

A CLINICAL CONSULTING AGREEMENT

This Agreement is made between BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT (BHPRSD) and CENTER FOR FAMILY GUIDANCE, P.C. ("CFG") as of the date set forth below.

BHPRSD hereby contracts with CFG to provide those professional services described herein during the 2014/2015 school year (the "School Year") under the terms and conditions set forth below.

1. SERVICES

During the School Year, CFG will provide Psycho-educational/training to the identified students and parents of BHPRSD through provision of Licensed Clinicians. CFG will provide early prevention of substance abuse curriculum for six (6) weeks for Four (4) Cycles throughout the school year. The groups will be a combination of student and parents combined and independently during the same time frame by 2 clinicians. Some of the student driven programming may include the use of InWorld Solutions, LLC (a virtual reality platform used to engage students to practice social skills, substance abuse refusal skills and develop coping skills associated with peer pressures and much more.)

In addition, CFG will provide a grief counselor or critical stress counselor/NP to the students and staff on an as needed basis. The Student Assistance Coordinators will schedule the hours in a timely fashion and in a mutually agreed upon time.

2. STAFFING AND COMPENSATION

CFG shall provide BHPRSD with those services described above in the manner and under the compensation terms described herein.

a) CFG shall provide BHPRSD with those services described in paragraph 1 above at the Highland High School at 450 Erial Road, Blackwood, and all correspondence will go to the Blackwood facility located at 580 Erial Road Blackwood, NJ 08012 for the Black Horse Pike Regional School District.

(i) CFG shall provide two- part-time licensed clinicians for a maximum of 3 hours per week for 4 cycles each consisting of six weeks for the cumulative time of seventy-two (72) hours during the School Year.

(b) CFG shall be paid in accordance with student/family participation for those services provided to BHPRSD under this Agreement. The school's Student Assistance Coordinator will provide the names of student/family participants at least two weeks in advance of the start of each cycle. The amount of the monthly payment will be directly correlated with the number of work hours at the following rates:

>	Cost per cycle	\$1,628
>	Cost per cycle inclusive of Inworld-	\$1,706
>	Cost for Inworld unlimited use (3 schools)	\$3,000
>	Cost for Grief Counselor/NP or Critical Stress (per diem)	\$125/hour

Total Contract amount not to exceed \$9,512.00 for the 2014/2015 school year.

(c) Specific work days and hours will be scheduled in advance by representatives of CFG and BHPRSD in order to ensure proper coverage. BHPRSD will provide CFG staff with document preparation services.

3. TERMINATION

Either party may terminate this Agreement prior to the expiration of its term, with or without cause, upon 45 days written notice to the other party.

4. MISCELLANEOUS

(a) CFG shall maintain professional errors and omissions insurance coverage on its behalf and on behalf of BHPRSD during the term of this Agreement. Such insurance shall provide for minimal coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate. Upon execution of this Agreement, CFG shall provide to BHPRSD a Certificate of Insurance confirming such insurance coverage and naming BHPRSD as an additional insured.

(b) BHPRSD reserves the right to interview CFG personnel prior to their assignment under this Agreement, and CFG shall endeavor to take into account the concerns of BHPRSD regarding the assignment of personnel; nevertheless, all such personnel shall be the employees of CFG for all purposes and shall not be deemed to be either the employees or agents of BHPRSD.

(c) BHPRSD shall obtain all required releases or other authorization prior to the provision of any services to its students under this Agreement.

5. AFFIRMATIVE ACTION

During the performance of this Agreement, CFG agrees as follows:

(1) CFG will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. Except with respect to affectional or sexual orientation, CFG will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national original, ancestry, marital status, sex, affectional or sexual orientation. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. CFG agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

(2) CFG will, in all solicitations or advertisement for employees placed by or on their behalf, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation.

(3) CFG will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of CFG's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) CFG agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c.127, as amended, and supplemented from time to time and the Americans with Disabilities Act.

(5) CFG agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c.127, as amended and supplemented from time to time.

(6) CFG agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment orientation, and that it will discontinue to use of any recruitment agency which engages in direct or indirect discriminatory practices.

(7) CFG agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal Law and applicable Federal Court decisions.

(8) CFG agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal Court decisions.

(9) CFG shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (N.J.A.C. 17:27).

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date set forth below.

ATTEST: DATED: BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

JEAN GRUBB
BOARD SECRETARY

BY: _____
PATRICIA WILSON, PRESIDENT

ATTEST: DATED: CENTER FOR FAMILY GUIDANCE, P.C.

LES PASCHALL
CHIEF EXECUTIVE OFFICER

Client#: 295602

CENTEFORFA

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2014

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 Conner Strong & Buckelew Two Liberty Place 50 S. 16th Street, Suite 3600 Philadelphia, PA 19102	CONTACT NAME: Brendan Buchness	
	PHONE (A/C, No, Ext): 877 861-3220 FAX (A/C, No):	
	E-MAIL ADDRESS: bbuchness@connerstrong.com	
INSURED Center for Family Guidance, PC 765 Route 70 East, Building A Marlton, NJ 08053	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Insuranc	18058
	INSURER B: Liberty Insurance Corporation	42404
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1113741	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			PHPK1113741	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB444523	12/31/2013	12/31/2014	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	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	N/A	WC5-33S-321797-024 NJ Only	04/23/2014	04/23/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Occurrence Medical Prof. Liability			PHPK1113741	12/31/2013	12/31/2014	Each incident: \$1M Aggregate: \$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*** The following applies to the General Liability Policy ***

Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation):

The Insured can waive the insurers Rights of Recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Black Horse Regional School
District
580 Erial Road
Blackwood, NJ 08012

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

W. Michael Tognard

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DESCRIPTIONS (Continued from Page 1)

*** Medical Professional Liability Coverage only applies to the insureds non-correctional operations. ***

*** Additional Workers' Compensation & Employer's Liability Policy ***

All States Except New Jersey & Pennsylvania, Twin City Fire Insurance Company NAIC #29459

Policy #13WEBL1480, Effective 04/23/2014 to 04/23/2015

WC Limits: Statutory

EL Limits: \$1,000,000 Each Accident/\$1,000,000 Each Employee/\$1,000,000 Policy Limit

RE: Clinical Consulting Agreement

Black Horse Regional School District is included as an Additional Insured if required by written contract.