Consulting Services



Scope of Work

Training

- · Two, virtual, asynchronous training modules:
 - ICS for School Leaders: 45 minutes
 - Basic Emergency Response for All Faculty and Staff: 45 minutes
- · Participant feedback questionnaire and curated response follow-up for each training
- · Optional video of feedback discussion and response, 30 minutes total

Charge: \$0 as rollover from 22-23 contract

Completion Date: NLT 10/31/23

Program Development

- Refinement and standardization of current communication protocols for emergency response
- Development of a collection of communications templates that can be deployed during different types of emergency scenarios
- Development or refinement of At-a-Glance Emergency Reporting Chart
- Review and revise emergency manual and standard operating procedures
- Refine or develop Incident Command structure and reporting
- Establish standardized drill protocols and procedures
- · Establish and Advise a Safety Committee
- Conduct a "Community Listening Tour" to gather feedback and impressions of safety and security

Implementation

- Regular check in calls with Consultant
- Guidance, resources, and support related to school safety
- · Real-time incident response and crisis communication
- 1 quarterly incident step-back
- Program and vendor oversight and management

Joffe Academy access and 1 use of the crisis management hotline are provided free with this agreement. Additional use of the crisis management hotline will be billed at a rate of \$275/hour.

Term Length Pricing

Service	Price	Hours	Travel & Expenses	Subtotal
Training	\$275.00	0	\$0.00	\$0.00
Rollover from previous contract				

_	ram Development and ementation	\$250.00	30	\$0.00	\$7,500.00
			Т	otal	\$7,500.00
Term	s of Service	M	Ionthly Pricing		
Octob	er 1, 2023 - December 31, 2023	\$	\$2,500		
Paym	ent Terms (Please select one.)				
0	Option 1: Annual Payment (in ad subsequent payments due on thup" for any discrepancies to incl	ne 1st of November for	each subsequent ve	ar. (Subsequent ann	ual bill will "true
C	Option 2: Quarterly Payment (in subsequent payments due on the quarter's bill will "true up" for a equipment.) (2% discount)	ne 1st 1st day of each d	marter in which serv	ice is to be provided	. (Subsequent
•	Option 3: Standard Monthly Billi were provided. Payment is due	ng: Client will be invoid upon invoice.	ced on the first day o	of the month the da	y after services
Clien	t billing contact information				
Name	: John Zepezauer	Ema	_{ail:} jzepezauer@	mvwsd.org	
Title:	Account Technician	Phon	650-526-354 e:	6	
Paym	nent Instructions (Please select	one.)			
0	Pay by Wire or ACH: Bank Name: First Republic Bank Bank Address: Santa Monica, CA Routing & Transit #: 321081669 For the credit of: Joffe Emergency Address: P.O. Box 25638, Pasadena, Credit Account #: 80014207027				

Pay by Check:

Pay by Credit Card:

Company Name: Joffe Emergency Services

Company Address: P.O. Box 25638, Pasadena, CA 91185