



CANUTILLO INDEPENDENT SCHOOL DISTRICT
FINANCIAL SERVICES DIVISION/PURCHASING

Contract Routing and Approval Form

Table with 4 columns and 3 rows for tracking contract status: Contract Request Received, Routed for Internal Approval, Routed for Vendor Approval, Assigned Contract No, Contract Fully Executed, Notification To Proceed.

CONTRACT APPROVAL PROCESS: 1. All agreements shall be routed through the purchasing office. 2. Purchasing will review for compliance and determine procurement method(s). 3. Be advised that some agreements may require Legal Counsels review 4. Following final review, purchasing will route for additional signature(s), either district personnel and/or supplier. to ensure receipt of fully executed documents. 5. Purchasing will notify requestor when process has been completed.

NO SERVICES SHALL COMMENCE WITHOUT AN EXECUTED AGREEMENT AND AN APPROVED PURCHASE ORDER

IT IS THE REQUESTORS RESPONSIBILITY TO SUBMIT ALL DOCUMENTS PERTAINING TO THE SERVICE REQUESTED WITH AMPLE TIME TO ALLOW FOR FULL PROCESS. MUST INCLUDE Vendor agreement, vendor quote, vendor terms, any other docs related to the service, etc. This Contract Routing and Approval form is required to ensure we have the information needed to route documents for the necessary signatures.

THIS FORM MUST BE COMPLETED BY THE REQUESTING CAMPUS/DEPARTMENT

Must check off Contract Type: Professional Service, Contracted Services, Vendor Agreement, Term Contract, Interlocal, Lease Agreement, MOU, MOA, Construction, Other

Campus/Department: Student Support Services

Campus/Department Contact person: Dr. Monica Reyes, Executive Director

Contact Number: 915-877-7650 Requestors email: mreyes@canutillo-isd.org

Contract Title: Memorandum of Understanding between Canutillo ISD and E.P. Dentistry 4 kids

Contract Description: Provide on-site preventative dental services, the parties aim to reduce student absenteeism related to dental pain and provide care to students who may face barriers to traditional dental office visits.

VENDOR INFORMATION - MUST PROVIDE ALL INFORMATION LISTED BELOW: Required to obtain all necessary signatures.

Vendor/Company Name: E.P Dentistry 4 Kids

Vendor Full Address: 5867 N.Mesa, Ste B El Paso, Texas 79912

Name of Representative: Erika Garcia representatives' email: erikaortiz@kidsdentalbrands.com

Rep. Office Phone: 915-504-6888 Rep Mobile Number: 915-341-0505

Vendor's Authorized Signer: Mary Lou Gonzalez Signer's email: marylougonzalez@epd4k.com

Contract Amount: N/A Funding Source: N/A

Account No(s): N/A

Anticipated Start Date: June 1, 2026 End Date: May 31, 2029

Is this a New Agreement? Yes No

Is this Agreement a renewal? Yes No If yes; specify the reason for renewal, what is it replacing?

Agreement Term: 3 Years from the effective date Does agreement term include renewal options? Yes No

If yes, specify renewal options:

Does agreement require Insurance coverage? Yes No If yes, route agreement to Human Resources department for review, and to provide the necessary insurance requirements.

Human Resources staff review: Date:

By signing this approval request form, the budget authority confirm that the agreement attached has been reviewed and all necessary documents pertaining to this agreement are being submitted.

Budget Authority Signature: [Signature] Date: 5/11/2026

Attachments: Must submit vendor agreement and all pertaining documents, quotes, etc., with this routing form.

Purchasing review:

# Board of Trustees

Meeting Date: \_\_\_\_\_

## Executive Summary of Board Agenda Item

Subject/Title for Agenda Posting: Memorandum of Understanding between Canutillo ISD and E.P. Dentistry 4 Kids. PLLC

Justification Statement: This MOU is to establish a collaborative, non-exclusive partnership to improve the oral health of CISD students.

Purpose of Agenda Item:  Information  Discussion  Action  
Item Type:  Curriculum & Instruction  Human Resources  Business Services

Staff Responsible:

  
*Signature of Requester(s)*

5/11/2026

\_\_\_\_\_  
*Signature of Presenter(s)*

\_\_\_\_\_  
*Business Services Approval (Initials)*

\_\_\_\_\_  
*Date*

### Agenda Summary:

This memorandum of understanding with Canutillo ISD and E.P. Dentistry 4 kids is to provide on-site preventative dental services at Canutillo ISD elementary schools. The parties aim to reduce student absenteeism related to dental pain and provide care to students who may face barriers to traditional dental office visits. EPD4K shall provide comprehensive preventative dental care to eligible elementary students with valid written parental consent. Services will be performed on-site at CISD facilities. There is no cost to the district or no out-of-pocket cost to parents.

RECOMMENDATION: Administration recommends the approval of the Memorandum of Understanding with E.P Dentistry

PRIOR BOARD ACTION: No      AWARDED: N/A      AWARDED AMOUNT: N/A

AMOUNT(S): N/A

ACCOUNT NO(S): N/A

PROCUREMENT METHOD TYPE: (3 Quotes, Cooperative Contract Quotes, Sole Source, Formal Bid)  
Memorandum of Understanding

REQUESTING DEPARTMENT: Student Support Services Department

CONSEQUENCES OF NON-APPROVAL: Students will not get the dental services needed and may be absent due to dental office visits.

IMPLEMENTATION TIMELINE: June 1, 2026, to May 31, 2029.

ATTACHMENT(S): MOU document, Exhibit A





## MEMORANDUM OF UNDERSTANDING

### BETWEEN CANUTILLO, INDEPENDENT SCHOOL DISTRICT AND E.P. DENTISTRY 4 KIDS, PLLC

**Effective Date:** June 1, 2026

This Memorandum of Understanding (“MOU”) is entered into by and between **E.P. Dentistry 4 Kids, PLLC** (“EPD4K”), a Texas professional limited liability company, and **Canutillo Independent School District** (“CISD”), a public school district located in El Paso County, Texas.

#### I. PURPOSE & VISION

The purpose of this MOU is to establish a collaborative, non-exclusive agreement to improve the oral health of CISD students. By providing on-site preventative dental services, the parties aim to reduce student absenteeism related to dental pain and provide care to students who may face barriers to traditional dental office visits.

#### II. SCOPE OF SERVICES

EPD4K shall provide comprehensive preventative dental care to eligible elementary students with valid, written parental consent. Services will be performed on-site at CISD facilities and include:

- **Diagnostic:** Visual and comprehensive exams, including necessary radiographs.
- **Preventative:** Prophylaxis (cleanings), fluoride varnish application, and dental sealants.
- **Education:** Oral hygiene instruction and a dental kit (toothbrush, toothpaste, and floss).
- **Reporting:** A “Dental Report Card” summarizing findings provided to both the parent/guardian and the campus nurse.

#### III. FINANCIAL TERMS & INSURANCE BILLING

- **No Cost to District:** All services provided under this MOU shall be at no cost to CISD.
- **No Out-of-Pocket Cost to Parents:** EPD4K agrees that no parent or guardian will receive a bill for preventative services.
- **Insurance Billing:** EPD4K is authorized to bill Medicaid, CHIP, or private insurance for services rendered.
- **Uninsured Student Provision:** EPD4K commits to provide preventive dental services to uninsured students at a ratio not to exceed one (1) uninsured student for every five (5) insured students served, not to exceed twenty percent (20%) of the total number of students served per site visit.

Community Relations Contacts:

Mary Lou Gonzalez – [marylougonzalez@epd4k.com](mailto:marylougonzalez@epd4k.com) Erika Garcia – [erikaortiz@kidsdentalbrands.com](mailto:erikaortiz@kidsdentalbrands.com)

9813 Dyer Ste, Ste 100 | 5867 N. Mesa, Ste. B | 1502 N. Zaragosa Rd.

# E.P. Dentistry 4 Kids

- **Indemnification of Billing:** CISD assumes no responsibility for billing disputes, insurance denials, or collection efforts.

## IV. OBLIGATIONS OF EPD4K

- **Licensure:** Ensure all attending dentists hold a current, valid license from the Texas State Board of Dental Examiners.
- **Staffing & Equipment:** Provide all necessary personnel (1–3 dental assistants/hygienists) and portable equipment (2-3 portable chairs, units, sterilization tools), and room dividers/partitions for HIPAA compliance.
- **Language Access:** Ensure all consent forms and educational materials are available in English and Spanish.
- **Continuity of Care:** Provide referrals to EPD4K’s brick-and-mortar offices or the student's existing dental home for any required restorative work (fillings, extractions, etc.).
- **Compliance:** Comply with CISD policy on background checks and visitation procedures.

## V. OBLIGATIONS OF CISD

- **Facilities:** Provide a clean, private space (e.g., classroom or library) with access to standard electrical outlets.
- **Coordination:** Designate a District Point of Contact for administrative renewals and a Campus Point of Contact (e.g. Nurse) for on-site scheduling and consent form distribution.
- **Access:** Allow EPD4K personnel access to campuses in accordance with District visitor and background check policies.
- **Student Information:** Provide a list of students with parent request/consent to be seen by EPD4K.

## VI. DATA PRIVACY & COMPLIANCE

- **HIPAA/FERPA:** Both parties agree to comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) regarding the handling of student medical and educational records.
- **Background Checks:** EPD4K certifies that all employees entering CISD grounds have cleared a criminal background check consistent with Texas Education Code requirements.

Community Relations Contacts:

Mary Lou Gonzalez – [marylougonzalez@epd4k.com](mailto:marylougonzalez@epd4k.com) Erika Garcia – [erikaortiz@kidsdentalbrands.com](mailto:erikaortiz@kidsdentalbrands.com)

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# E.P. Dentistry 4 Kids

## VII. LIABILITY & INSURANCE

EPD4K shall maintain, at its own expense, Professional Liability (Malpractice) and General Liability insurance (Attachment A) at limits of at least \$1,000,000 per occurrence.. To the fullest extent allowed by law, EPD4K shall, during the term of this Agreement, indemnify and hold Canutillo ISD and its employees, agents, directors, officers and affiliated entities and their respective officers, directors and employees harmless from all legal liability, injury or damage, for injuries, public liabilities, and property damage arising out of any negligent acts of EPD4K or its physicians, dentists or employees in connection with services provided under this Agreement. This indemnification provision shall survive the termination of this Agreement for acts that arose while this Agreement was in effect.

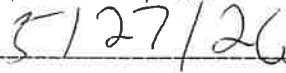
## VIII. TERM AND TERMINATION

- **Term:** This MOU shall be effective for a period of three (3) years from the Effective Date.
- **Termination:** Either party may terminate this agreement without cause upon thirty (30) days' written notice.
- **Amendments:** All modifications must be made in writing and signed by authorized representatives of both parties.

\_\_\_\_\_  
Superintendent, Canutillo ISD

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
President, EP Dentistry 4 Kids

  
\_\_\_\_\_  
Date

### Community Relations Contacts:

Mary Lou Gonzalez – [marylougonzalez@epd4k.com](mailto:marylougonzalez@epd4k.com) Erika Garcia – [erikaortiz@kidsdentalbrands.com](mailto:erikaortiz@kidsdentalbrands.com)

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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

AZ, CO, FL, KS, NC, OK

THIS ENDORSEMENT APPLIES AS A BLANKET WAIVER OF SUBROGATION FOR THOSE PARTIES HAVING A WRITTEN CONTRACT WITH THE POLICYHOLDER REQUIRING A WAIVER OF SUBROGATION FOR WORKERS COMPENSATION COVERAGE OF THE POLICYHOLDERS EMPLOYEES.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement  
Insured General Dentistry 4 Kids Payroll LLC

Effective Policy No.  
#J602204 & #J598690

Endorsement No.  
Premium

Insurance Company The Hanover Insurance Company

Countersigned by \_\_\_\_\_