

AMENDMENT TO AGREEMENT

This AMENDMENT, made as of March 23, 2018, by and between the **Rochester City School District**, (the "District") having its principal office at 131 West Broad Street, Rochester, New York 14614 and **Akoben, LLC**, (hereinafter referred to as "Consultant") having its principal office at 364 East Main Street, Suite 1405, Middletown, Delaware 19709.

WHEREAS, the parties have previously entered into an *Agreement for Professional Services* ("Original Agreement"), last dated February 16, 2018 for an original term commencing February 1, 2018 or the effective date and ending on August 31, 2018; and

WHEREAS, Section 24 of the Original Agreement permits the Parties to amend the Agreement by a writing signed by both Parties; and

WHEREAS, the parties desire to further amend the Original Agreement.

NOW, THEREFORE, the parties agree as follows:

AMENDMENT

1. Section 2 "Scope of Services": Paragraph amended to include Consultant to work with Leadership Academy of Young Men for professional development services in restorative practice and empowering young men of color and culturally responsive teaching strategies with staff and students.
2. Section 4 "Fee" of the Original Agreement is increased by Fifteen Thousand Dollars (\$15,000.00) and the total fee payable to the Consultant shall not exceed Twenty Thousand Five Hundred Dollars (\$20,500.00)

This Amendment supersedes all prior agreements, with respect to the subject matter of this amendment. Except as amended above, the Original Agreement as modified, shall remain in full force and effect.

[The remainder of this page is left intentionally left blank. Signature page to follow]

IN WITNESS WHEREOF, the parties by signing below, certify that they have read and understand, and agree to be legally bound by this Amendment.

AKOBEN, LLC

BY: Malik Muhammad
Malik Muhammad, Founder

DATE: 4-6-18

ROCHESTER CITY SCHOOL DISTRICT

By: Barbara Deane-Williams
Barbara Deane-Williams, Superintendent

Date: 4/10/18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2018

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 BOLT Insurance Agency 10 Waterside Drive Suite 202 Farmington CT 06032	CONTACT NAME: Brian Stafford PHONE (A/C, No, Ext): (800) 216-4171 E-MAIL ADDRESS: support@boltinsurance.com FAX (A/C, No): (860) 777-2621
INSURED Akoben Inc 364 E Main St Box 1405 Middletown DE 19709	INSURER(S) AFFORDING COVERAGE INSURER A: Gateway Underwriters Agency INSURER B: Gateway Underwriters Agency INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1811215959

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 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			PPP1551771B	12/29/2017	12/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	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 EXCESS LIAB DED RETENTION \$						OCCUR 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 N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			PPP1551771B	12/29/2017	12/29/2018	per occurrence 1,000,000 Annual Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Rochester City School Distirct holder is listed as additional insured as it pertains to general liability per written contract.

CERTIFICATE HOLDER**CANCELLATION**

Rochester City School District
131 W. Broad Street
Rochester, NY 14614

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

Valerie Adams/VADAMS

Valerie A. Adams

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**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>AKOBEN 364 E. MAIN ST STE 1405 MIDDLETOWN, DE 19709 PHONE: 302-379-1043 FEIN: XXXXX6637</p>	<p align="center">Business Applying For: OTHER: EDUCATIONAL TRAINING</p> <p>From: ROCHESTER CITY SCHOOL DISTRICT</p>
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York.

Disability Benefits Exemption Statement:

The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.

I, MALIK MUHAMMAD, am the Partner with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date: 10-4-2017
Exemption Certificate Number 2017-069037		<p align="center">Received October 4, 2017 NYS Workers' Compensation Board</p>