



**Heluna Health**  
EMPOWERING POPULATION  
HEALTH INITIATIVES SINCE 1969

13300 Crossroads Parkway North, Suite 450 | City of Industry, CA | 91746  
Phone: 800.201.7320 | Fax: 562.205.2453 | [www.helunahealth.org](http://www.helunahealth.org)

## WORK PLAN AGREEMENT

This Work Order Agreement (this "Agreement") is hereby made by and between Public Health Foundation Enterprises, Inc. DBA Heluna Health, a 501(c)(3) California nonprofit corporation (hereafter "HELUNA HEALTH") and INSERT DISTRICT NAME below (hereafter "DISTRICT") and sets forth the terms and conditions between Heluna Health and the district, for agreed services, as required by Heluna Health, and as stated in this Agreement. This Agreement does not designate the district as the agent or legal representative of HELUNA HEALTH for any purpose whatsoever. (HELUNA HEALTH and the district shall be referred to herein individually as a "party" and collectively as the "parties").

### I. IDENTIFIED PARTIES

**CONTRACTOR**  
Heluna Health  
13300 Crossroads Parkway North, Suite 450  
City of Industry, CA 91746  
[www.helunahealth.org](http://www.helunahealth.org)  
ATTN: Peter Dale, Chief Program Officer  
[schooltestingsupport@pgm.helunahealth.org](mailto:schooltestingsupport@pgm.helunahealth.org)

**William S. Hart Union High School  
District**  
21445 Centre Pointe Dr.  
Santa Clarita, CA 91350  
ATTN: Ralph Peschek, Chief  
Business Officer  
[rpeschek@hartdistrict.org](mailto:rpeschek@hartdistrict.org)

Contract No. PH-004609

CFDA#: 93.323

Program#: 0860.0101

II. **TERM.** Unless otherwise terminated or extended by written notice, the term of this Agreement shall commence on **05/31/2022** and term on **07/31/2023**.

III. **SERVICES AND COMPENSATION.** School District, or its outside vendor or subcontractor shall perform the services (the "Services") described below and as described in Attachment A, Work Plan attached hereto and incorporated herein by this reference. The Services will take place at the location as referenced in Section 1. Identified Parties for School and at such other location as may be set forth in the Work Plan.

(a) **Services.** School District shall perform all services as stated in the Work Plan. Arrangements made with HELUNA HEALTH or subcontracts with a third-party vendor to perform all or some of the services shall be described in Attachment A, Work Plan. School District maintains and shall maintain at all times during the term of this Agreement all applicable federal, state and local business and other licenses, including any professional licenses or certificates, industrial permits and/or licenses, industry specific licenses, licenses required by the state(s) and/or locality(s) in which it does business, fictitious business names, federal tax identification numbers, and insurance. If HELUNA HEALTH performs the services, HELUNA HEALTH shall maintain at all times during the term of this Agreement all applicable federal, state and local business and other licenses, including any professional licenses or certificates, industrial permits and/or licenses, industry specific licenses, licenses required by the state(s) and/or locality(s) in which it performs the services, fictitious business names, federal tax identification numbers, and insurance necessary or reasonably required to perform the services.

(b) **Payment.** HELUNA HEALTH agrees to compensate the School District in accordance with Attachment A, Budget Allocation. School District shall be compensated only for Services actually performed and required as set forth herein and any services in excess will not be compensated. The total compensation payable to the School District hereunder shall be as set forth below: A total to not exceed **\$0.00**.

If for any reason School District receives an overpayment of amount described above, School District shall promptly notify HELUNA HEALTH or such and repay said amount to HELUNA HEALTH within 10 days of demand for such repayment.

(c) **Budget Allocation Modifications.**

The budget may be modified accordingly:

Budget Modification: Two (2) times throughout the term of this agreement. The budget modification must be a change of <10% within the total budget allocation. The request must be in writing to [schooltestingsupport@pgm.helunahealth.org](mailto:schooltestingsupport@pgm.helunahealth.org). Any budget modification request must be submitted thirty (30) days before the end of the agreement term.

(d) **Reporting Requirements.**

All School Districts will be required to provide school COVID-19 testing data, weekly, in either a provided platform or an agreed upon reporting mechanism. See Attachment A, Reporting.

IV. **AUTHORIZED SIGNERS.** The undersigned certify their acknowledgment of the nature and scope of this agreement and support it in its entirety.

**HELUNA HEALTH**

Peter Dale, Chief Program Officer

DocuSigned by:

*Peter Dale*

0C56AF2E39C3427

5/18/2022

Date

**[William S. Hart Union High School District]**

[Ralph Peschek, Chief Business Officer]

DocuSigned by:

*Ralph Peschek*

95916FAE22AC4B4

5/18/2022

Date

## TERMS AND CONDITIONS

- 1. TERMINATION.** HELUNA HEALTH may terminate this Agreement without cause at any time by giving written notice to School at least 15 days prior to the effective date of termination. Either party may terminate this Work Order with reasonable cause effective immediately by giving written notice of termination for reasonable cause to the other party. Reasonable cause shall mean: (A) material violation or breach of this Agreement; (B) any act of the other party that exposes the terminating party to liability to others for personal injury or property damage or any other harm, damage or injury; (C) cancellation or reduction of revenue affecting the Program affecting the Services; or (D) improper use of funds. Early termination may occur in accordance with LADPH Exposure Management Plan.

These Terms and Conditions and any other provisions of this Work Order Agreement that by their nature should or are intended to survive the expiration or termination of this Work Order Agreement shall survive and the parties shall continue to comply with the provisions of this Agreement that survive. Notwithstanding any termination that may occur, each party shall continue to be responsible for carrying out all the terms and conditions required by law to ensure an orderly and proper conclusion.

- 2. COMPLIANCE WITH LAWS.** District shall comply with all state and federal statutes and regulations applicable to the District, the Services and the Program in performing District's obligations under this Agreement. District represents and warrants that neither the District nor its principals or personnel are presently, nor will any of them be during the term of this Work Plan Order Agreement, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or funding agency.
- 3. HIPAA (if applicable).** In the event that Districts' performance under this Agreement may expose District to individually identifiable health information or other medical information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, and any regulations promulgated in connection thereto, then the District agrees to execute and deliver a copy of HELUNA HEALTH's standard Business Associate Agreement or Business Associate sub School Work Plan Agreement, as applicable, as required by HIPAA.
- 4. CONFIDENTIALITY AND NON-DISCLOSURE.** HELUNA HEALTH and District agree that during the course of this Agreement, the District may be exposed to and become aware of certain unique and confidential information and special knowledge (hereinafter "Confidential Information") provided to or developed by HELUNA HEALTH and/or the District. Said Confidential Information includes, but is not limited to, student health data, school staff health data, addresses, telephone numbers, and information disclosed to HELUNA HEALTH by any third party which HELUNA HEALTH is obligated to treat as confidential and/or proprietary.

The District expressly acknowledges that the Confidential Information constitutes confidential, valuable, special and unique assets of HELUNA HEALTH or, if applicable, any third-parties who may have disclosed Confidential Information to HELUNA HEALTH and that the Confidential Information belongs to and shall remain the property of HELUNA HEALTH and such third-parties. Local Health Department further expressly acknowledges that the Confidential Information derives independent actual or potential economic value from not being generally known to the public or to other persons and Local Health Department agrees to afford HELUNA HEALTH protection against any unauthorized use of the Confidential Information or any use of the Confidential Information in any manner that may be detrimental to HELUNA HEALTH.

Therefore, Local Health Department agrees to hold any and all Confidential Information in the strictest of confidence, whether or not particular portions or aspects thereof may also be available from other sources. Local Health Department shall not disclose Confidential Information in any manner whatsoever, directly or indirectly, or use it in any way whatsoever, either during the term of this Agreement or at any time thereafter, except solely for the purpose of performance under this Agreement. Further, Local Health Department shall develop and maintain procedures and take other reasonable steps in furtherance of HELUNA HEALTH's desire to maintain the confidentiality of the Confidential Information.

All documents and other items which might be deemed the subject of or related to Confidential Information of HELUNA HEALTH's business, whether prepared, conceived, originated, discovered, or developed by Local Health Department, in whole or in part, or otherwise coming into Local Health Department's possession, shall remain the exclusive property of HELUNA HEALTH and shall not be copied or removed from the premises of HELUNA HEALTH without the express written consent of HELUNA HEALTH. All such items, and any copies thereof, shall be immediately returned to HELUNA HEALTH by Local Health Department upon request at any time and upon termination of this Agreement. This section shall survive expiration or termination of this Agreement.

## ATTACHMENT A

### Work Order, Revenue and Reporting

#### Work Plan

Attach School Work Order Outline

#### Budget

Attach budget allocation

**Total not to exceed \$ 0.00**. \*Based on allocation from Heluna Health

- Central Support
  - o Help Desk Support
  - o Primary Account Support
    - Account Issues will be communicated to Heluna team who will elevate questions or concerns to Primary
- Shipping Info
  - o For Public School Districts, there will be a **single pickup and delivery**. The districts will accommodate the collection of the old kits to a single location and re- distribute the new kits from a single location—at the district office or other preferred location.

#### Reporting

##### **Weekly Progress Reports**

On behalf of districts, weekly progress reports will be submitted to Heluna Health by Primary (data management platform).

##### **Interim Progress Report**

Interim progress report is due at the halfway point of the agreement. Interim progress report will be emailed by the due date to [schooltestingsupport@pgm.helunahealth.org](mailto:schooltestingsupport@pgm.helunahealth.org). Template provided by Heluna Health.

##### **Final Report**

Final report is due no later than 30 days after the expiration of the agreement. Final report will be emailed to [schooltestingsupport@pgm.helunahealth.org](mailto:schooltestingsupport@pgm.helunahealth.org). Template provided by Heluna Health.

#### **CDC Guidance**

The objectives and goals of this funding are primarily focused on providing needed resources to implement screening testing programs in schools aligned with the CDC recommendations for K-12 schools (<https://www.cdc.gov/nceid/dpei/pdf/guidance-elc-reopening-schools-508.pdf>).

The financial resources provided to districts are required, by law, to support school-based screening testing activities intended to reopen schools at the kindergarten through 12-grade level that were closed (partially or fully) due to COVID-19. The following are allowable costs that cover the anticipated, most relevant costs associated with achieving the activities in this guidance –

1. Personnel (term, temporary, students, overtime, contract staff, etc.).
2. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing screening testing or onboarding new platforms to support school screening testing.

4. Personal Protective Equipment (PPE) (e.g., masks, gloves, gowns) for those (e.g., teachers and school staff) collecting samples and/or conducting screening testing.
5. Courier service contracts (new or expansion of existing agreements).
6. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
7. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).
8. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the screening testing needs. This may include contracts with companies that offer comprehensive support for screening testing in K-12 (e.g., sample collection, screening testing, and reporting).
9. Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety, or training needs.
10. Leasing/purchasing vehicles (e.g., mobile screening testing, providing K-12 screening testing services in underserved areas, etc.). Note: Recipients will need to submit quotes with their revised budgets and receive prior approval from the Office of Grant Services (OGS). If need arises before or after the revised Notice of Grant Award (NOA) is issued, requests for leasing/purchasing must be made through Grant Solutions and include the necessary quotes.
11. Program incentives may be considered to encourage individuals to participate in screening testing. Recipients interested in exploring this option must submit a plan that covers all of the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount (not to exceed \$25 per instance), (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 60 days of award issuance, the program incentive plan must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support program incentives must be made in Grant Solutions, including the program incentive plan, and must receive CDC approval before implementation.
12. Wrap-around (e.g., hoteling, food, laundry, mental health services, etc.) services for those who test positive.
13. Expenses associated with outreach and assistance (e.g., support provided through community-based organizations).
14. Expenses associated with technical assistance to establish school-based screening testing programs (NGOs, academic institutions, foundations, etc.).

## **LA County Flow Down**

Districts should use Program Funds in compliance with current or subsequent Treasury guidelines and instructions, ELC Cooperative Agreement (CK19-1904) – COVID Supplemental Funds that is authorized under Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC sections 241 and 247b, as amended; and funding is, in part, appropriated under Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund), Title IV, Section 4002 as well as any other applicable laws or regulations. Responsibilities of schools must include, but are not limited to:

1. Designate a programmatic lead to be the main point of contact for the school-based COVID-19 testing in K-12 schools project.
2. Review and affirm ability to follow the standard implementation plan and completion of tracking tools to monitor progress.
3. Provide infrastructure for school-based COVID-19 testing in K-12 schools.
4. Submit outlined reports.
5. Assist Public Health with ensuring that data are tracked using templates provided.
6. Agencies may propose costs to spend staff time and resources to support the overall initiative and activities that is directly related to the work order, review and approval of any additional costs will be at the discretion of Heluna Health.
7. Participate in meetings as needed with Heluna Health, Public Health, and other subcontractors to facilitate co-learning and sharing of best practices and challenges

**Work Plan Outline (LACOE) 2022-23**

1. District OR Charter Organization Name: ***WILLIAM S. HART UNION HIGH SCHOOL DISTRICT***
2. Centralized Address to Deliver Test Kits: ***21445 CENTRE POINTE DR. SANTA CLARITA, CA 91350***
3. Primary Contact
  - a. Name: ***MATT HINZE***
  - b. Email: ***mhinze@hartdistrict.org***
  - c. Phone Number (please provide a direct line): ***661-755-9525***
4. Do you have a current supply of Heluna Health test kits? ***YES***
5. Do you have non Heluna Health test kits? (If yes, please answer the following questions)
  - a. Name of brand of kits: ***YES***
  - b. Supplier of test kits: ***CDPH/LACOE***
  - c. Test type
    - i. Professional (Antigen and or PCR Test)
    - ii. Over the Counter ***iHEALTH and FLOWFLEX***
6. Total Enrollment (please provide your best estimate): ***26,000***
7. Expected number of people to be tested weekly (please provide a range or best estimate): ***500-1000***
8. Frequency of Testing
  - a. Weekly
  - b. Bi- Weekly
  - c. Monthly
  - d. Ad Hoc ✓
  - e. Varies by LADPH Guidance ✓
9. Number of Schools in district or charter organization: ***17***
10. How many LA County schools will be participating in the program?
  - a. Please provide the names of each school site:
    - i. ***ACADEMY OF THE CANYONS***
    - ii. ***ARROYO SECO JUNIOR HIGH SCHOOL***
    - iii. ***BOWMAN HIGH SCHOOL***
    - iv. ***CANYON HIGH SCHOOL***
    - v. ***CASTAIC HIGH SCHOOL***
    - vi. ***GOLDEN OAK ADULT SCHOOL***

- vii. ***GOLDEN VALLEY HIGH SCHOOL***
- viii. ***HART HIGH SCHOOL***
- ix. ***LA MESA JUNIOR HIGH SCHOOL***
- x. ***LEARNING POST ACADEMY***
- xi. ***PLACERITA JUNIOR HIGH SCHOOL***
- xii. ***RANCHO PICO JUNIOR HIGH SCHOOL***
- xiii. ***RIO NORTE JUNIOR HIGH SCHOOL***
- xiv. ***SAUGUS HIGH SCHOOL***
- xv. ***SIERRA VISTA JUNIOR HIGH SCHOOL***
- xvi. ***VALENCIA HIGH SCHOOL***
- xvii. ***WEST RANCH HIGH SCHOOL***

11. Who will be the direct point of contact (Principal, Superintendent, etc.)

Authorized to provide a Signature for the MOU? ***RALPH PESCHEK, CBO***

- ***rpeschek@hartdistrict.org***

***\*ALL data must be reported on the Primary Health Platform***