



AIMS K-12 College Prep Charter District Board Submission Cover Letter

Submitter Information

Full Name: _____
Position/Title: _____
Department: _____
Date of Submission (MM/DD/YYYY): _____

Item Details

Title of Item: _____
Is this item a: New Submission
 Renewal
If Renewal: Please summarize any changes from the previous submission:

Approvals

Has this item been reviewed by:
 Superintendent
 Chief Business Officer (CBO) (If budget changes)
 Director of Compliance (If plan changes)
 Neither

Committee Review

Has this item been through the appropriate committee review process?
 Yes No
If yes: Please specify which committee(s) and provide minutes or approval documentation:

If no: Explain why:

Deadline Information

Is there a submission deadline for this item?
 Yes No
If yes: Please indicate the deadline date (MM/DD/YYYY): _____

Financial Information (if applicable):

Total Cost: \$ _____
Is this expenditure included in the annual budget?
 Yes No
Please specify in which plan this expense is indicated:
 SPSA LCAP Other: _____

MEMORANDUM OF UNDERSTANDING
between
VISION TO LEARN,
a registered California not-for-profit corporation and
AIMS K-12 College Prep Charter District

This Agreement is entered into between **Vision To Learn**, hereafter referred to as Provider, and **AIMS K-12 College Prep Charter District**, hereafter referred to as District, for the purpose of operating a Mobile Vision Clinic (“Mobile Clinic”) on the campus of District Kindergarten through 12th grade school(s).

1. Description of Services. Provider will provide the following vision services (the “Services”) to District students:

- A. Vision screening of all students at selected school sites, to identify students who require a follow-up vision examination
- B. Routine eye examination for screening-identified students, and prescription of glasses, provided by an independent licensed optometrist
- C. Prescription and fitting of glasses
- D. Provision of glasses from Provider’s available selection. Glasses will be delivered on a separate date approximately three weeks after exam.
- E. As feasible and appropriate, referrals to the school nurse for additional care where indicated.

2. Financials Families and students will not be asked to pay for Provider’s services. The Provider reserves the right to seek reimbursement from Medicaid for services provided to covered participants. No participant will be denied service based on their lack of insurance. The District agrees to provide project funding for the 2024-2025 school year. Provider will invoice for funding as service is completed at each participating school, using an invoice form to be provided by the district, at the rate of \$150 per eye exam provided.

3. Schools to be Served. Selected schools to be served and dates of service will be determined jointly by agreement of the District and the Provider (“Selected Schools”).

4. Role of the District. In order to enable Vision To Learn to provide the Services, the District will be responsible for the following:

- A. Provide a district level staff member to facilitate the program amongst select schools.
- B. Distribute an “opt-out” consent form to each student’s parent/guardian informing them of the upcoming free vision screening, eye exam and

- glasses to be provided by Vision To Learn, and providing them an opportunity to decline Vision To Learn's service.
- C. Maintain a list of students who have opted out of the service and be responsible for ensuring those students are not sent to Provider for the service.
 - D. Provide Vision To Learn a spreadsheet or physical list of students with relevant demographic and contact information to facilitate screenings, exams and glasses provision.
 - E. Provide parking and electrical service for the Mobile Clinic (a converted RV) on the date of exams, and classroom or other suitable space for glasses delivery on the date of delivery.
 - F. Provide staff or volunteers to accompany Referred Students to and from the Mobile Clinic.
 - G. Provide access to photocopy and/or fax machine for incidental use.
 - H. Provide access to restroom and breakrooms.
 - I. Provide staff or volunteers to spreadhead programmatic efforts at schools.
 - J. Allow Contractor to park its Mobile Clinic, a converted Mercedes Sprinter Van, at a District facility as needed, including overnight, on weekends, or at any time otherwise not in use. Contractor will utilize only the location and parking space specified by the District to park its Mobile Clinic and shall utilize the designated space only for the purpose of parking the Mobile Clinic. The exact location shall be confirmed in writing by the District representative. The Mobile Clinic will remain locked at all times when not in use by Provider. Provider will hold the District harmless for any damage that occurs to the Mobile Clinic, or injury to the Provider's staff, arising from Provider's use of the parking facilities pursuant to this Agreement, including while entering or exiting the location. District shall provide access to the parking facilities and allow Provider's staff and Mobile Clinic to enter and exit the parking during the District business hours.

5. Responsibilities of Provider.

- A. Provider will be responsible for staffing the Mobile Clinic and obtaining any necessary or appropriate licenses, permits or registrations.
- B. Provider will provide the services
- C. Provider will maintain in effect the following forms of insurance in the following amounts:
 - a. Commercial General Liability Insurance - \$1,000,000 per occurrence.
 - b. Vehicle Liability Insurance - \$1,000,000 per occurrence
 - c. Worker's Compensation Insurance.
 - d. Professional Liability Insurance - \$1,000,000 per occurrence.
- D. Provider will retain records on services provided for Referred Students.

6. Exclusivity of MOU.

- District agrees that Provider will be the sole provider of eye exams and eyeglasses on District school sites as long as the MOU is in effect. District agrees not to enter into agreements with any other student eye care providers for the term of the MOU.

7. Term & Termination. This agreement will continue in effect until terminated by either party upon 180 days notice to the other, or by mutual consent.

In witness whereof this agreement has been executed as of the latter date set forth below:

<DISTRICT>

VISION TO LEARN

By: _____

By: _____

Print Name:

Print Name:

Title: _____

Title: _____

Date:

Date:
