

Special Board Meeting

11/14/2024 08:30 PM

Assembly Hall

1935 Bohemian Highway, Occidental, CA 95465

AGENDA



Scan the above QR code with your phone to view this meeting agenda on your phone. Special Meeting begins immediately following the regular meeting. All documents relating to the following agenda items are available for public review in the Administrative Office of the Harmony Union School District during office hours at least 24 hours prior to the scheduled Board meeting. The Harmony District Board of Education meetings are open to the public, except for certain subjects that are addressed in closed session in accordance with the Ralph M. Brown Act. If anyone wishes to attend and requires special accommodations due to a handicapping condition, as outlined in the Americans with Disabilities Act, please contact the superintendent at least two working days prior to the meeting.

1. Call to Order	4
2. Approval of the Agenda That the board approve the meeting agenda.	5
3. Public Comment <i>For Closed Session: Members of the public may address the Board briefly on matters not on the agenda and are within the subject matter jurisdiction of the Board. Please state your name and address. In accordance with Board Policy 9323, speakers are to keep comments concise and limited to three minutes. The Public Comment item will be limited to a total of 20 minutes, absent approval to extend by the Board President. If there are several people who share the same issue, please chose one as your representative, and that person may be given additional time, if necessary. The Board values public comment, but by the Brown Act the Board shall not act upon, respond to, or comment on the merits of any item presented. The Board may ask clarifying questions of the presenter or refer the presenter to the District procedures.</i> <i>Members of the public may address the Board regarding items on the agenda at the time the item appears on the agenda. The Board President may move any agenda item to a different place on the agenda in order to accommodate the public or improve the flow of the meeting.</i>	6
4. Discussion Items	7
A. District Visioning	8
B. Bond Oversight Committee Discussion of Bond Oversight Committee	9
5. Action Items	10

A. Consideration of contract with POS for cafeteria management	11
LINQ is a POS system to assist in cafeteria management of both the FOH and BOH services.	
That the board approve the contract with POS for cafeteria management.	
B. Consideration of Resolution 2024/25-7 with Redwood Credit Union	17
Resolution 2024/25-7 with Redwood Credit Union to add signatories Rachael Handley and Stefanie Coe.	
That the board approve Resolution 2024/25-7 with Redwood Credit Union	
6. Next Board Meeting	25
Next regular meeting is December 12, 2024.	
7. Adjournment	26

1. Call to Order

2. Approval of the Agenda

Recommendation

That the board approve the meeting agenda.

3. Public Comment

Quick Summary / Abstract

For Closed Session: Members of the public may address the Board briefly on matters not on the agenda and are within the subject matter jurisdiction of the Board. Please state your name and address. In accordance with Board Policy 9323, speakers are to keep comments concise and limited to three minutes. The Public Comment item will be limited to a total of 20 minutes, absent approval to extend by the Board President. If there are several people who share the same issue, please chose one as your representative, and that person may be given additional time, if necessary. The Board values public comment, but by the Brown Act the Board shall not act upon, respond to, or comment on the merits of any item presented. The Board may ask clarifying questions of the presenter or refer the presenter to the District procedures.

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4. Discussion Items

4. A. District Visioning

4. B. Bond Oversight Committee

Quick Summary / Abstract

Discussion of Bond Oversight Committee

5. Action Items

5. A. Consideration of contract with POS for cafeteria management

Quick Summary / Abstract

LINQ is a POS system to assist in cafeteria management of both the FOH and BOH services.

Recommendation

That the board approve the contract with POS for cafeteria management.

Supporting Documents

 Harmony Union School District - FOH and BOH Basic - Quote



Quote for
Harmony Union School District

Dear Rachael,

As the industry continues to evolve, we want to ensure your district has the reliable, cloud-based solutions and consultative support you need to focus on what's important – ensuring students are healthy, safe and ready to learn.

By partnering with LINQ, you have the opportunity to work with a team of industry veterans and former school administrators who are committed to supporting you every step of the way. You will gain exclusive access to the industry's only full suite of integrated solutions that help improve your operational efficiency, optimize financial performance, and increase participation from students to states across nutrition, digital, and finance.

In addition to the industry's most innovative and time-saving tools, LINQ's dedicated team is committed to providing you with the peace of mind your nutrition program needs to succeed.

With your support, we truly can be stronger together.

Sincerely,
Bryan Jones
CEO | LINQ

EMS LINQ, LLC

Empowering the Business of K-12

2801 Via Fortuna, Suite 400
Austin, TX 78746

Phone: (888) 464-5467
Fax: (737) 358-9282
Email: vpayte@linq.com

Quote #: Q-136669-1
Start Date: 12/1/2024
Expires On: 12/22/2024

Customer Contact

Rachael Handley
707-874-1205 ext 14
rhandley@harmonyusd.org

Bill To

Harmony Union School District
1935 Bohemian Hwy
Occidental, California 95465

SALESPERSON	EMAIL	SERVICE PERIOD	PAYMENT METHOD
Vonnie Payte	vpayte@linq.com	12 months	Net 30

Ed Tech JPA RFP No. 23/24-01

Terms & Conditions

Initial Term + One-Time Fees

(December 1, 2024 - June 30, 2025)

This grouping of products represents your first invoice. It includes the prorated subscription products that run from 12/1/2024 through 6/30/2025, as well as any one-time fees.

QTY	PRODUCT	DESCRIPTION	NET PRICE	NET TOTAL
1.00	Nutrition Front of House - Annual Subscription		\$580.42	\$580.42
2.00	Point of Service Included in Bundle		Included	\$0.00
2.00	Student Management, Eligibility & Reporting		Included	\$0.00
1.00	LINQ Connect		\$0.00	\$0.00
1.00	Nutrition Back of House Basic - Annual Subscription		\$189.58	\$189.58
1.00	Menu Planning		\$0.00	\$0.00
1.00	Production Records		Included	\$0.00
1.00	Nutrition FOH Professional Services		\$3,300.00	\$3,300.00
2.00	Nutrition LINQ Connect Professional Services		\$0.00	\$0.00
2.00	Nutrition LINQ Connect Payments Professional Services		\$0.00	\$0.00
1.00	Nutrition BOH Basic Professional Services		\$2,200.00	\$2,200.00
			Subtotal:	\$6,270.00

Year 1

(July 1, 2025 - June 30, 2026)

QTY	PRODUCT	DESCRIPTION	NET PRICE	NET TOTAL
1.00	Nutrition Front of House - Annual Subscription		\$995.00	\$995.00
2.00	Point of Service Included in Bundle		Included	\$0.00
2.00	Student Management, Eligibility & Reporting		Included	\$0.00
1.00	LINQ Connect		\$0.00	\$0.00
1.00	Nutrition Back of House Basic - Annual Subscription		\$325.00	\$325.00
1.00	Menu Planning		\$0.00	\$0.00
1.00	Production Records		Included	\$0.00
			Subtotal:	\$1,320.00

Tax:	\$0.00
Shipping:	\$0.00
Grand Total:	\$7,590.00

- The Order Form term will renew for subsequent 12 month terms (each a "Renewal Term"), unless either party gives the other written notice of non-renewal at least 90 days before the end of the current term.
- For subsequent years within the term bound by the Start Date and End Date detailed on this quote, LINQ is entitled to increase the fees specified in the Order Form to the then-current subscription fees for the LINQ Products, as set forth in the LINQ price list in effect as of such date.
- Any applicable state sales tax has not been added to this quote. Subscription Start and expiration Dates shall be as set forth above, which may be delayed based upon the date that LINQ receives your purchase order.
- In the event that this quote includes promotional pricing, such promotional pricing may not be valid for the entire period stated on this quote.
- All invoices shall be paid within thirty (30) days of the date of invoice.
- All purchase orders must contain the exact quote number stated within. Customer agrees that purchase orders are for administrative purposes only and shall not impact the terms or conditions reflected in this quote and the applicable LINQ Master Subscription Agreement.
- This quote is subject to and incorporates the terms and conditions of the LINQ Master Subscription Agreement found at <https://www.linq.com/legal-msa>
- Ground shipping or most reasonable shipping costs will be added to the invoice after shipment for all Hardware orders.
- You will be required to pay LINQ for travel expenses (lodging, meals, transportation, and other related expenses) incurred in the performance of Professional and Support Services.

Customer:

Signature:

Name:

Business Title:
Authority Level:
Date:

Additional Comments

5. B. Consideration of Resolution 2024/25-7 with Redwood Credit Union

Quick Summary / Abstract

Resolution 2024/25-7 with Redwood Credit Union to add signatories Rachael Handley and Stefanie Coe.

Recommendation

That the board approve Resolution 2024/25-7 with Redwood Credit Union

Supporting Documents

 RCU Member App Acct Agreement_Redacted 11142024

 RCU Member App Acct Agreement



JOINT MEMBER REMOVAL AUTHORIZATION FORM

PLEASE NOTE: Primary Members cannot be removed from accounts. To remove a joint Member from an account, this completed form must be provided to Redwood Credit Union, along with an updated Membership Application completed by all remaining individual Members on the account.

Member number ending in (last 4 digits of Member number): 0999

AUTHORIZATION

We authorize Redwood Credit Union to remove the joint Member(s) listed below from the above referenced account.

Name of Member(s) to be removed:

Joint Member Name: Michelle Brandt

Joint Member Name: Michelle Calvi

Joint Member Name: _____

We understand that the joint Member(s) listed on this form are being removed from the above referenced account and are giving up all rights and access to this account. The remaining Members on this account acknowledge that the only way to fully ensure termination of all access by prior owners is by closing this account and opening a new account.

Matthew Morgan Primary Member Name [Signature] Primary Member Signature 10/9/24 Date

Stacy Kalembor Joint Member Name [Signature] Joint Member Signature 10/9/24 Date

Suzi Heron Joint Member Name [Signature] Joint Member Signature 10/9/24 Date

Amanda Jacobs Joint Member Name [Signature] Joint Member Signature 10/9/24 Date

For CU Use Only:
Date Received: _____ User ID #: _____ FM Date: _____



MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

MEMBERSHIP NUMBER: 10100000670999

AGREEMENTS

By signing this application, I apply for membership with Redwood Credit Union (RCU). I authorize you to review my credit and account history to determine if I qualify for Membership or any other RCU product or service, and to manage any loans I may have with RCU. I agree that all RCU accounts I establish will be subject to the terms of the RCU Membership and Account Disclosure ("Disclosure"), Truth in Savings Disclosure and Cost Recovery Schedule as amended from time to time. Unless only one person signs this application, any RCU accounts established under this application, except individual retirement or fiduciary accounts, (which require separate applications) will be joint accounts with right of survivorship. Upon the death of one owner, the other owner will automatically own all accounts. Any owner, acting alone, can withdraw all funds from accounts established under this Application. RCU can process transaction requests on my accounts consistent with the Disclosure. By signing this Application, I give RCU a continuing authorization to open accounts for me upon my oral or written request and deposit of funds. Electronic Fund Transfer (EFT) services: By opening an account, I request a 24-Hour Telephone Teller PIN, an ATM Card if no checking account is established, a VISA Debit Card if a checking account is established, and an RCU Online Banking and Bill Pay Login and Password. If I do not want these EFT services, I have initialed here: . If I make misleading statements regarding my membership eligibility, RCU may immediately cancel my membership, close my accounts, and call my loans due and payable in full.

Substitute W-9 Certification: I certify under penalties of perjury that (a) the number shown here: is my correct U.S. Taxpayer Identification Number, (b) I am a U.S. person, (c) I am not subject to backup withholding because (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding and (d) I am exempt from Foreign Account Tax Compliance Act (FACTA) reporting. If I am subject to backup withholding, I have initialed this space: . I understand the IRS does not require my consent to any term of any agreement with Redwood Credit Union except the certifications required to avoid backup withholding.

Member Signature: [Signature] Date: 10/9/24
Member Signature: [Signature] Date: 10/9/24
Member Signature: [Signature] Date: 10/9/2024

PRIMARY MEMBER INFORMATION
FIRST NAME: Matthew MIDDLE INITIAL: LAST NAME: Morgan
SOCIAL SECURITY NUMBER: [Redacted] DATE OF BIRTH: [Redacted] MOTHER'S MAIDEN NAME: [Redacted]
RESIDENCE STREET ADDRESS: [Redacted]
CITY: [Redacted] STATE: CA ZIP CODE: [Redacted]
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):
HOME TELEPHONE NUMBER: 707 874 1205 WORK TELEPHONE NUMBER: 707 874 1205 EMAIL ADDRESS: mmorgan@harmony.usd.org
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER): [Redacted] ID TYPE: (E.G., DRIVERS LICENSE, MILITARY ID): Drivers license EXPIRATION DATE:
EMPLOYER NAME: Harmony Union School District OCCUPATION: Superintendent - Principal

For CU Use Only:
New Account Update of existing account Date received: User # Initials:

JOINT MEMBER INFORMATION			
FIRST NAME <i>Stefano</i>	MIDDLE INITIAL	LAST NAME <i>Coz</i>	
SOCIAL SECURITY NUMBER [REDACTED]		DATE OF BIRTH [REDACTED]	MOTHER'S MAIDEN NAME [REDACTED]
RESIDENCE STREET ADDRESS [REDACTED]			
CITY [REDACTED]		STATE <i>CA</i>	ZIP CODE [REDACTED]
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER <i>707 874 1205</i>	EMAIL ADDRESS <i>smcoz@harmonyusd.org</i>	
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER) [REDACTED]	ID TYPE: (E.G., DRIVERS LICENSE, MILITARY ID) <i>Drivers License</i>	EXPIRATION DATE <i>5/15/26</i>	
EMPLOYER NAME <i>Harmony Union School District</i>		OCCUPATION <i>Vice Principal</i>	

JOINT MEMBER INFORMATION			
FIRST NAME <i>Rachael</i>	MIDDLE INITIAL	LAST NAME <i>Handley</i>	
SOCIAL SECURITY NUMBER [REDACTED]		DATE OF BIRTH [REDACTED]	MOTHER'S MAIDEN NAME <i>Hughes</i>
RESIDENCE STREET ADDRESS [REDACTED]			
CITY [REDACTED]		STATE <i>CA</i>	ZIP CODE [REDACTED]
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER <i>707 874 1205</i>	EMAIL ADDRESS <i>rhandley@harmonyusd.org</i>	
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER) <i>DL # [REDACTED]</i>	ID TYPE: (E.G., DRIVERS LICENSE, MILITARY ID) <i>Drivers License</i>	EXPIRATION DATE <i>6/2/2029</i>	
EMPLOYER NAME <i>Harmony Union School District</i>		OCCUPATION <i>ASST to CBO</i>	

DESIGNATION OF BENEFICIARIES	
<p>Pay on Death Beneficiary: The following beneficiary(ies) is/are to receive the proceeds of all share accounts held under the account number established under this application at my death. If the accounts established under this Membership number are joint, the named beneficiary(ies) will receive the proceeds only after the death of all owners. Proceeds will be paid in equal shares unless different percentages are indicated here.</p>	
FULL NAME: (FIRST, MIDDLE, LAST)	PERCENTAGE (%)
FULL NAME: (FIRST, MIDDLE, LAST)	PERCENTAGE (%)
FULL NAME: (FIRST, MIDDLE, LAST)	PERCENTAGE (%)

NOTICE REQUIRED BY USA PATRIOT ACT: You must provide your name, address, date of birth and other information that will identify each person who signs this application. RCU can ask to see your identifying documents. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you provide to us.



JOINT MEMBER REMOVAL AUTHORIZATION FORM

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Joint Member Name: Michelle Calvi

Joint Member Name: _____

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Matthew Morgan Primary Member Name [Signature] Primary Member Signature 10/9/24 Date

Stacy Kalembor Joint Member Name [Signature] Joint Member Signature 10/9/24 Date

Suzi Heron Joint Member Name [Signature] Joint Member Signature 10/9/24 Date

Amanda Jacobs Joint Member Name [Signature] Joint Member Signature 10/9/24 Date

For CU Use Only:
Date Received: _____ User ID #: _____ FM Date: _____



MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

MEMBERSHIP NUMBER: 10100000670999

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Member Signature: [Signature] Date: 10/9/24
Member Signature: [Signature] Date: 10/9/24
Member Signature: [Signature] Date: 10/9/2024

PRIMARY MEMBER INFORMATION
FIRST NAME: Matthew MIDDLE INITIAL: LAST NAME: Morgan
SOCIAL SECURITY NUMBER: 560-35-5548 DATE OF BIRTH: 12/10/1973 MOTHER'S MAIDEN NAME: Britt
RESIDENCE STREET ADDRESS: 7027 Averill Rd
CITY: Sebastopol STATE: CA ZIP CODE: 95472
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):
HOME TELEPHONE NUMBER: 707 874 1205 WORK TELEPHONE NUMBER: 707 874 1205 EMAIL ADDRESS: mmorgan@harmony.usd.org
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER): AS420413 ID TYPE: (E.G., DRIVERS LICENSE, MILITARY ID): Drivers license EXPIRATION DATE:
EMPLOYER NAME: Harmony Union School District OCCUPATION: Superintendent - Principal

For CU Use Only:
New Account Update of existing account Date received: User # Initials:

JOINT MEMBER INFORMATION			
FIRST NAME Stefano	MIDDLE INITIAL	LAST NAME Coe	
SOCIAL SECURITY NUMBER 6010-05-0091		DATE OF BIRTH 5/15/1978	MOTHER'S MAIDEN NAME Thacher
RESIDENCE STREET ADDRESS 7681 Melody Dr			
CITY Rehner Park	STATE CA	ZIP CODE 94928	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER 707 874 1205	EMAIL ADDRESS smcoe@harmonyusd.org	
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER) B5455368	ID TYPE: (E.G. DRIVERS LICENSE, MILITARY ID) Drivers License	EXPIRATION DATE 5/15/26	
EMPLOYER NAME Harmony Union School District	OCCUPATION Vice Principal		

JOINT MEMBER INFORMATION			
FIRST NAME Rachael	MIDDLE INITIAL	LAST NAME Handley	
SOCIAL SECURITY NUMBER 60514-0090		DATE OF BIRTH 6/2/1981	MOTHER'S MAIDEN NAME Hughes
RESIDENCE STREET ADDRESS 14505 Memory Lane			
CITY Guerneville	STATE CA	ZIP CODE 95446	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER 707 874 1205	EMAIL ADDRESS rhandley@harmonyusd.org	
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER) DL # B8601168	ID TYPE: (E.G. DRIVERS LICENSE, MILITARY ID) Drivers License	EXPIRATION DATE 6/2/2009	
EMPLOYER NAME Harmony Union School District	OCCUPATION Asst to CBO		

DESIGNATION OF BENEFICIARIES	
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FULL NAME: (FIRST, MIDDLE, LAST)	PERCENTAGE (%)
FULL NAME: (FIRST, MIDDLE, LAST)	PERCENTAGE (%)
FULL NAME: (FIRST, MIDDLE, LAST)	PERCENTAGE (%)

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6. Next Board Meeting

Quick Summary / Abstract

Next regular meeting is December 12, 2024.

7. Adjournment
