



MORGAN HILL UNIFIED SCHOOL DISTRICT

CONTRACT APPROVAL ROUTING SLIP

2021-22

The District employee that is providing the attached Services Agreement to the person or entity that will be providing special services to the District should first do the following:

1. Provide only the Morgan Hill Unified School District's approved Services Agreement. The Services Agreement should be completed in lieu of signing any vendor contract for services.
2. The completed Services Agreement needs to be submitted to the Assistant Superintendent, Business Services' office the Thursday prior to the Board deadline date, unless otherwise noted.

Title of MOU / Contract / Grant Agreement: (please include not to exceed amount of contract) The Stepping Stones Group (amendment)	
Date Routed: 11/4/2021	Date Due Back to #1 Below:
Entered in Google Sheet if under \$100k <input type="checkbox"/>	Amount: \$ 84,640.00
Contract Initiator: Nicky Hilkene	Initial: <u>NH</u> Date: 11/4/21 Site: SpEd
1. Administrator responsible for implementation: <u>Rebecca O'Brien</u>	
Program Name: <u>Special Education</u>	Initial: _____
Budget # <u>080-6500-0-5825-00-5760-1190-650000-000-0000</u>	Date: _____
2. Fawn Myers, Assistant Superintendent HR (Only for personnel contracts, ex: psychologist)	
Initial: _____ Date: _____	
3. Assistant Superintendent responsible for implementation: <u>Pilar Vazquez-Vialva</u>	
Initial: _____ Date: _____	
4. Fiscal Approvals	
Fiscal Services, Buyer	Initial: _____ Date: _____
Fiscal Services, Director	Initial: _____ Date: _____
Fiscal Services, SPED (SPED contracts only)	Initial: _____ Date: _____
5. Department Executive Assistant, Confidential	Initial: _____ Date: _____
6. Kirsten Perez, Deputy Superintendent and CFO	
Initial: _____	
Date: _____	
7. Return to responsible administrator (#1 above) to schedule for Board approval and submit to Superintendent's office with a Board agenda cover page. Please include this form with agenda item.	
8. Board Approval Date: _____	
9. Following Board approval, Superintendent's office will return to responsible administrator (#1 above) to initiate the Purchase Order Requisition.	
PO Req. # _____	



MORGAN HILL UNIFIED SCHOOL DISTRICT

AMENDMENT TO SERVICES AGREEMENT

This Amendment to the Service Agreement is hereby entered into on 10/29/2021 by Morgan Hill Unified School District, (hereinafter referred to as "DISTRICT"), and The Stepping Stones Group (hereinafter referred to as "VENDOR") for the following services: 1 SLP at \$92/hour for 183 days.

The following changes and/or revisions will be reflected as follows to the original Service Agreement. All prior agreements remain in force; Amendment only reflects a change in the following: **(PLEASE ONLY CHECK CHANGES THAT APPLY).**

ORIGINAL PURCHASE ORDER NUMBER: 210286

TERM(S) OF CONTRACT:** _____

DESCRIPTION OF SERVICE(S):**
Add one Speech Language Pathologist at \$92/hour, 8 hours/day for 115 days from 11/17/21 to 6/3/22, \$84,640.00

AMOUNT:**

Original:	\$ 129,637.20	Total encumbered prior to this Amendment
Change:	\$ 84,640.00	Additional amount to be encumbered
New Total:	\$ 214,277.20	Total of two lines above

BUDGET CODE:

Old										Amount
080	6500	0	5825	00	5760	1190	650000	000	0000	\$ 129,637.20
										\$
New (re-enter if same as above)										Amount
080	6500	0	5825	00	5760	1190	650000	000	0000	\$ 214,277.20
										\$

WAIVE LIABILITY INSURANCE:
Explanation _____

OTHER (Please specify): _____

**The Service Agreement Amendment is required to change: terms, description of service(s) or contractual amount and may require approval by the Board of Education.

Original Board Approval Date: 8/3/2021

Board Amended Date (if required): _____



VENDOR Signature

11/3/21

Date

Site/Department Administrator Signature

Date

Kirsten Perez, Deputy Superintendent and CFO Signature

Date



Services Addendum

This Addendum, made as of November 3rd, 2021 is between The Stepping Stones Group, LLC ("Contractor"), and Morgan Hill Unified School District ("School District"). The purpose of this Addendum is to establish bill rate and billing information for the services listed below. All other terms and conditions to remain based on current contract.

BILLING DETAILS:

SSG Employee Name: Savannah Murrillo

Specialty: SLP

Billable Hours per Week 40

Bill Rate: 92.00 per hour

Assignment Duration: 2021 - 2022 SY

A/P Contact Name and Title: Nicky Hilkene

A/P Email & Phone Number: hilkenen@mhusd.org 408 201 6043

Special Billing Instructions: Send invoices to Nicky Hilkene at above email address

Signed for Contractor:

Signature: Richa Narang

Name: Richa Narang

Title: Director of Client Services

Date: 11/3/21

Signed for School District:

Signature: _____

Name: Kirsten Perez

Title: Deputy Superintendent and Chief Financial Officer

Date: _____

Non-Solicitation: During the term of this Agreement and for a period of two years after the termination of this Agreement, Client agrees not to directly or indirectly contract with, offer employment to or hire any employee of the Contractor assigned to Client or any candidate submitted by Contractor to Client. Client agrees that if they directly hire any contracted employee provided by the Contractor or candidate submitted by the Contractor there is a one-time fee equal to 20% of the employee's salary.

COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: Murillo First Name: Savannah State: C MI
 Date of birth: 10/8/1994 Patient number (medical record or IIS-record number): 17311368

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>MODERNA</u> <u>029A21A</u>	<u>2/5/21</u> mm dd yy	<u>KP SJO</u>
2 nd Dose COVID-19	Moderna Lot: <u>026B21A</u>	/ / yy	
Other	Site: <u>KP SJO</u>	<u>4/3/21</u> dd yy	
Other		/ / yy mm dd yy	