



2815 Second Avenue, Suite 400  
Seattle, WA 98121-3207 USA  
800-634-4449 FAX: 206-343-1445  
[orders@cfchildren.org](mailto:orders@cfchildren.org)

## Quote

Quote # 5018392  
Date 7/15/2021  
Customer ID 10101058

### Bill To

Barstow Unified School Dist  
551 South Avenue H  
Barstow CA 92311  
United States

### Ship To

Heather Reid  
Barstow Unified School Dist  
551 South Avenue H  
Barstow CA 92311  
United States

### Requested By

Heather Reid

### Ship To

Heather Reid

### Setup Admin

Name: Heather Reid  
Email:  
[heather\\_reid@busdk12.com](mailto:heather_reid@busdk12.com)

### Entered By

Kelly N Brazell

Item	Description	Months	Start Date	End Date	QTY	Rate	Amount
100877	Early Learning-Grade 5 Second Step SEL Kits				4	\$2,769.00	\$11,076.00
100868	Second Step SEL K-5 Principal Toolkit				7	\$199.00	\$1,393.00
100140	Out of School Time Grade K-5 Program				4	\$499.00	\$1,996.00
200099	Grades K-5 Bullying Prevention Unit Notebooks				5	\$1,129.00	\$5,645.00
300097	EL-Grade 5 Child Protection Unit Notebooks				4	\$1,319.00	\$5,276.00
100869	Second Step EL SEL Classroom Kit				4	\$459.00	\$1,836.00
904101	Second Step Grades K-8, Multi-Site Pricing, 1-Year Licenses		7/15/2021	7/31/2022	7	\$2,146.00	\$15,022.00
COUNSELOR	50% Counselor-Led Implementation Discount					-50%	(\$7,511.00)

Shipping Method: UPS Ground (UPS)

Prices valid for 30 days from quote date.

Please Include quote ID:5018392 on your order to guarantee pricing.



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Quote	
Quote #	5018392
Date	7/15/2021
Customer ID	10101058
Subtotal	\$34,733.00
Discount	(\$3,473.30)
Shipping & Handling	\$0.00
Sales Tax* (%)	\$2,143.68
<b>TOTAL</b>	<b>\$33,403.38</b>

Please remit in US Funds.

Make check payable to: Committee for Children

\*If tax was included in this quote and your organization is state sales tax exempt, email your state sales tax exemption ID and certificate to [orders@cfchildren.org](mailto:orders@cfchildren.org).

**Memo:** 1-year K-8 digital SSP + physical kits

Shipping Method: UPS Ground (UPS)

Prices valid for 30 days from quote date.

Please Include quote ID:5018392 on your order to guarantee pricing.



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Seattle, WA 98121-3207 USA  
800-634-4449 FAX: 206-343-1445  
[orders@cfchildren.org](mailto:orders@cfchildren.org)

## Quote

Quote # 5024710  
Date 4/21/2022  
Customer ID 10101058

### Bill To

Barstow Unified School Dist  
551 South Avenue H  
Barstow CA 92311  
United States

### Ship To

Olivia Dilbeck  
Barstow Unified School Dist  
551 South Avenue H  
Barstow CA 92311  
United States

### Requested By

Olivia Dilbeck

### Ship To

Olivia Dilbeck

### Setup Admin

Name: Olivia Dilbeck  
Email:  
[Olivia\\_Dilbeck@busdk12.com](mailto:Olivia_Dilbeck@busdk12.com)

### Entered By

Kelly Brazell

Item	Description	Months	Start Date	End Date	QTY	Rate	Amount
904101	Second Step Grades K-8, Multi-Site Pricing, 1-Year Licenses		8/13/2022	8/13/2023	6	\$2,239.00	\$13,434.00
	Renewing Subscription ID: 80017148						
904101	Second Step Grades K-8, Multi-Site Pricing, 1-Year Licenses	6	2/22/2023	8/13/2023	1	\$1,119.48	\$1,119.48
	Renewing Subscription ID: 80009448						

Subtotal	\$14,553.48
Discount	(\$1,455.35)
Shipping & Handling	\$0.00
Sales Tax* (%)	\$0.00
<b>TOTAL</b>	<b>\$13,098.13</b>

Please remit in US Funds.

Make check payable to: Committee for Children

\*Sales tax rates are based on the ship to address. All rates are estimates until shipped. If tax was included in this quote and your organization is state sales tax exempt, email your state sales tax exemption ID and certificate to [orders@cfchildren.org](mailto:orders@cfchildren.org).

**Memo:** 1-year K-8 digital renewal x7

Shipping Method: UPS Ground (UPS)

Your Second Step program License purchase is governed by the applicable License Agreement at:  
<https://secondstep.org/license-agreements>

Prices valid for 30 days from quote date.

Please Include quote ID:5024710 on your order to guarantee pricing.

## Non Profit Insurance Program

### Certificate of Coverage

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVERTS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF COVERAGE 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 SUBROGRATION IS WAIVED, subject to the terms and conditions of the policy, certain coverage may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

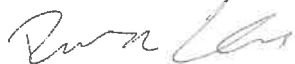
PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823	<b>GENERAL LIABILITY</b> American Alternative Insurance Corporation, et al.  <b>AUTOMOBILE LIABILITY</b> American Alternative Insurance Corporation, et al.
INSURED	<b>PROPERTY</b> American Alternative Insurance Corporation, et al.  <b>MISCELLANEOUS PROFESSIONAL LIABILITY</b> Princeton Excess and Surplus Lines Insurance Company
Committee for Children  2815 Second Avenue, Suite 400 Seattle, WA 98121	
COVERAGES	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	DESCRIPTION	LIMITS
<b>GENERAL LIABILITY</b>					
COMMERCIAL GENERAL LIABILITY	N1-A2-RL-0000013-12	6/1/2021	6/1/2022	PER OCCURRENCE	\$5,000,000
OCCURRENCE FORM				PER MEMBER AGGREGATE	\$10,000,000
INCLUDES STOP GAP				PRODUCT-COMP/OP	\$5,000,000
				PERSONAL & ADV. INJURY	\$5,000,000
(LIABILITY IS SUBJECT TO A \$150,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	\$50,000,000
<b>AUTOMOBILE LIABILITY</b>					
ANY AUTO	N1-A2-RL-0000013-12	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT	\$5,000,000
(LIABILITY IS SUBJECT TO A \$150,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	NONE
<b>PROPERTY</b>					
	N1-A2-RL-0000013-12	6/1/2021	6/1/2022	ALL RISK PER OCC EXCL EQ & FL	\$75,000,000
				EARTHQUAKE PER OCC	\$1,000,000
				FLOOD PER OCC	\$1,000,000
(PROPERTY IS SUBJECT TO A \$150,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	NONE
<b>MISCELLANEOUS PROFESSIONAL LIABILITY</b>					
	N1-A3-RL-0000060-12	6/1/2021	6/1/2022	PER CLAIM	\$5,000,000
(LIABILITY IS SUBJECT TO A \$150,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	\$40,000,000
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS</b>					
Evidence of coverage only.					

**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.

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
Committee for Children 2815 Second Ave, Suite 400 Seattle, WA 98121	

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>COMMITTEE FOR CHILDREN</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ► <b>Non profit corporation exempt under IRS code section 501(c) (3)</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>2815 2nd Ave. Suite 400</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Seattle, WA 98121-3207</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
9	1			-	1	1	8	8	1	2	7

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ► 01/8/2021

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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Seattle, WA 98121-3207 USA  
800-634-4449 FAX: 206-343-1445  
[orders@cfchildren.org](mailto:orders@cfchildren.org)

## Quote

Quote # 5042605  
Date 8/15/2023  
Customer ID 10101058

### Bill To

Barstow Unified School Dist  
551 South Avenue H  
Barstow CA 92311  
United States

### Ship To

Heather Reid  
Barstow Unified School Dist  
551 South Avenue H  
Barstow CA 92311  
United States

Requested By	Ship To	Setup Admin	Entered By
Heather Reid	Heather Reid	Name: Heather Reid Email: <a href="mailto:heather_reid@busdk12.com">heather_reid@busdk12.com</a>	Kelly Brazell

Item	Description	Months	Start Date	End Date	QTY	Rate	Amount
904101	Second Step Elementary + Second Step Middle School, Multi-Site Pricing, 1-Year Licenses  Renewing Subscription ID: 80022482		8/15/2023	8/15/2024	7	\$2,239.00	\$15,673.00
904101	Second Step Elementary + Second Step Middle School, Multi-Site Pricing, 1-Year Licenses		8/15/2023	8/15/2024	3	\$2,239.00	\$6,717.00

Subtotal	\$22,390.00
Discount	(\$2,239.00)
Shipping & Handling	\$0.00
Sales Tax* (%)	\$0.00
<b>TOTAL</b>	<b>\$20,151.00</b>

Please remit in US Funds.

Make check payable to: Committee for Children

\*Sales tax rates are based on the ship to address. All rates are estimates until shipped. If tax was included in this quote and your organization is state sales tax exempt, email your state sales tax exemption ID and certificate to [orders@cfchildren.org](mailto:orders@cfchildren.org).

**Client Memo:** 1-year K-8 SSP digital renewal x7 sites + 3 new licenses

Shipping Method: UPS Ground (UPS)

Your Second Step program License purchase is governed by the applicable License Agreement at:  
<https://secondstep.org/license-agreements>

Prices valid for 30 days from quote date.

Please Include quote ID:5042605 on your order to guarantee pricing.

# Order Form



## Person who made the decision to purchase:

Name \_\_\_\_\_ Job title \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

## Setup Administrator (person who will assign schools to licenses):

Name \_\_\_\_\_ Email \_\_\_\_\_

## Bill to:

School/Organization \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_ Job title \_\_\_\_\_

Bill-to address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Bill-to phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

## Ship to: ☐ Same as billing address

School/Organization \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_ Job title \_\_\_\_\_

Ship-to address (street address only please, we are unable to ship to a PO box) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Ship-to phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

## Products:

Item #	Product name	Quantity	Unit price	Item total	This is a renewal
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

## Method of payment:

☐ Check enclosed ☐ Purchase order # \_\_\_\_\_  
(Attach signed PO)

Visa/MC # \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ Security code \_\_\_\_\_

Cardholder's name (please print) ☐ Personal card ☐ Organization card

Cardholder's address (please print)

Cardholder's signature \_\_\_\_\_

Mailing address: Committee for Children ♥ 2815 Second Ave., Suite 400 ♥ Seattle, WA 98121

## Merchandise subtotal \_\_\_\_\_

Subtract 10% volume discount for  
orders \$10,000 or more \_\_\_\_\_

Subtotal \_\_\_\_\_

Add shipping and handling (if applicable) \_\_\_\_\_

Subtotal \_\_\_\_\_

Add sales tax\* (if applicable) \_\_\_\_\_

**Grand total** \_\_\_\_\_

\*State law requires that sales tax be added to your order unless we have a valid sales tax exemption certificate on file for your organization. Submit certificate with your order.



# Getting Started with Your Digital Programs

Second Step® Elementary and Second Step® Middle School Digital Programs (Grades K-8 License)  
Second Step® SEL for Adults

When purchasing one of the above programs, follow these steps to get started:

1. With your order, provide a staff member's name and their valid email address to designate them as a **setup administrator**. This information is required. You can use your own name or submit the name of a team member.
2. Tell your setup administrator that they'll receive an email from support@secondstep.org with instructions for assigning a school to each of your licenses. General license setup information is below. For more information, see the [Setup Administrator FAQ](#).

## Digital Program License Setup

### Second Step® Elementary and Second Step® Middle School Digital Programs

**Setup administrators** are automatically added as the first license administrator.

**License administrators** add users as teachers or license administrators to access content relevant to their role.

### Second Step® SEL for Adults

**Setup administrators** are automatically added as the first site leader.

**Site leaders** add users as staff, Leader Team members, or site leaders to access content relevant to their role.

3. All invited users will receive an email notice about program access.
4. Work with your IT team to ensure emails from support@secondstep.org aren't blocked. You may also check your Junk or Spam folder if you don't receive expected emails. You'll need to follow the emailed directions to access the programs, or go to **My Dashboard** in your [Second Step account](#).



Committee for Children, the nonprofit behind Second Step® programs, partners with researchers, policymakers, and thought leaders around the globe to fulfill our vision of safe children thriving in a just and peaceful world.





**Regular Board Meeting  
05/28/2024 04:00 PM**

Barstow Unified School District  
551 South Avenue H, Barstow, California 92311  
Board Room, Education Center

**Printed : 4/24/2025 2:21 PM PT**

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**ITEM : K.III.b. K-III-2- Consultant Agreement - Committee for Children (Second Step)- K-8 SSP Digital  
Renewal 2024-2025**

**Recommendation**

Recommending the Board of Trustees approve the renewal of the consultant agreement with Committee for Children (Second Step) to provide Second Step SEL learning programs for K-8 students for the 2024-2025 school year.

**Background Information**

Consultant Agreements must be approved by the Board of Trustees.

**Current Considerations/Alternatives**

- a. The Committee for Children is a global non-profit leader in the safety and well-being of kids through social-emotional learning (SEL) to fulfill their vision of safe children thriving in a peaceful world.
- b. The contract is for one (1) year and will cover the 2024-2025 school year.
- c. The contract is to cover 10 sites.

**Financial Implications**

The cost for products and services is \$22,491.00, and will be paid from the Title IV Funds.

**Superintendent's Comments**

The Superintendent recommends approval.