FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 270005
Number Assigned by Purchasing Dept.

CONTRACT REVIEW

BOARD MEETING DATE:

WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED
☐ Must Have Board Approval over $100,000.00

Date Submitted: 05/27/2026

Name of Contract Initiator: Jennifer Shepard Telephone #: 904 336 6951

School/Dept Submitting Contract: Professional Learning Cost Center # 9009

Vendor Name: Georgia Southern University

Contract Title: Georgia Southern University MOU for Applied Education Experience

Contract Type: New X Renewal Amendment ☐ Extension ☐ Previous Year Contract #

Contract Term: 08/01/2026-07/31/2029 Renewal Option(s): Renew in writing

Contract Cost: $0

☐ **BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT**

Funding Source: Budget Line #_____

Funding Source: Budget Line #_____

☐ **NO COST MASTER (COUNTY WIDE) CONTRACT - SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT**

☐ **INTERNAL ACCOUNT - IF FUNDED FROM SCHOOL IA FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO SBAO**

REQUIRED DOCUMENTS FOR CONTRACT REVIEW PACKAGE (*when applicable*):

__X___ Completed Contract Review Form

__X___ SBAO Template Contract or other Contract (NOT SIGNED by District / School)

_____ SIGNED Addendum A (if not an SBAO Template Contract) - **When using the Addendum A, *this Statement MUST BE included in the body of the Contract:***
"The terms and conditions of Addendum A are hereby incorporated into this Agreement and the same shall govern and prevail over any conflicting terms and/or conditions herein stated."

__X___ Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:
COI must list the School Board of Clay County, Florida as an Additional Insured and Certificate Holder. Insurer must be rated as A- or better.
General Liability = $1,000,000 Each Occurrence & $2,000,000 General Aggregate.
Auto Liability = $1,000,000 Combined Single Limit ($5,000,000 for Charter Buses).
Workers' Compensation = $100,000 Minimum
[If exempt from Workers' Compensation Insurance, vendor/contractor must sign a Release and Hold Harmless Form. If not exempt, vendor/contractor must provide Workers' Compensation coverage].

_____ State of Florida Workers Comp Exemption (https://apps.fldfs.com/bocexempt/) (If Applicable)

_____ Release and Hold Harmless (If Applicable)

RECEIVED
By Megan Robiou at 8:14 am, Jul 21, 2026

****AREA BELOW FOR DISTRICT PERSONNEL ONLY ****

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department **REVIEWED** **By bfstaefe at 8:44 am, Jul 21, 2026** Review Date	No cost
School Board Attorney JPS 7/23 Review Date	Legally sufficient.
Other Dept. as Necessary Review Date	
PENDING STATUS: ☐YES ☐NO	**IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR**
FINAL STATUS	Tentatively Approved Pending Required Signatures

MEMORANDUM OF UNDERSTANDING CONCERNING
AFFILIATION OF STUDENTS FOR APPLIED EDUCATION EXPERIENCE

This is a Memorandum of Understanding on the part of **School Board of Clay County**, hereinafter referred to as "Facility," and **Georgia Southern University**, hereinafter referred to as "University."

A. PURPOSE:

(1) The purpose of this Memorandum of Understanding is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality applied learning experiences for university students in the University's **Department of Human Ecology**, while at the same time enhancing the resources available to the Facility for the providing of services to its clients/general public.

(2) Neither party intends for this Memorandum to alter in any way their respective legal rights or their legal obligations to one another, to the university students and faculty assigned to the Facility, or as to any third party.

(3) For purposes of this understanding, the term "university student" shall be defined as a person who is enrolled as a student in the University's **Department of Human Ecology,** and who is receiving education experience under the provisions of this understanding. The term "client/general public" shall be defined as any recipient of the Facility's services.

(4) Facility and University agree that this Memorandum shall not create nor imply the creation of any contractual, employment, agency, consulting, or other agreement between the University Students and the Facility or between the University's faculty and the Facility.

B. GENERAL UNDERSTANDING:

(1) The courses of instruction (i.e., applied education programs) to be provided will be of such content, and cover such periods of time as may from time to time be mutually agreed upon by the University and the Facility. The starting and ending date for each program shall be agreed upon at least one month before the program commences.

(2) The number of university students designated for participation in an applied education

program will be mutually determined by agreement of the parties and may at any time be altered by mutual agreement. All university student participants must be mutually acceptable to both parties and either party may withdraw any university student from a program based upon perceived lack of competency on the part of the university student, the university student's failure to comply with the rules and policies of the Facility or the University, or, for any other reason where either party reasonably believes that it is not in the best interest of the program for the university student to continue.

(3) There shall be no discrimination on the basis of race, national origin, religion, creed, sex, sexual orientation, age, disability, veteran's status, or any other protected class in either the selection of university students for participation in the program, or as to any aspect of the clinical training; provided, however, that with respect to a disability, the disability must not be such as would, even with reasonable accommodation, in and of itself, preclude the university student's effective participation in the program.

C. FACILITY RESPONSIBILITIES:

(1) The Facility will retain responsibility for the services to its clients/general public and will maintain administrative and professional supervision of university students insofar as their presence and program assignments affect the operation of the Facility and its services to its clients/general public.

(2) The Facility will provide adequate clinical facilities for participating university students in accordance with the educational objectives developed through cooperative planning by the University's departmental faculty and the Facility's staff.

(3) The Facility will use its best efforts to make conference space and classrooms available as may be necessary for teaching and planning activities in connection with applied education programs.

(4) Facility staff shall, upon request, assist the University in the evaluation of the learning and performance of participating university students.

(5) The Facility shall provide for the orientation of both University faculty and participating university students as to the facilities, philosophies, rules, regulations and policies of the Facility.

(6) Subject to the Facility's overall supervisory responsibility for services to its clients/general

public, it may permit appropriately credentialed faculty members to provide such development services at the Facility as may be necessary for teaching purposes.

D. UNIVERSITY RESPONSIBILITIES:

(1) The University will use its best efforts to see that university students selected for participation in the applied education program are prepared for effective participation in the applied education phase of their overall education. The University will retain ultimate responsibility for the education of its university students.

(2) Prior to the commencement of an applied education program, the University will, upon request, provide responsible Facility officials with such university student records as will adequately disclose the prior education and related experiences of prospective university student participants.

(3) The University will use its best efforts to see that the applied education programs at the Facility are conducted in such a manner as to enhance the Facility's services to its clients/general public. Only those university students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in a program.

(4) The University will not assign any faculty member to the Facility in connection with the operation of the program who does not have appropriate credentials and will keep evidence of the credentials of all assigned faculty on file with the Facility at all times.

(5) (a) The University will require all participating faculty and university students to show proof of liability insurance in an amount satisfactory to the University and the Facility. Upon request, evidence of such insurance will be provided.

(b) The University will require all participating faculty and university students to show proof of health insurance if required by the Facility, in an amount satisfactory to the Facility. Upon request, evidence of such insurance will be provided.

(6) The University will encourage university student compliance with the Facility's rules, regulations and procedures, and use its best efforts to keep university students informed as to the same and any changes therein. Specifically, the University will keep each participating university student apprised of his or her responsibility:

(a) To follow the administrative policies, standards and practices of the Facility when the

university student is in the Facility.

(b) To provide the necessary and appropriate uniforms and supplies required where not provided by the Facility.

(c) To report to the Facility on time and to follow all established regulations during the regularly scheduled operating hours of the Facility.

(d) To conform to the standards and practices established by the University while training at the Facility.

(e) To keep in confidence all medical, health, personal, and educational information pertaining to particular clients/general public.

E. MUTUAL RESPONSIBILITIES:

(1) The parties will work together to maintain an environment of quality applied education experiences and quality client/general public services. At the instance of either party a meeting or conference will be promptly held between University and Facility representatives to resolve any problems or develop any improvements in the operation of the contemplated applied education programs.

(2) Unless sooner canceled as provided below, the term of this affiliation for applied education experience shall be three years, commencing on **August 1, 2026** and ending on **July 31, 2029**. This working relationship and affiliation may be renewed by mutual written consent of the parties. It may also be canceled at any time by either party upon not less than ninety (90) days' written notice in advance on the next applied education experience.

[Signature Page Follows]

Academic Department: **Department of Human Ecology**

Program: **Human Development and Family Sciences**

APPLIED EDUCATION FACILITY:	UNIVERSITY:
School Board of Clay County	Georgia Southern University
900 Walnut Street	Post Office Box 8020
Green Cove Springs, FL. 32043	Statesboro, GA 30460-8020
By: _____	_____
(Authorized Official),	**Dr. Kyle Marrero, President**
Title: _____	

STATE OF GEORGIA
DEPARTMENT OF ADMINISTRATIVE SERVICES
CERTIFICATE OF INSURANCE

Name and Address of Agency	**Coverages Afforded By:**		
Department of Administrative Services Risk Management Services 200 Piedmont Avenue SE Suite 1220 West Tower Atlanta, Georgia 30334-9010	Company Letter	A	State of Ga. Risk Management Services
	Company Letter	B	Nationwide Casualty Company
Name and Address of Insured	Company Letter	C	
BOR-Georgia Southern University P.O. Box 8104 Statesboro,GA 30460	Company Letter	D	
	Company Letter	E	

This certificate is given as a matter of information only and confers no rights upon the certificate holder. 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 policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies). This certificate does not amend, extend or otherwise alter the coverages afforded by the policy(ies) described herein.

COMPANY LETTER	TYPES OF INSURANCE	POLICY NUMBER	POLICY EXPIRES	LIMITS APPLY SEPARATELY PER POLICY
A	COV. LIABILITY (GL, MEDICAL MALPRACTICE) A TORT CLAIMS LIABILITY POLICY. State agency or Authority is insured When sued in state courts.	TCP 401-14-26	6/30/2026	BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED
A	B EMPLOYEE LIABILITY POLICY. Employee is insured when sued Individually. C STATE AUTHORITY POLICY. Coverage applies when Authority. is sued in federal court	CGL 401-14-26	6/30/2026	PER PERSON $1,000,000 AGGREGATE $3,000,000 OCCURRENCE POLICIES (X)
A	Contractual and/or Additional Insured Coverage applies to Certificate Holder if policy A ____ B ____ C ____ is checked			
	COV. AUTOMOBILE LIABILITY COVERAGE D Owned, rented, and non-owned automobiles when Agency or Authority is sued in state court or employee is sued in federal court	TCP 401-14-26	6/30/2026	C.S.L PER PERSON $1,000,000 AGGREGATE $3,000,000
	E Physical Damage Coverage			Other than Coll. 500 Ded. Coll. 500 Ded.
	F Excess Authority Coverage when Authority is sued in federal court G Excess Contractual and /or additional insured coverage when certificate holder is sued in federal or state court yes ____ no ____			LIMITS SHOWN INCLUDE THE LIMITS OF LIABILITY SHOWN UNDER COVERAGES C-D FOR AUTHORITIES ONLY SINGLE LIMIT LIABILITY:
A	H WORKER'S COMP. COVERAGE	SELF-INSURED	NONE	STATUTE
B	COV. MISC. COVERAGE I Property J Other Fidelity Bond	**FCO2308758**	**6/30/2026**	**$50,000,000**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
Contractual Liability is NOT provided and the Certificate Holder is NOT an additional insured. Coverage applies to state employees while performing state assigned duties.

CANCELLATION:
In the event of cancellation of the policy(ies) described herein, Risk Management Services will endeavor to provide 30 days written notice to the certificate holder, however Risk Management Services assumes no legal responsibility for failure to do so.

NAME AND ADDRESS OF CERTIFICATE HOLDER		DATE ISSUED: **06/06/2025**
TO WHOM IT MAY CONCERN		Walt E. I AUTHORIZED REPRESENTATIVE