# SCHOOL BOARD OF CLAY COUNTY, FLORIDA INDEPENDENT CONTRACTOR SERVICES AGREEMENT

This Agreement ("Agreement") is entered into by and between

Keystone Behavioral Pediatrics ("Contractor"), and the School Board of Clay County, Florida ("Board" or "District"), collectively referred to hereinafter as "the Parties," which Agreement shall become effective on the date it is fully executed by the Parties.

WHEREAS, the District is engaged in the activity of providing educational opportunities to children; and

WHEREAS, Contractor has experience, skill, and expertise in delivering the services and/or products described in this Agreement; and

WHEREAS, the District desires to engage the services of Contractor, the Parties agree as follows:

Contractor shall timely perform and deliver to the District services which include:

This contract provides for services for a student with very significant and intensive
behavioral needs whose Individual Education Pian (IEP) requires intensive 1:1
supports by multiple professionals throughout the school day. The degree of
support necessary can best be delivered though contracted services.

- 2. In exchange, Contractor shall be compensated by the District as follows:

  See Exhibit 1. Invoicing and payment obligations and procedures shall comply with and be governed by section 218.70, et seq., Florida Statutes ("Prompt Payment Act").
- The term of this Agreement commences as of the date upon which it is fully executed and shall terminate on <u>June 30, 2019</u> unless earlier terminated as set forth below.

- 4. Upon thirty (30) days' notice to Contractor, the District may terminate this Agreement at its convenience and without cause. However, the District may <u>immediately</u> terminate this Agreement without penalty upon: (a) Contractor's violation of any federal, state, or local law, regulation, or rule; (b) neglect of any duty owed to the School by Contractor, including, but not limited to any unauthorized absence from any scheduled event; (c) Contractor's inability or disqualification to perform its obligations to the School; or (d) incompetence or unprofessional conduct by or on behalf of Contractor.
- 5. Contractor shall perform such services in a manner customarily performed by one having special expertise in the same or substantially similar position, and such other related services as may be requested by the District during the term of this Agreement.
- 6. The means by which the services called for under this Agreement are performed shall be determined by the Contractor, but such means must satisfy the schedules, deadlines, and objectives established by the District.
- 7. Contractor shall at all times comply with state law, federal law, and School Board Policies during the performance of this Agreement. Any violation of this term will result in the immediate termination of the Agreement with no penalty to the District.
- 8. Contractor understands that this Agreement does not form an employeremployee or agency relationship with the District. Contractor is not authorized to enter into agreements on behalf of the District, or to order or purchase goods or services or to otherwise purport to contractually bind or legally obligate the District in any way.
- 9. Contractor understands that no federal or state taxes are being withheld from compensation under this Agreement, and Contractor has the responsibility to pay any and all taxes, fees, and other payments imposed by any applicable laws, regulations,

or rules. Contractor shall indemnify and hold harmless the District for any failure to satisfy such liabilities.

10. As a condition precedent to this Agreement, Contractor shall present the District with a Certificate of Insurance ("COI") which must provide for the following policies of insurance/coverages at the minimum amounts shown:

### 1. General Liability Policy: \$1,000,000.00 per occurrence \$2,000,000.00 aggregate

Auto Liability Policy:
 \$1,000,000.00 combined single limit
 \$5,000,000.00 (if charter or common carrier)

3. Worker's Compensation Policy: \$100,000

Note: If the Contractor is exempt from Worker's Compensation insurance obligations, the Contractor must sign the *Worker's Compensation Acknowledgment Form* attached hereto as *Exhibit A*.

Each insurance policy shall be obtained from an insurance carrier rated as "A-" or better, under a policy approved for use in the State of Florida. Each Certificate of Insurance shall name the School Board of Clay County, Florida, as an additional insured and the policy must unconditionally entitle the School Board to thirty (30) days' notice of cancellation of such policy or any of the coverages provided by it.

11. By entering into this Agreement, Contractor acknowledges and accepts responsibility for all risks of injury and loss associated with the performance of this Agreement. In addition to any other statutory or common law obligation to indemnify and defend the School Board, Contractor shall indemnify, defend, and hold harmless the School Board, its officers, and employees from any claim, loss, damage, penalty, or liability arising from the negligent acts, omissions, misfeasance, malfeasance, or

intentionally wrongful conduct of Contractor, its employees, or agents relating to the performance of duties imposed upon Contractor by this Agreement. Such indemnity shall not be limited by benefits payable by or for Contractor under worker's compensation, disability, or any other employee benefits or insurance programs or policies. Contractor shall timely provide to the District written notice of any claim, complaint, or demand asserted against Contractor related to the performance of this Agreement. Contractor's obligations under this section shall survive the termination of this Agreement.

- 12. Contractor represents and warrants to the District that Contractor is familiar with sections 1012.32, 1012.321, 1012.465, 1012.467, and 1012.468 of the Florida Statutes regarding background investigations. Contractor covenants to comply with all requirements of the above-cited statutes at Contactor's sole expense and shall provide the District proof of such compliance upon request. Contractor's indemnification obligations to the District extend to and include any liabilities, injury, or damages resulting from Contractor's failure to comply with the requirements of this paragraph.
- 13. Contractor is required to comply with the Florida Public Records Law, Chapter 119, Florida Statutes, in the performance of duties under this Agreement. Accordingly, in addition to all other Public Records obligations, Contractor shall:
  - a. Keep, maintain, and produce upon request and within a reasonable period of time all data created or collected in the performance of its duties under this Agreement ("Agreement Data") which come within the definition of a "public record" under Chapter 119.
  - b. Provide to the District, upon its request and free of charge, a copy of each record which Contractor seeks to produce in response to a public records request.
  - c. Ensure that all Agreement Data considered exempt under Chapter 119 are not disclosed except as authorized by law.

d. Upon completion of its obligations under the Agreement, transfer to the District, at no cost, all Agreement Data in Contractor's possession or otherwise keep and maintain such data/records as required by law.

All records transmitted to the District must be provided in a format that is compatible with the District's information technology systems. Contractor's failure to comply with the provisions set forth in this section shall constitute a default and material breach of this Agreement, which may result in immediate termination by the District without penalty.

IF CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, OR CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTRACTOR SHALL CONTACT THE SCHOOL DISTRICT'S CUSTODIAN OF PUBLIC RECORDS AT 900 WALNUT STREET, GREEN COVE SPRINGS, FLORIDA 32043, OR AT 904-336-6500, OR AT: PRR@myoneclay.net

- 14. Contractor understands and agrees that it is subject to all federal and state laws and District rules relating to the confidentiality of student information. Contractor further agrees to comply with the Family Educational Rights and Privacy Act ("FERPA") 34 C.F.R. § 99. Contractor shall regard all student information as confidential and will not disclose personally-identifiable student records or information to any third party without appropriate legal authorization.
- 15. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida without regard to any choice of law provisions. The Parties agree that the Circuit Court for the Fourth Judicial Circuit in and for Clay County, Florida, shall have sole and exclusive jurisdiction to enforce the terms of this Agreement and to adjudicate disputes arising from this Agreement.
- 16. To the extent that the District is using federal funds as a source of payment for this Agreement, Contractor shall execute and deliver to the District the following forms:

(a) Regulatory Compliance Statement; (b) Certification Regarding Non-Discrimination; (c) Certification Regarding Lobbying; (d) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion; (e) Certification Regarding Drug-Free Workplace Requirements; and (f) Non-Collusion Affidavit.

IN WITNESS WHEREOF, the Parties, by and through execution of this Agreement by their authorized representative below, concur with and bind themselves to all terms and conditions of this Agreement.

AS TO CONTRACTOR:	
Joan Perin	Heren
(Printed Name)	(Signature)
Director of Finance (Title) 10807 Southpoint Drive N Jacksonville; FL 32216	7/16/18 (Date)
Jacksonville; FL 32216	
(Address) 954-619-6071 (Phone number and e-mail)	
AS TO BOARD/DISTRICT:	
(Printed Name)	(Signature)
(Title)	(Date)
(Address)	
(Phone number and e-mail)	

# Exhibit I Keystone Behavioral Pediatrics TUITION AGREEMENT & PAYMENT SCHEDULES

PREPARED FOR: Clay County District Schools

900 Walnut Street

Green Cove Springs, FL 32043

STUDENT NAME:

ENROLLMENT DATE: July 1, 2018 through June 30, 2019

(193 days, including possible Extended School Year)

\*Contingent upon the student enrolling in possible residential placement

ENROLLMENT: Full Time, Individual Instruction Monday-Friday, 8:30-2:30

TUITION AND THERAPIES: Speech and Language Therapy (30 minutes per week)

2:1 Behavior Support BCBA Supervision

Tuition

Daily rate for all services not to exceed \$664.00.

TERMS: Tuition agreement is in conjunction with the terms of the enrollment agreement. All payments are non-refundable. Should instructional hours for the student be reduced, charges for tuition and services will decrease correspondingly.

#### PAYMENT SCHEDULE:

• Tuition will be billed monthly and invoices will be sent with attendance verification.

7/16/18

Signature of Authorized Representative

Printed name of Authorized Representative

Client#: 1872288

131KEYSTBEH

ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/15/2018

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

<ul> <li>policy, certain policies may require an endorsement. A state of such endorsement(s).</li> </ul>	ment on
CONTACT NAME: PHONE (AIC, No. Ext): 407 691-9600  FAX (AIC, No.): 888- E-MAIL ADDRESS:	635-4183
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A ; Philadelphia Indemnity Insurance Co.	18058
INSURER B :	
INSURER C :	
INSURER D:	
INSURER E :	
INSURER F:	
REVISION NUMBER:	
AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO AVE BEEN REDUCED BY PAID CLAIMS.	HICH THIS
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	CONTACT NAME: PHONE (AC, No, Ext): 407 691-9600  INSURER(S) AFFORDING COVERAGE  INSURER A: Philadelphia Indomnity Insurance Co.  INSURER B: INSURER C: INSURER C: INSURER C: INSURER E: INSURER F:  REVISION NUMBER:  AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO BY EACH OF THE POLICIES DESCRIBED HEREIN EACH OF THE POLICIES DESCRI

LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	Lpm (:	3
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X	PHPK1858320	07/30/2018	07/30/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
						MED EXP (Any one person)	s 5,000
						PERSONAL & ADV INJURY	s1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s 3,000,000
	POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	8
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-	
	ANY PROPRIETOR PARTNER EXECUTIVE	NIA				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	7/4				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liab		PHPK1858320	07/30/2018		\$3M Aggregate	
A	Sexual/Phy Abuse		PHPK1858320	07/30/2018	07/30/2019	\$1M Each Incident/	-AA

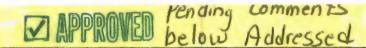
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as Additional Insured as respects General Liability.

CERTIFICATE HOLDER	CANCELLATION
School Board of Clay County 23 South Green Street Green Cove Springs, FL 32043	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Green Cove Springs, FL 32043	AUTHORIZED REPRESENTATIVE
	Todd William Biolop

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## P1900611

Date Submitted: 7/17/18



#	19	003	7

Telephone Number: 904-336-6867

## AGREEMENT / CONTRACT REVIEW FORM

Contact Initiator (Name of Person Overseeing the Contract): Linda Evans

BOARD MEETING DATE:

WHIEN SOARD APPROVAL IS BECOMED DO NOT PLACE

THEM ON ASSENDA WITTE NEWSON IS COMPLETED.

school/Department Submitting Col	ntract: County Office	e / Exceptional Student Education
/endor/Contractor Name: Keyston	e Behavioral Pedlatri	ics – Jacksonville
Contract Title: Keystone Behavior	al Pediatrics Contract	2018-19
Contract Type: New Renew	al Amendment c	Extension Date Original Contract Approved: 01/08/2015
Contract Term: July 1, 2018 - J	une 30, 2019	Renewal Options(s):
Contract Cost: \$150,000.00	Payment	Schedule (Monthly? Upon delivery? When finished?): Monthly
Funding Source: 0100.S200.0310	).9005.1901	Purchase Requisition No.: R008851
Stratogic Plan Tip-in Evnlanat	tion: 1.2 Provide di	agnostic and prescriptive interventions for differentiated instruction
		nts with disabilities are required under the Individuals with
Disabilities Education Act (ID		
Pre-Approved by Superintende	ent or Designee? Y	es_ No
CONTRACT REQUIRED DOCUM Completed Contract Revi	iew Form	KAGE ATTACHED?  PURCHASING  with all basic and mandatory terms)
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