Tanya Kirk-Carter	Date Signed 9/20/17
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GRANTEE/CONTRACTOR: STATE OF CALIFORNIA Department of Rehabilitation 721 Capitol Mall Sacramento, California 95814	SUBGRANTEE/CONTRACTEE: (Legal Corporation/Public Agency Name & Address)
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The following persons are authorized to request reimbursement of expenses incurred as a result of the agreement between the Grantee/Contractor and Subgrantee/Contractee named above:

Signature 	Name (Please Type or Print) Angeli Villaflo	Title (Please Type or Print) Director of Fiscal Services
Signature 	Name (Please Type or Print) LaTanya Kirk-Carter	Title (Please Type or Print) Assistant Superintendent of Business Services
Signature 	Name (Please Type or Print)	Title (Please Type or Print)
Signature 	Name (Please Type or Print)	Title (Please Type or Print)

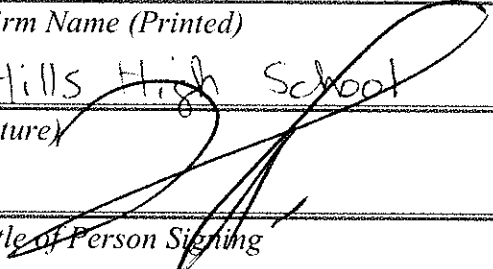
I hereby delegate authority to request reimbursement of expenses as shown above.

Authorized Signature per Board Resolution 	Name (Please Type or Print) LaTanya Kirk-Carter	Date Signed 9/20/17
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CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed) Beverly Hills High School		Federal ID Number 95-6000 284
By (Authorized Signature) 		
Printed Name and Title of Person Signing LA Tanya Kirk-Carter Assistant Superintendent of Business		
Date Executed 9/20/2017	Executed in the County of Los Angeles	

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD 213 (Rev 06/03)

AGREEMENT NUMBER
30396
REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Department of Rehabilitation

CONTRACTOR'S NAME

Beverly Hills Unified School District

2. The term of this

Agreement is: July 1, 2017 through June 30, 2019

3. The maximum amount

of this Agreement is: \$60,000.00

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

CFDA #84.126A State Vocational Rehabilitation Services Program

Exhibit A

1 page(s)

Contractor's Program Scope of Work

2 page(s)

Exhibit B - Budget Detail and Payment Provisions

4 page(s)

Contractor's Program Budgets and Narratives

2 page(s)

Exhibit C* - General Terms and Conditions

GTC 4 (2017)

1 page(s)

Exhibit D - Special Terms and Conditions (Attached hereto as part of this agreement)

8 page(s)

Exhibit E - Additional Provisions - Federally Funded Agreements

3 page(s)

Exhibit F - Additional Provisions - Cooperative/Case Service Agreements

3 page(s)

Exhibit G - Additional Provisions - Contractor's Monitoring & Transportation

1 page(s)

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at www.ois.dgs.ca.gov/Standard+Language

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

California Department of General
Services Use Only

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

Beverly Hills Unified School District

BY (Authorized Signature)

DATE SIGNED (Do not type)



9/20/17

PRINTED NAME AND TITLE OF PERSON SIGNING

Tanya K. Porter Assistant Superintendent of Business Services

ADDRESS

241 Moreno Drive, Beverly Hills, CA 90212

255 S. Lasky Drive, Beverly Hills, CA 90212 (Billing)

STATE OF CALIFORNIA

AGENCY NAME

Department of Rehabilitation

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

Simone Dumas, Chief, Contracts and Procurement Section

ADDRESS

721 Capitol Mall, 6th Floor, Sacramento, CA 95814

☐ Exempt per:

STATE OF CALIFORNIA
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STD 213 (Rev 06/03)

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Exhibit B - Budget Detail and Payment Provisions	4 page(s)
Contractor's Program Budgets and Narratives	2 page(s)
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Services Use Only

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

Beverly Hills Unified School District

BY (Authorized Signature)

DATE SIGNED (Do not type)



9/20/17

PRINTED NAME AND TITLE OF PERSON SIGNING

La Tanya King Carter Assistant Superintendent of Business Services

ADDRESS

241 Moreno Drive, Beverly Hills, CA 90212
255 S. Lasky Drive, Beverly Hills, CA 90212 (Billing)

STATE OF CALIFORNIA

AGENCY NAME

Department of Rehabilitation

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

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ADDRESS

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CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)		
Beverly Hills Unified School District		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
	9/26/17	
PRINTED NAME AND TITLE OF PERSON SIGNING		
La Tanya Kirk Carter Assistant Superintendent of Business Services		
ADDRESS		
241 Moreno Drive, Beverly Hills, CA 90212		
255 S. Lasky Drive, Beverly Hills, CA 90212 (Billing)		
STATE OF CALIFORNIA		
AGENCY NAME		
Department of Rehabilitation		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Simone Dumas, Chief, Contracts and Procurement Section		
ADDRESS		
721 Capitol Mall, 6th Floor, Sacramento, CA 95814		

☐ Exempt per:

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STANDARD AGREEMENT
STD 213 (Rev 06/03)

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CONTRACTOR'S NAME

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California Department of General
Services Use Only

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

Beverly Hills Unified School District

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

L. A. Tanya Kirk Carter ASSISTANT Superintendent
Business Services

ADDRESS

241 Moreno Drive, Beverly Hills, CA 90212
255 S. Lasky Drive, Beverly Hills, CA 90212 (Billing)

STATE OF CALIFORNIA

AGENCY NAME

Department of Rehabilitation

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Simone Dumas, Chief, Contracts and Procurement Section

ADDRESS

721 Capitol Mall, 6th Floor, Sacramento, CA 95814

☐ Exempt per:

FULL Name of Corporation or Public Agency

Beverly Hills High School

WHEREAS, the Board of Directors or Board of Trustees of the above-named corporation or public agency has read the proposed agreement between State of California, Department of Rehabilitation (DOR), and above-named corporation or public agency and said Board of Directors or Board of Trustees acknowledges the benefits and responsibilities to be shared by both parties to said agreement.

NOW, THEREFORE, BE IT RESOLVED that said Board of Directors or Board of Trustees does hereby authorize the following person/position

Name/Position of Person Authorized to Sign Agreement

Reiona Ysaguirre - Work Ability Coordinator

of the above-named corporation or public agency on behalf of the corporation or public agency to sign and execute any and all documents required by DOR to effectuate the execution of said Agreement and all amendments. This authorization shall remain in effect until the expiration of the contract and shall automatically expire at that time, unless earlier revoked or extended by the Board of Directors.

CERTIFICATION

I, the Recording Secretary named below, hereby certify that the foregoing resolution was duly and regularly adopted by the Board of Directors or Board of Trustees of above-named corporation or public agency at a meeting of said Board regularly called and convened at which a quorum of said Board of Directors or Board of Trustees was present and voting, and that said resolution was adopted by a vote of the majority of all Directors or Trustees present at said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand as Recording Secretary of said corporation or public agency.

Address Where Board Meeting Held

241 Moreno Dr. Beverly Hills CA 90212

Date of Board Meeting	Signature of Recording Secretary	Date Signed
<u>9-28-17</u>	<u>[Signature]</u>	<u>9-19-17</u>