



TRACY
UNIFIED SCHOOL DISTRICT

Educational Services Approval Form: MOU's or Service Agreements

School Site: _____

Principal/Director: _____

Date: _____ Phone/Ext. _____

| General Information <i>Site/Department Completes:</i> | | | |
|--|--|---|---------------------------|
| Organization Name | | Contact Name | |
| Contact Email | | Contact Phone | |
| Description of Service Being Provided | | | |
| Does this activity require Civic Permits room reservation? List Site(s) _____ | | No | Yes Permit(s)# _____ |
| Goal Number: (Included in SSP) | | Funding Source | |
| *Proposed Board Meeting Date | | Will there be significant unsupervised contact with students? No ____ Yes ____ <i>*Finger printing & abuse/molestation coverage required</i> | |

**Due 20 days prior to meeting date*

| Review Process | Approved | Denied | Date | Signature |
|---|--------------------------|--------------------------|----------------------------------|-----------|
| 1 Principal/Director Reviews Agreement or MOU Details for Accuracy. Provides Vendor w/Sample Requirements <i>see e-forms for sample requirements</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sections 2 – 7 Reserved for District Approval Only | | | | |
| 2 Continuous Improvement, State & Federal Programs Reviews Agreement | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 Business Services Reviews Agreement | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 Facility Use Reviews for Civic Permit and potential M.O.T. Department concerns | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 Insurance w/ Endorsement Received & Meets Requirements | | | | |
| 6 Fingerprint Clearance through H.R. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7 Board Agenda Submitted or Placement on Consents Agenda | <input type="checkbox"/> | <input type="checkbox"/> | Board Meeting Date: _____ | |

** Standard insurance is required from those vendors/organizations that conduct business on District property. Abuse/Molestation coverage is required if representatives of the vendor/organization will have significant unsupervised contact with students. **Insurance coverage and limitations must meet district requirements and must include an endorsement naming TUSD as additional insured.***