



AIMS K-12 College Prep Charter District

Facility Committee Monthly Meeting

Date and Time

Thursday August 13, 2020 at 5:00 PM PDT

Location

Zoom - <https://zoom.us/j/95820994307>

AIMS does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Marisol Magana has been designated to receive requests for disability-related modifications or accommodations in order to enable individuals with disabilities to participate in open and public meetings at AIMS. Please notify Marisol Magana at (510) 220-9985 at least 24 hours in advance of any disability accommodations being needed in order to participate in the meeting. **Comments and questions should be entered into the chat feature of the Zoom meeting.**

Agenda

	Purpose	Presenter	Time
I. Opening Items			5:00 PM
Opening Items			
A. Call the Meeting to Order			
B. Record Attendance and Guests			
C. Public comments on Non-action items	Discuss		5 m

	Purpose	Presenter	Time
Public Comment on Non-Action Items is set aside for members of the Public to address the items on the Committee's agenda prior to each agenda item. The Committee will not respond or take action in response to Public Comment, except that the Committee may ask clarifying questions or direct staff. <u>Comments are limited to two (2) minutes per person, and a total time allotted for all public comment will not exceed twenty (20) minutes (10 minutes per section)</u>			
D.	Public comments on Action items	Discuss	5 m
Public Comment on Non-Action Items is set aside for members of the Public to address the items on the Committee's agenda prior to each agenda item. The Committee will not respond or take action in response to Public Comment, except that the Committee may ask clarifying questions or direct staff. <u>Comments are limited to two (2) minutes per person, and a total time allotted for all public comment will not exceed twenty (20) minutes (10 minutes per section)</u>			
II.	Non-action Items		5:10 PM
A.	Facilities Update	FYI	Marisol Magana 5 m
III.	Action Items		5:15 PM
A.	Window Installation Quote - AMA Glass	Vote	Tiffany Tung 10 m
IV.	Closed Session		5:25 PM
A.	Public comments on Closed Session items	FYI	5 m
Public Comment on Closed Session Items is set aside for members of the Public to address the items in this section prior to closed session. The Committee will not respond or take action in response to <u>Public Comment, except that the Committee may ask clarifying questions or direct staff. Comments are limited to two (2) minutes per person, and a total time allotted for all public comment will not exceed twenty (20) minutes (10 minutes per section).</u>			
B.	Recess to closed session	FYI	5 m
Closed Session Items:			
1. Conference with Real Property Negotiators			

	Purpose	Presenter	Time
(Gov. Code Section 54956.9)			
2. Conference with Legal Counsel - Anticipated Litigation (Gov. Code Section 54956.9)			
C.	Reconvene from closed session	FYI	5 m
V. Report from closed session			
VI. Closing Items			5:40 PM
A.	Items for next agenda	Discuss	5 m
B.	Adjourn Meeting	Vote	
C.	Notes	FYI	5 m

The next regular meeting of the Board of Directors is scheduled to be held on August 18, 2020, at 6:30 pm. AIMS does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Marisol Magana has been designated to receive requests for disability-related modifications or accommodations in order to enable individuals with disabilities to participate in open and public meetings at AIMS. Please notify Marisol Magana at (510)220-9985 at least 24 hours in advance of any disability accommodations being needed in order to participate in the meeting.

I, Kellie Minor, hereby certify that I posted this agenda on the AIMS website at <https://www.aimsk12.org/board-directors> on, August 10, 2020, at 4:55 PM.

Certification of Posting

Coversheet

Facilities Update

Section:	II. Non-action Items
Item:	A. Facilities Update
Purpose:	FYI
Submitted by:	
Related Material:	Facilities Update - August 2020.pptx

Facilities Update

August 13, 2020
Data, Accountability &
Operations Department



Lakeview Campus

- Deep cleaning the entire campus
- Disinfecting the entire campus
- Painting and touch-ups were done throughout the school
- Set up classrooms for hybrid learning
- Fire Extinguishers were inspected
- Sinks and Temperature Kiosks were set up
- Collaborating to create procedures for a safe campus

12th Street Campus

- Deep cleaning the entire campus
- Painting and touch-ups were done throughout the school
- Set up classrooms for hybrid learning
- Fire Extinguishers were inspected
- Sinks and Temperature Kiosks were set up
- Alarm system was installed
- Gathered for window installation
- HVAC System - Merv 13 filters
- Backflow Test - EBMUD
- Fire alarm, sprinkler and fire hose were inspected
- Collaborating to create procedures for a safe campus

Cleaning and Disinfecting

Cleaning and disinfecting is based on the Centers for Disease Control and Prevention (CDC) recommendations for schools.

Cleaning is happening on a regular basis. Cleaning crew is disinfecting frequently touched surfaces and objects such as:

- Door knobs and handles
- Stair rails
- Classroom desks and chairs
- Lunchroom tables and chairs
- Countertops
- Handrails
- Light switches
- Equipment
- Push-buttons on elevators
- Shared telephones
- Shared desktops
- Shared computer keyboards and mice

In the evening frequently touched surfaces and objects are wiped down with a 10% bleach solution. We are using a fogger machine to disinfect surfaces and objects.



Coversheet

Window Installation Quote - AMA Glass

Section:	III. Action Items
Item:	A. Window Installation Quote - AMA Glass
Purpose:	Vote
Submitted by:	
Related Material:	Window Installation for 12th Street.pdf



AIMS Board Meeting Item Cover Letter

Item:

Presented By:

Staff Recommendation:

Committee Approval:

Total Associated Cost:

Included in Budget?

Over or Under Budget?

Amount Over/Under Budget?

Included in LCAP?

Which LCAP?

Date: 6/24/2020



COMMERCIAL & RESIDENTIAL

Estimate

3080 Broadway
Oakland CA 94611
Lic#1011233
Bahman Shababi

American Indian Model School
Job Address: 171 12th ST
Oakland Ca 9460

ATTN: Tiffany Tung

We propose to provide the following to install.

- 1) To remove 34 PCS existing single pane Fix window 1/4" glass the storefront system frame the building in First / Second /Third floor Classroom the Building
- 2) To install 34 PCS Dark Bronze Retro -Fit frame Double pane glass. Each window has three panels One on TOP fix window and Two BOT panel windows Awning Tempered glass with opener included screens and film all the windows .

Some of the wall on Classrooms is in the middle of the big windows. We aren't able to replace it ,not including in Estimate. Each windows for to replace will be \$3240.00

We will provide Certificate of liability Insurance and Bond

Material , Labor ,Tax

Total : \$ 89850.00

(Included Material, Labor,Tax

Quotation is valid for 30 days.

Thank you for giving us the opportunity to bid on your project.if this Quote meets with your approval please sign and return.

Tiffany Tung

: _____

Phone (510) 453-7030

Fax: (877) 666-5095

E-mail: amaglassco@gmail.com

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

03/23/2020

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 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 Abdul Shah 9355 East Stockton Blvd Suite 260 Elk Grove CA 95624		CONTACT NAME: PHONE (A/C, No, Ext): 916-770-4200 E-MAIL ADDRESS: coastinsuranceagency@gmail.com FAX (A/C, No): 916-209-9690	
INSURED Bahman Shababi DBA AMA Glass 3080 Broadway, Oakland CA 94611		INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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			CL174889D	03/08/2020	03/08/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 500
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).
CANCELLATION 10 DAY NOTICE FOR NON PAYMENT, 30 DAYS ALL OTHERS

This certificate supersedes any previously issued certificate.

CERTIFICATE HOLDER**CANCELLATION**

Bahman Shababi DBA AMA Glass
PO Box 99343
Emeryville, CA 94662

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

Your Contractors License Bond Verification Card

Contractors License Bond Verification Card

A M A GLASS

LICENSE NUMBER: 1011233
BOND NUMBER: 04-WB082766
SURETY COMPANY: WESCO INSURANCE COMPANY

EXP: 1/20/2021

This card is not proof of current bond status. For current status of bond and license shown, please contact the licensing board.

California Contractor State License Board

www.cslb.ca.gov or 800.321.CSLB

Contractors License Bond Verification Card

Questions?

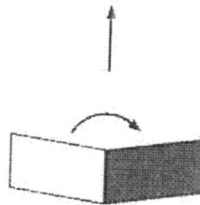
Please contact your agent.

Always Sierra Ins Brokerage Inc
916-476-3663

2338 Gold River Rd Ste B
Rancho Cordova CA 95670

Instructions:

1. **Print** this page.
2. **Cut** along the dashed line.
3. **Fold** your card in half.
4. **Laminate**.



Additional Cards for Your Convenience

Contractors License Bond Verification Card

A M A GLASS

LICENSE NUMBER: 1011233
BOND NUMBER: 04-WB082766
SURETY COMPANY: WESCO INSURANCE COMPANY

EXP: 1/20/2021

This card is not proof of current bond status. For current status of bond and license shown, please contact the licensing board.

California Contractor State License Board

www.cslb.ca.gov or 800.321.CSLB

Contractors License Bond Verification Card

Questions?

Please contact your agent.

Always Sierra Ins Brokerage Inc
916-476-3663

2338 Gold River Rd Ste B
Rancho Cordova CA 95670

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SURETY COMPANY: WESCO INSURANCE COMPANY

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Questions?

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Always Sierra Ins Brokerage Inc
916-476-3663

2338 Gold River Rd Ste B
Rancho Cordova CA 95670

DIFFERENT GROUP GLASS

Berkeley, CA

(510) 560-9636

contact@differentgroups.com

www.differentgroups.com

DIFFERENT GROUP GLASS

Proposal

DATE: 06/28/2020

CUSTOMER: Tiffany Tung

Aims

Tel: O: (510) 893-8701

C: (510) 912-4045

E-Mail: tiffany.tung@aimsk12.org

WORKSITE ADDRESS: American Indian Model schools
171 12th street, Oakland, CA 94607

QUOTE

WINDOW TYPE	SIZE	THICKNESS	NOTES	UNIT price	QTY	TTL PRICE
Double pane modern Aluminum Awning window Safety tempered	47 X 25	1 inch O/A Glass	The top 25 inches of the existing glass will be transformed into an awning window to allow perfect airflow into the room. The new window will open towards the outside and will include a window screen.	1475	34	50150.00
Replacement glass with bronze film Safety tempered	47 X 50	1/4	The lower ~50 inches of the existing glass will be replaced by a one-piece of 1/4 thick Safety tempered glass with sun shield bronze film to match the existing panels.	1250	34	42500.00
Bronze Aluminum separation bar	47	/	A bronze aluminum separation bar will be placed to separate the new awning window from the new tempered pane of glass and make all future repairs easy and accessible.	175	34	5950.00
				TOTAL	/	\$98600.00

ALL PRICES INCLUDE LABOR AND MATERIAL.

Please let us know if you'd like us to make any adjustments.

DIFFERENT GROUP GLASS

Berkeley, CA

(510) 560-9636

contact@differentgroups.com

www.differentgroups.com

ESTIMATED COMPLETION DATE: July 30th, 2020

ON-SITE WORK ESTIMATED DURATION: 9 days

ESTIMATED SIZE OF THE TEAM THAT WILL OCCUPY THE WORKSITE
DURING WORK HOURS FOR THE DURATION ABOVE: 7 technicians
and 1 supervisor.

Please let us know if you'd like us to make any adjustments.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/20 10:13AM

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PRODUCER Salmen Insurance Services, Inc. Phil Salvagio 3256 Grey Hawk Court Carlsbad, CA 92010		CONTACT NAME: Customer Service Department PHONE (A/C, No. Ext): (866) 872-5636 FAX (A/C, No): (866) 472-5636 E-MAIL ADDRESS: certificates@salmeninsurance.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Contractors Insurance Company, RRG	NAIC # 12497
INSURED Different Group 3302 California Street, Suite E, Berkeley, CA 94703		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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			PCA5013-PC362661	06/30/2020	06/30/2021	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$50,000
	OTHER:						\$5,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A					E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

Verification of Coverage

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER

CANCELLATION

Verification of Coverage	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

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