



Highline Public Schools Board Action Report

"A Path to Success for Every Student"

DATE: November 29, 2022

FROM: Dr. Ivan Duran, Superintendent

LEAD STAFF: Scott Logan, Chief Operations Officer

Devin Denney, Director of Transportation

For Introduction: January 4, 2023

For Action: January 4, 2023

I. TITLE: Motion to Approve Contract Amendment with HopSkipDrive, and Purchase Order for the 2022-23 SY.

Select one: New Item Renewed Item Annual Item Revised Item

II. WHY BOARD ACTION IS NECESSARY?

Board action is necessary due to the cost of the annual contract exceeding \$250,000. We are requesting the approval of an annual contract with HopSkipDrive in the amount of \$600,000.

III. BACKGROUND INFORMATION

HopSkipDrive is a student transportation provider used by Highline and neighboring school districts to provide transportation service in circumstances when a school bus is not available or practical.

Approval of this item will ensure uninterrupted transportation service for students experiencing homelessness while attending Highline and shared-district schools as required by the McKinney-Vento Act. Arrival at school is the first step providing equitable services for our students.

The contract has been amended to meet Highline Public Schools contractor insurance requirements. Currently, we have outstanding invoices totaling \$203,070.45 and with this amount we estimate a total of \$600,000 for the 2022-23 SY.

Due to staff error, a timely board action request for this annual purchase order renewal did not occur. We ask for introduction and action on January 4, as the vendor will discontinue service until bills are paid.

IV. RECOMMENDED MOTION

I move that the board approve the amended contract with HopSkipDrive, and the Purchase Order for \$600,000 for the 2022-23 SY.

V. FISCAL IMPACT/REVENUE SOURCE

The fiscal impact is \$600,000 allocated from the Transportation general fund.

VI. APPLICABLE POLICY(S)

This action is in compliance with Policy 6225, McKinney-Vento Homeless Assistance Act.

VII. ALTERNATIVES

The alternative is to not approve this amended contract and purchase order for the 2022-23 SY. This is not recommended as transportation services for students experiencing homelessness is required by the McKinney-Vento Homeless Assistance Act. A disruption in services would cause an even more inequitable situation for students with serious transportation needs.

VIII. COMMUNITY ENGAGEMENT

Community Engagement Required: Yes No
N/A

IX. ATTACHMENTS

Amendment to Transportation Coordination License and Services Agreement with HopSkipDrive Inc. (for approval)
Unauthorized Contractor Form (for review)
Certificate of Liability Insurance (for review)

HOPSKIPDRIVE, INC.

AMENDMENT TO TRANSPORTATION COORDINATION LICENSE AND SERVICES AGREEMENT

THIS AMENDMENT TO TRANSPORTATION COORDINATION LICENSE AND SERVICES AGREEMENT (this "**Amendment**") is entered into as of October 24, 2022 (the "**Effective Date**") by and between **HOPSKIPDRIVE, INC.**, a Delaware corporation (the "**Contractor**"), and **HIGHLINE SCHOOL DISTRICT** ("**Organization**") (collectively "**The Parties**").

WHEREAS, the Contractor and Organization are parties to that certain Transportation Coordination License and Services Services Agreement dated November 6, 2019, as amended from time to time (collectively "**The Agreement**"); and

WHEREAS, the Contractor and Organization desire to amend the Agreement pursuant to this Amendment.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Contractor and Organization hereby amend the Agreement as follows:

1. Exhibit C is deleted in its entirety and replaced with the following:

EXHIBIT C

CONTRACTOR'S MINIMUM INSURANCE

Contractor Minimum Insurance (through a combination of primary and excess coverage):

Automobile Liability: \$5,000,000 combined single limit/

General Liability: \$1,000,000 per occurrence/\$2,000,000 aggregate

Sexual Misconduct: \$2,000,000 [*per claim*] limit/\$3,000,000 aggregate

Employer's Liability: \$2,000,000

All other terms set forth in the Agreement shall remain in full force and effect. Additionally, to the extent any previous amendments to the Agreement set forth different insurance requirements with respect to the Services (as defined in the Agreement), said requirements are replaced with Contractor's Minimum Insurance.

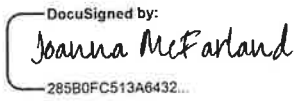
2. **No Further Amendment.** This Amendment constitutes the entire amendment to the Agreement s and, except as amended hereby, the Agreement remains unchanged and in full force and effect.

[SIGNATURE PAGE FOLLOWS]


The parties have executed this Amendment on the respective dates set forth below.

HopSkipDrive, Inc.

Highline School District

By: 
285B0FC513A6432...

(Signature)

By: 
5F37E246122B464...

(Signature)

Name: Joanna McFarland

(Printed Name)

Name: Devin Denney

(Printed Name)

Title: CEO

Title: Director of Transportation

Address: 360 East 2nd Street, Suite 325,
Los Angeles, CA 90012

Address: 15675 Ambaum Blvd SW
Burien, WA 98166
United States

Date: 10/31/2022

Date: 10/31/2022

Highline Public Schools

Unauthorized Independent Contractor/Personal Service Contracts

This Form Can Not be used for Federal Funded Purchases

(Please attach completed form to your requisition)

TODAY'S DATE: December 9, 2022

CONTRACT ORIGINATOR: Clinton Cantu

SCHOOL/DEPARTMENT: Transportation

The District's contract procedures require that an Independent/Personal Services contract be completed with appropriate signatures and that a Requisition be created and approved by all appropriate budget approvers and necessary departments prior to the commencement of any work or services. The failure of incomplete procedures may result in unpaid contracts and department/school Administrators may be held personally responsible.

The following Independent Contract/Personal Service lacked compliance with the District's contracting procedures. Please complete the following:

CONTRACTOR NAME: Hop Skip Drive, Inc.

REQ NO: R333667

CONTRACT DESCRIPTION: Hop Skip Drive, Inc. is an established transportation company that we use to accommodate our McKinney-Vento Qualified Families transportation needs.

DATE OF CONTRACTED SERVICE: 09/01/2022

DATE OF APPROVED SERVICE: 01/04/2023 - pending Board approval

CONTRACTED AMOUNT: \$600,000.00

Please provide an explanation why the contracted services procedures were not followed?

In processing the request for this years PO, it was discovered that the insurance for HSD was not at the threshold required by the district. It was then lost in the shuffle with people waiting to hear from each other regarding a resolution.

What has been put in place to insure these procedures are followed in the future?

The representatives from our insurance company and Hop Skip Drive worked together on a resolution for coverage. This will not be an issue in the future.

Please attach supporting documents if the work required compliance with Governors Proclamation 21-14.1. This documentation must be in compliance prior to the work starting. Please refer to Policy 6210 regarding the responsibility of work that is unable to be approved for district payment.

***By signing, I confirm the work provided on this form and any supporting documents are in compliance with Governors Proclamation 21-14.1**

PRINT NAME

SIGNATURE: _____

*SUPERVISING ADMIN.

Budget # _____

PRINT NAME

SIGNATURE: _____

*BUDGET APPROVER

PRINT NAME

SIGNATURE:

A. Scott Lyman

*CABINET SIGNATURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2022

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


PRODUCER MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 CN117929101-TNC-GAUSE-22-23	CONTACT NAME: _____		FAX (A/C, No): _____
	PHONE (A/C, No, Ext): _____	E-MAIL ADDRESS: _____	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Crum & Forster Specialty Insurance Co			44520
INSURER B : Underwriters Lloyds, London			
INSURER C : Fair American Select Insurance Company			15201
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** SEA-003871577-01 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT 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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____			GLO-088958	06/06/2022	05/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			CPA-102507	06/06/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Sexual Misconduct			B0509FINMW2251299 "Claims Made Retro Date: 11/7/2014"	08/15/2022	08/15/2023	Limit \$ 1,000,000 SIR \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Highline School District 15675 Ambaum Blvd SW Burien, WA 98166	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services 
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