



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Cover Sheet is an Internal Document for Business Office Use

Please Type

Contractor full name: Calm.com, Inc

Doing Business As, if applicable:

Business Address: 77 Geary Street, third floor

Business Phone:

Business email: olga.doroshenko@calm.com

Funding Source & Acct # including location code: ESSER II, account #
2552-6363-56697, Location Code: 0490

Principal or Supervisor: Typhanie Jackson, Executive Director

Agreement Effective Dates: From 07/01/2022. To 06/30/2023.

Hourly rate or per session rate or per day rate.

Total amount: \$21,098.04

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

Calm Application is an application that will provide teachers mental health fitness for their own social emotional well-being. In addition to supporting their own well-being, they can use the application within their classrooms to support students social emotional learning.

Submitted by: Typhanie Jackson

Phone: 475-220 - 1760



NEW HAVEN PUBLIC SCHOOLS

Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Typhanie Jackson, Director of Special Education/Student Services
Date: May 17, 2022
Re: Calm.com renewal

Please **answer all questions and attach any required documentation as indicated below.** Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:** Calm.com, Inc
2. **Description of Service:** Calm Application is an application that will provide teachers mental health fitness for their own social emotional well-being. In addition to supporting their own well-being, they can use the application within their classrooms to support students social emotional learning.
3. **Amount** of Agreement and hourly or session cost: \$21,098.04
4. **Funding Source** and account number: ESSER II, account # 2552-6363-56697, Location Code: 0490
5. **Continuation/renewal or new Agreement?**
Answer all questions:
 - a. If continuation/renewal, has the cost increased? If yes, by how much? renewal
 - b. What would an alternative contractor cost: Comparable cost
 - c. If this is a continuation, when was the last time alternative quotes were requested?
Annually
 - d. For new or continuation: is this a service existing staff could provide. If no, why not?
No. Company provides a specific service.
6. **Type of Service:**
Answer all questions:
 - a. Professional Development?
 - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? No
 - b. After School or Extended Hours Program? No
 - c. School Readiness or Head Start Programs? No
 - d. Other: (Please describe)

7. **Contractor Classification:**
Answer all questions:

- a. Is the Contractor a Minority or Women Owned Business? No
- b. Is the Contractor Local? No
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No
- d. Is the Contractor a public corporation? No
- e. Is this a renewal/continuation Agreement or a new service? renewal
- f. If it is a renewal/continuation has cost increased? If yes, by how much? No
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: it will help to keep the wellness of the staff, as well as administrators and students. This agreement allows for individualized self-management resources to ensure our staff is taking care of their own well-being. Additionally, this product can be presented to students as a tool to engage and support their self-awareness and self-management.

8. Contractor Selection:

Answer all questions

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume. This agreement allows for individualized self-management resources to ensure our staff is taking care of their own well-being. Additionally, this product can be presented to students as a tool to engage and support their self-awareness and self-management.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source? Quotes and Comparable cost.
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: Feedback survey from staff and administrators.

9. Evidence of Effectiveness & Evaluation

Answer all questions

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met? Social emotional well-being, self-awareness and self-management, (SEL).
- b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness. Data is available via the calm portal that allows us to manage and monitor staff usage and we also have feedback from surveys that provides interest from students and staff.
- c. How is this service aligned to the District Continuous Improvement Plan? This agreement is aligned to the District's continuous improvement plan as it ensures the well-being of staff, administrators and students as it supports social emotional learning, self-awareness and self-management. It aligns to the strategic priority area of culture and climate.

10. Why do you believe this Agreement is fiscally sound? This agreement is fiscally sound as it ensures the well-being of our staff members.

11. What are the implications of not approving this Agreement? The implication of not approving this agreement is that staff, administrators and students will not have the ability to take advantage to have individualized self-management resources, social emotional learning to ensure that they are taking care of their own well-being.

For: Office Use Only

Vendor No.	Date Entered
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☐ Mail ☐ Fax ☐ Email

Vendor:

Calm.com, Inc
77 Geary Street, 3rd floor
San Francisco, CA 94108

Deliver To:

Moncia Abbott/Typhanie Jackson
New Haven BOE
54 Meadow Street, 3rd floor
New Haven, CT 06519

CITY OF NEW HAVEN
Department of Education
54 Meadow St., New Haven, CT 06519
VENDOR PURCHASE ORDER

SPECIAL FUNDS

Fiscal Year: 2022-2023


P.O.

▲
This number must appear on all invoices
and package of shipment

**PURCHASE ORDERS NOT
COMPLETED AND DELIVERED
WITHIN 60 DAYS ARE
AUTOMATICALLY CANCELLED**

Date Prepared	Fund	Agency	Program	Object	Project Code
05/17/2022	2552	900	6363	56697	0490

Quantity	Description	Unit Cost	Total Cost
2,050	Online Service from Calm.com, Inc - Subscription 07/01/2022 - 06/30/2023 Calm Application is an application that will provide teachers mental health fitness for their own social emotional well-being. In addition to supporting their own well-being, they can use the application within their classrooms to support students social emotional learning.	0.86	21,098.04
<p>PLEASE NOTIFY BUSINESS OFFICE IF YOUR TOTAL COST EXCEEDS OUR TOTAL AMOUNT BEFORE SHIPPING</p> <p>Name: Derricka Suggs Email: derricka.suggs@new-haven.k12.ct.us Phone: 1-475-220-1383</p>			

Authorized Supervisor's Signature 	Business Office Approval	Principal's Signature	TOTAL AMOUNT	\$21,098.04
Date: 5/17/22	Date:	Date:	SUBMIT PURCHASE ORDERS TO: SpecialfundsPO@new-haven.k12.ct.us	

FOR PAYMENT: Send Your Invoice Electronically or By Mail:Email: NHinvoice@newhavenct.gov

Mail: New Haven Public Schools, Attn: Dept. of Special Funds

54 Meadow Street, New Haven, CT 06519

Fax: 1-203-946-5740

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Calm.com, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 77 Geary Street, Floor 3	Requester's name and address (optional)
6 City, state, and ZIP code San Francisco, CA 94108		
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
4	5		-	5	2	9	3	1 1 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ▶

Date ▶ 1/20/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Business**

Calm.com, Inc. ("Calm")
77 Geary Street, Third Floor
San Francisco, CA 94108 USA
Billing contact: ar@calm.com

PROPOSED
BY

Name: Olga Doroshenko

Email: olga.doroshenko@calm.com

ORDER FORM	TYPE: Renewal Subscription
Company Name ("Customer"): New Haven Public Schools Billing Address: 54 Meadow Street, New Haven, Connecticut 06519, United States Billing Contact: Typhanie Jackson typhanie.jackson@new-haven.k12.ct.us	Address for notices: 54 Meadow St, Fl 1, New Haven, Connecticut 06519, United States Email address for notices: typhanie.jackson@new-haven.k12.ct.us

Initial Term	Services	Subscription Cost (per Individual per month)	Initial Number of Individuals	Fees
12-Months (7/1/2022 - 6/30/2023)	Calm Digital	\$0.86	2,050	\$21,098.04

Total Fees	\$21,098.04
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Effective Date	the date on which the last Party signs this Order
Services Start Date	Access to the Calm Platform via the Admin Console is estimated to be available on July 1, 2022 and will remain available thereafter during the term of this Order.
Term	The initial term of this Order will commence on the Services Start Date and continue for 12-Months ("Initial Term"). This Order will automatically renew for consecutive renewal terms equal to the duration of the Initial Term unless either Party provides written notice of non-renewal at least thirty (30) days prior to any renewal.
Invoicing Frequency*	Annually - 1 year
Payment Terms	Net 30
Payment	Unless otherwise indicated in the Invoicing Frequency field above, On the Services start date, Calm will invoice Customer the Total specified above in advance. In the event multiple payments are specified in the Invoicing Frequency field, Customer will pay Calm the Total divided by the Invoicing Frequency and pay each such partial

	<p>amount at the beginning of each period within the then current term (such periods calculated by dividing the duration of the term by the Invoicing Frequency).</p> <p>Payment to Calm via ACH or Wire may be issued to: Bank Name: Silicon Valley Bank Address: 3003 Tasman Drive, Santa Clara, CA 95054 Account Name: Calm.com, Inc. Routing: 121140399 SWIFT: SVBKUS6S Account: 3302491811</p> <p>Payment to Calm by Paper check may be sent to: Calm.com, Inc DEPT LA 25336 PASADENA CA 91185-5336</p>
Onboarding Method	Eligibility File
Special Terms	

TERMS AND CONDITIONS

This Order is entered into as of the Effective Date set forth above. The Services purchased under this Order are subject to the Master Services Agreement in effect between Calm and Customer as of such date or, if no such agreement exists, the terms and conditions located at <https://business.calm.com/hubfs/CalmMSA2022.pdf>. Any capitalized terms that are used in this Order, but are not defined herein, have the meaning ascribed to them in the Master Services Agreement.

PO#

Tax ID #

***Invoicing for this Order to commence upon execution, no later than the Service Start Date and will be sent via email to the billing contact listed above. For all billing questions please reach out to ar@calm.com.**

Customer

Calm.com, Inc.

Signature:

Signature:

Name:

Name:

Title:

Title:

Date:

Date: