

MAMMOTH-SAN MANUEL UNIFIED SCHOOL DISTRICT

POST OFFICE BOX 406
SAN MANUEL, ARIZONA 85631
(520) 385-2337
FAX (520) 385-2621

SUPERINTENDENT
John J. Ryan

GOVERNING BOARD
Mark Phelps, President
Terry Newman, Vice President
Malinda LeGrand
Fred Roybal
Lynn Zeiler

July 31, 2013

Dear Adelante Juntos:

This letter is to address the lease renewal for the buildings and rooms at Avenue B Elementary. My Community Schools Director, Larry Ramirez has made numerous attempts to contact you regarding this issue.

I am enclosing a new lease that must be signed and returned before August 9, 2013 (10 days). With the signed lease I need a copy of your liability insurance as per the agreement.

OK \$175.00 OK
The lease is for ~~\$350.00~~ per month. As per our earlier agreement we gave you the reduced rate in April of 2012 due to the fact you made repairs to the building. If I do not receive this by August 9, 2013 along with your monthly payment, then I will assume you are not going to continue to lease the facility and expect you to vacate the premises.

Sincerely,

John J. Ryan
Superintendent

**ARIZONA SCHOOL RISK RETENTION TRUST, INC.
FACILITY USE AGREEMENT BETWEEN**

District name: Mammoth-San Manuel Unified School District #8

AND

Name of organization using facility: Adelante Juntos Coalition

1. PARTIES

The parties to this agreement (the "Agreement") are Mammoth-San Manuel Unified School District #8, hereinafter referred to as "DISTRICT", and Adelante Juntos Coalition, hereinafter referred to as "OCCUPANT."

2. RECITALS

This Agreement is made based upon the following facts:

2.1 OCCUPANT has requested that DISTRICT make available the Multi-purpose Room and adjoining wing at Avenue B Elementary School ("FACILITY") to be used by OCCUPANT from July 1, 2013-June 30, 2014.

2.2 OCCUPANT represents that FACILITY will only be used for the purpose so stated. See attachment 2

3. USE

When using FACILITY or any portion thereof, OCCUPANT agrees to comply with all applicable federal, state, and municipal laws and regulations, and with the policies and regulations of the DISTRICT pertaining to the use and occupancy of FACILITY. OCCUPANT agrees to take good care of FACILITY and any equipment and furniture located therein, and to leave FACILITY at all times in as good order and condition as existed prior to OCCUPANT's use thereof. OCCUPANT shall not use or allow any portion of FACILITY to be used for any unlawful purpose. OCCUPANT shall not commit or allow to be committed any waste or nuisance in or about FACILITY or subject FACILITY to any use that would damage any portion of FACILITY or raise or violate any insurance coverage maintained by DISTRICT. OCCUPANT shall not allow a number of persons in any portion of FACILITY at any time in excess of the legal or normal capacity of such portion of FACILITY. OCCUPANT shall not permit any food, drink, or smoking in any portion of FACILITY without the prior written consent of DISTRICT. OCCUPANT

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agrees that DISTRICT has not agreed and will not agree to warrant the suitability or

safety of FACILITY or any of FACILITY's contents for the uses intended by OCCUPANT, such that OCCUPANT accepts full responsibility therefor. If a key is issued to the OCCUPANT for access to the FACILITY, and the key is lost by the OCCUPANT or any person given the key by the OCCUPANT, the OCCUPANT is responsible for, and will pay in full, the cost of rekeying all locks that could be opened by that key, and the cost of replacing all keys required to be replaced as a result of the loss of the key. If the property (or premises) will be used for an athletic activity, OCCUPANT shall comply with the requirements of A.R.S. Section 15-341(A)(24) regarding concussions and head injuries.

4. SCHEDULING

OCCUPANT shall schedule by written notice to the DISTRICT to:

Name: See attachment 2 _____
Address: _____
City, State Zip: _____

Said written notice will state the exact times during the term hereof that OCCUPANT desires to use any portion of FACILITY. OCCUPANT shall confirm the date, time, and function of usage of FACILITY by follow-up telephone call with:

Name: See attachment 2 _____
Phone: _____

5. TERM

The term of this Agreement shall commence on July 1, 2013 and end on June 30, 2014 at which time OCCUPANT's rights to use the FACILITY under this Agreement shall automatically expire unless otherwise extended by DISTRICT in its sole and absolute discretion.

6. COMPENSATION

OCCUPANT will compensate DISTRICT for use of FACILITY as follows:
Costs of ~~\$350.00~~ per month lease.

175.00
7. INSURANCE

Pursuant to A.R.S. Section 15-1105 *et seq.*, OCCUPANT agrees to procure, at its expense, and maintain during the term hereof, a policy of general liability insurance, against claims for bodily injury, death, and property damage occurring in connection with OCCUPANT's use of any portion of FACILITY and/or FACILITY's contents, which insurance shall name DISTRICT as an additional insured and be primary and noncontributing to any coverage maintained by or on behalf of DISTRICT. Such

insurance shall have minimum limits of \$3,000,000.00 per occurrence, and OCCUPANT shall provide DISTRICT with a certificate evidencing that such insurance coverage is in effect.

8. LIABILITY AND INDEMNITY

OCCUPANT agrees to conduct its activities in FACILITY in a careful and safe manner. As a material part of the consideration to DISTRICT, OCCUPANT hereby assumes all risk of damage to and loss or theft of property, as well as injury or death to persons, related in any way to OCCUPANT's use or occupancy of any portion of FACILITY from any cause whatsoever, including when caused in whole or in part by OCCUPANT, and OCCUPANT hereby waives all claims in respect thereof against DISTRICT. OCCUPANT shall indemnify, defend, and save harmless DISTRICT and all of its employees, agents, and representatives from any and all claims, notices of claim(s), demands, suits, actions, proceedings, loss, cost, and damages of every kind and description, including any attorney's fees and/or litigation expenses, which may be brought or made against or incurred by DISTRICT, on account of loss of or damages to any property and/or for injuries to or the death of any person(s) arising in whole or in part out of any act or omission by OCCUPANT or its employees, agents, representatives, invitees, or subcontractors, or arising in whole or in part out of its and/or their use of FACILITY, or arising in whole or in part out of workers' compensation claims or unemployment disability compensation claims of employees of OCCUPANT or out of claims under similar such laws.

9. ENTIRE CONTRACT

This Agreement embodies the entire contract between OCCUPANT and DISTRICT. The parties shall not be bound by or be liable for any statement or representation of any nature not set forth in this Agreement. Changes to any of the provisions of this Contract shall not be valid unless reduced to writing and signed by both parties.

10. SUSPENSION AND TERMINATION

DISTRICT may, by a written 60 day notice, direct OCCUPANT to suspend its use of the FACILITY for such period of time as may be determined by DISTRICT to be necessary or desirable. Upon receipt of such suspension or termination notice, OCCUPANT shall immediately discontinue use of FACILITY under this Agreement. Payment for use already completed or in process at the time the notice of suspension or termination is received shall be adjusted between DISTRICT and OCCUPANT in a fair and equitable manner, but shall exclude any allowance for the value of any unperformed use or anticipated profits thereon.

11. WAIVER

The failure of DISTRICT to insist upon strict performance of any of the provisions of this Agreement or to exercise any rights or remedies provided by this Agreement or

DISTRICT's delay in the exercise of any such rights or remedies available under this Agreement shall not release OCCUPANT from any of its responsibilities or obligations imposed by this Agreement and shall not be deemed a waiver of any right of DISTRICT to insist upon strict performance of this Agreement.

12. ASSIGNMENTS AND SUBLETTING

OCCUPANT shall not have the right to assign this Agreement or allow any other person or entity to use or occupy any or all of FACILITY without the prior written consent of DISTRICT, which consent may be granted or withheld at DISTRICT's sole and absolute discretion.

13. DEFAULT

In the event that OCCUPANT fails to pay any fee or other sum required to be paid by OCCUPANT hereunder when due or otherwise fails to comply with or observe any other provisions of this Agreement, in addition to any other remedy that may be available to DISTRICT by reason of such failure, whether at law or in equity, DISTRICT may immediately and unilaterally terminate this Agreement and all rights of OCCUPANT hereunder—including any right of adjustment of amounts paid hereunder.

14. ARBITRATION

In the event of a dispute hereunder, the parties agree to use arbitration insofar as required by Sections 12-1518 and 12-133, Arizona Revised Statutes, and rules promulgated thereunder. To the extent arbitration is not required under the abovereferenced laws, then the parties shall submit any dispute hereunder for adjudication by Arizona's state courts.

15. CONFLICT OF INTEREST

The parties understand that this Agreement is subject to cancellation pursuant to Section 38-511 of Arizona Revised Statutes, without penalty or further obligation on the part of DISTRICT, if any person significantly involved in initiating, negotiating, securing, drafting, or creating this Agreement on behalf of DISTRICT is, at any time while this Agreement or any extension hereof is in effect, an employee or agent of OCCUPANT, in any capacity, or a consultant to OCCUPANT, with respect to the subject matter of this Agreement.

16. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Arizona, the courts of

which state shall have jurisdiction of the subject matter hereof.

17. RELATIONSHIP

The parties agree that neither OCCUPANT nor any employees or other personnel of OCCUPANT will for any purpose be considered employees of DISTRICT, and with respect to OCCUPANT and any employees or other personnel of OCCUPANT, DISTRICT shall not be responsible in any manner for the supervision, direction, and control of OCCUPANT and/or any of its employees or other personnel, the payment of salary (including the withholding of income taxes and social security) of any such employees or other personnel, and/or the provision of workers' compensation and disability benefits for any such employees or other personnel.

18. AUTHORITY

The individual signing below on behalf of OCCUPANT hereby represents and warrants that he/she is duly authorized to execute and deliver this Agreement on behalf of OCCUPANT and that this Agreement is binding upon OCCUPANT in accordance with its express terms.

19. EXECUTION DATE

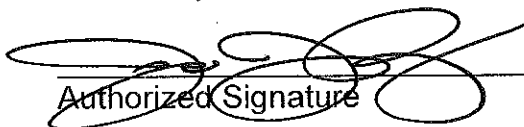
The parties have caused this Agreement to be executed by their duly authorized representatives, on this 13 day of Aug, 2019.

DISTRICT

OCCUPANT

Name: John J Ryan

Name: DR. DEDE BARRON


Authorized Signature


Authorized Signature

Title: Superintendent

Title: Superintendent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/11/2012

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 Lovitt & Touche' Inc - Tucson 7202 East Rosewood Dr., #200 Tucson AZ 85710	CONTACT NAME: Kim Canez, CISR	
	PHONE (A/C, No, Ext): 520-722-3000	FAX (A/C, No): 520-722-7245
E-MAIL ADDRESS: kcanez@lovitt-touche.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: SOC SVC. CONTR. INDEMNITY POOL		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED LUZSO-1
 Luz Social Services, Inc.,
 Luz Academy of Tucson, Inc.
 Adalberto M Guerrero Middle School, Etal
 2797 N. Introspect Drive
 Tucson AZ 85745

COVERAGES **CERTIFICATE NUMBER:** 1974604543 **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			SS35511213	9/11/2012	9/11/2013	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PROJ-JECT	<input type="checkbox"/>	LOC		\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB						\$	
	<input type="checkbox"/> CLAIMS-MADE						\$	
	DED		RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named Additional Insured/Lessor of Premises to General Liability coverage if required by written contract, subject to all policy terms, conditions, definitions and exclusions. The general liability insurance is primary and certificate holder's insurance is non-contributory if required by written contract. RE: 321 S Avenue B, San Manuel, AZ

CERTIFICATE HOLDER Mammoth-San Manuel Unified School District Attn: John J. Ryan P.O Box 406 San Manuel, AZ 85631	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.
	AUTHORIZED REPRESENTATIVE 