

# FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 260041

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: 09/24/2025

Name of Contract Initiator: Jennifer Shepard

Telephone #: 9043366951

School/Dept Submitting Contract: Professional Learning

Cost Center # 9009

Vendor Name: Inter American University of Puerto Rico

Contract Title: Inter American University of PR Student Teaching Affiliation Agreement

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

Contract Term: Term end 7/31/2026

Renewal Option(s):

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):

☒ Completed Contract Review Form

☒ 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."*

☒ 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 Elaine at 9:08 am, Sep 26, 2025

### \*\*\*AREA BELOW FOR DISTRICT PERSONNEL ONLY\*\*

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department  <div> <b>REVIEWED</b>                          By Bertha Staefe at 2:56 pm, Oct 03, 2025                     </div>	No Cost <hr/> <hr/> <hr/>
School Board Attorney JPS Review Date 10/8/25	Legally sufficient. <hr/> <hr/> <hr/>
Other Dept. as Necessary  Review Date	<hr/> <hr/> <hr/>
PENDING STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR</b>
FINAL STATUS	<div>                         Tentatively Approved                          Pending Required Signatures                     </div>

## STUDENT TEACHING AFFILIATION AGREEMENT

**This Student Teaching Affiliation Agreement** ("Agreement") is entered into on this 2nd day of October, 2025, by and between Inter American University of Puerto Rico, Inc, Arecibo, Puerto Rico ("UIPR"), and THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA ("the District").

1. **Purpose.** The purpose of this Agreement is to establish the terms and conditions under which UIPR students ("UIPR Students") may participate in Student Teaching Internships, Practicums, and Observations at the schools located in the District.

2. **UIPR Student Placements.** The District shall accept UIPR students for placement in Student Teaching Internships, Practicums, and Observations on the terms and conditions set forth herein.

3. **Policies Governing UIPR Student Placements.**

a. Placements for all clinical field experiences will be arranged by the designated representatives of the District in collaboration with representatives of UIPR. UIPR Student applications for final internship will be submitted to the District by the appropriate UIPR representative according to the following dates or as otherwise agreed upon by the parties:

April 15 – Submission of applications for final internships for Fall Semester

October 15 – Submission of applications for final internships for Spring Semester

b. Under no circumstances will UIPR students be allowed to contact principals, administrators, or teachers to request a specific preferred placement.

c. UIPR student applicants for college practicums or final internships cannot be placed in a school in which the applicant has a relative who is an employee or a student.



4. **UIPR Responsibilities.**

a. UIPR will provide a university supervisor for each practicum student or final intern placed in a District school. Each university supervisor will meet the minimum qualifications set forth by the Florida Department of Education which presently include the following:

- i. Three or more years of K-12 Teaching Experience
- ii. Evidence of Clinical Educator Training or commensurate clinical training
- iii. A Master's Degree or higher in an appropriate educational field

5. **Confidentiality.** UIPR and the District shall inform each UIPR student of federal and state laws governing the confidentiality of District student information, including FERPA. The parties agree that any breach of confidentiality by an UIPR Student shall be grounds for immediate termination of the student's clinical experience.

7. **Indemnification and Hold Harmless.** Neither party shall be responsible to the other for personal injury or property damage or other loss except that resulting from its own negligence or the negligence of its employees or others for whom the party is legally responsible. The District will provide UIPR Students with immediate first aid for work-related injuries or illnesses, such as blood or bodily fluid exposure.

8. **Insurance.** During the term of this Agreement, UIPR shall maintain in full force and effect commercial general liability insurance in the minimum amount of \$1,000,000 per occurrence and \$2,000,000 aggregate.

9. **Notices.** Notices under this Agreement shall be mailed or delivered to the parties as follows:

To the District:

Dr. Jennifer Shepard



THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA  
900 Walnut Street  
Green Cove Springs, Florida 32043

To UIPR:

Dr. Auris Martinez Guevara  
Department of Education  
Inter American University of Puerto Rico, Inc.  
PO Box 4050  
Arecibo, PR 00614

10. **Term and Termination.** The term of this Agreement begins October 2, 2025 and ends on July 31, 2026. Either party may, either with or without cause, upon thirty (30) days' written notice to the other party, terminate this Agreement. Terminating this Agreement as set forth herein shall not operate to interrupt the progress of any student who has been assigned to a teaching internship, practicum or observation. A student who is assigned to any student teaching or practicum pursuant to this contract shall be allowed to complete their assignment.

11. **Assignment.** The provisions of this Agreement shall inure to the benefit of and shall be binding upon the successors of the parties hereto. Neither this Agreement nor any of the rights or obligations hereunder may be transferred or assigned without prior written consent of the other party.

12. **Modification of Agreement.** This Agreement may be modified only by written amendment executed by all parties.

13. **Partnership/Joint Venture/Employment.** Nothing herein shall in any way be construed or intended to create a partnership or joint venture between the parties or to create the relationship of principal and agent between or among any of the parties.

14. **Nondiscrimination.** The parties shall comply with Title VI and VII of the Civil Rights Act of 1964, Title IS of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Americans with Disabilities Act of 1990 and the regulations related thereto. The parties will not discriminate against any individual, including but not limited to employees or applicants for employment and/or students because of race, religion, creed, color, sex, age, disability, veteran status, or national origin. This section shall not apply to discrimination in



employment on the basis of religion that is specifically exempt under the Civil Rights Act of 1964 (42 U.S.C. §2000 e).

**IN WITNESS THEREOF**, the parties hereto have caused this Agreement to be duly executed and delivered by their respective officials thereunto duly authorized as of the date first above written.

**Inter American University of Puerto Rico, Inc.**

By: Karen Woolcock Rodríguez  
Name: Karen Woolcock Rodríguez, Ph.D.  
Title: Chancellor  
"UIPR"

**THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA**

By: [Signature]  
Name:  
Title: Chairperson  
"District"

Approved as to Form:

[Signature]  
Attorney for the School Board



PRODUCER EASTERN AMERICA INSURANCE AGENCY  
P.O. BOX 193900  
SAN JUAN, PR 00919-3900

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

INSURED UNIVERSIDAD INTERAMERICANA DE PUERTO RICO  
&/OR SEE EXTENDED NAMED  
PO BOX 363255  
SAN JUAN PR 00936-3255

INSURER A: UNIVERSAL INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	5150837053	7/10/2025	7/10/2026	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000.00
					PERSONAL & ADV INJURY	\$ 1,000,000.00
					GENERAL AGGREGATE	\$ 2,000,000.00
					PRODUCTS - COMP/OP AGG	\$ 1,000,000.00
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Each accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY:	
					AGG	\$
	EXCESS LIABILITY					
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	5150837053	7/10/2025	7/10/2026	W C STATU- TORY LIMITS <input checked="" type="checkbox"/> OTHER	\$
	STOP GAP				E.L. EACH ACCIDENT	\$ 1,000,000.00
					E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000.00
					E.L. DISEASE-POLICY LIMIT	\$ 1,000,000.00
	OTHER					

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

LIMITED TO INSURED OPERATIONS ONLY  
WITH RESPECT TO: EXPERIENCIAS DE CAMPOS OBSERVACIONES  
RECINTO: ARECIBO

CERT # AR00447

CERTIFICATE HOLDER ☒ ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

DISTRICT SCHOOL BOARD OF CLAY COUNTY  
900 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

FILE # 940595 PROD # R203

AUTHORIZED REPRESENTATIVE  
EASTERN AMERICA INSURANCE AGENCY, INC.

IMPORTANT  
If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  
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).

## DISCLAIMER

This Certificate of Insurance does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



## **EASTERN AMERICA INSURANCE AGENCY, INC.**

PO Box 193900 San Juan PR 00919-3900 - Metro Office Park, Marginal Kennedy, Caparra Heights, P.R. 00921

INSURED: UNIVERSIDAD INTERAMERICANA DE PUERTO RICO &/OR SEE EXTENDED NAMED

COMPANY: UNIVERSAL INSURANCE COMPANY

POLICY NO.: 5150837053 FROM: 7/10/2025 TO: 7/10/2026

### **EXTENDED NAMED INSURED**

UNIVERSIDAD INTERAMERICANA DE PUERTO RICO AND/OR EMPRESAS INTEREX, INC. &/OR FUNDACION UNIVERSIDAD  
INTERAMERICANA DE P.R.