



**MONARCH RIVER ACADEMY**

1781 East Fir Avenue #102, Fresno, CA 93720

Phone (559) 754-1442 \* Fax (559) 335-4089

**Special Board Meeting  
Monarch River Academy  
July 10, 2019 – 4:30 pm – 5:00 pm  
1781 East Fir Avenue, #102  
Fresno, CA 93720**

**Through Teleconference**

**Craig Wheaton  
4401 W. Goshen #114  
Visalia, CA 93291**

**Elizabeth Grabowski  
1327 W. Northridge Ave  
Fresno, CA 93711**

**Monique Ouwinga  
110 N. Marcin Street  
Visalia, CA 93291**

**AGENDA**

1. Call to Order
2. Public Comments
3. Approval of Resolution of the Board of Monarch River Academy to Approve the Principals Salary and Supplemental Benefits
4. Approval of Certificate of Consent to Self-Insure as a Public Agency
5. Approval of Resolution of the Board of Directors of Monarch River Academy Approving the SELPA Representative
6. Adjournment

Public comment rules: Members of the public may address the Board on agenda or non-agenda items. Please fill out a yellow card available at the entrance. Speakers may be called in the order that requests are received, or grouped by subject area. We ask that comments are limited to 2 minutes each, with no more than 15 minutes per single topic so that as many people as possible may be heard. By law, the Board is allowed to take action only on items on the agenda. The Board may, at its discretion, refer a matter to district staff or calendar the issue for future discussion.

Note: Monarch River Academy Governing Board encourages those with disabilities to participate fully in the public meeting process. If you need a disability-related modification or accommodation, including auxiliary aids or services, to participate in the public meeting, please contact the Governing Board Office at 818-207-3837 at least 48 hours before the scheduled board meeting so that we may make every reasonable effort to accommodate you. (Government Code § 54954.2; Americans with Disabilities Act of 1990, § 202 (42 U.S.C. § 12132)).

**MONARCH RIVER ACADEMY**  
**BOARD RESOLUTION – 2019 - 2**

**I. Adoption of Monarch River Academy's Principal's Annual Salary**

WHEREAS, Monarch River Academy must adopt at a regular scheduled board meeting in open session the compensation of the highest compensated employee of the school.

NOWHEREFORE BE IT RESOLVED, that the Board of Directors approve the annual salary for the Monarch River Academy Principal in the amount of \$75,000. This amount constitutes 50% of the Principal's total compensation which is \$150,000 as they are the Principal of two schools.

**II. Adoption of Monarch River Academy's Principal's Supplemental Benefits**

WHEREAS, Monarch River Academy must adopt at a regular scheduled board meeting in open session the supplemental benefits of the highest compensated employee of the school, the Principal.

NOWHEREFORE BE IT RESOLVED, that the Board of Directors approve the supplemental benefits/extra pay in the amount of \$350 a month, split equally among the two schools, and will include the following:

- i. Vehicle & Cell Phone stipend

## SECRETARY'S CERTIFICATE

I, \_\_\_\_\_, Secretary of the Board of Directors of Monarch River Academy a California nonprofit public benefit corporation, County of \_\_\_\_\_, California, hereby certify as follows:

The attached is a full, true, and correct copy of the resolutions duly adopted at a meeting of the Board of Directors of Monarch River Academy which was duly and regularly held on June 10, 2019, at which meeting all of the members of the Board of Directors had due notice and at which a quorum thereof was present; and at such meeting such resolutions were adopted by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached resolution is a full, true, and correct copy of the original resolution adopted at such meeting and entered in such minutes; and such resolution has not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand on \_\_\_\_\_, 2019.

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Secretary of the Board of Directors of  
Monarch River Academy



State of California  
Department of Industrial Relations  
OFFICE OF SELF-INSURANCE PLANS

**APPLICATION FOR CERTIFICATE OF CONSENT  
TO SELF-INSURE AS A PUBLIC AGENCY EMPLOYER SELF-INSURER**

All questions must be answered. If not applicable, enter "N/A".

**To the Director of the Department of Industrial Relations:** The public agency employer identified below submits the following information to obtain a Certificate of Consent to Self-Insure the payment of workers' compensation under California Labor Code Section 3700.

**LEGAL NAME OF APPLICANT** (Show exactly as on Charter or other official documents):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Federal Tax ID # of Group: \_\_\_\_\_

**CONTACT** - Who Should Correspondence Regarding This Applicant Be Addressed To:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TYPE OF PUBLIC ENTITY (Check one):**

City and/or County      School District      Police and/or Fire District      Hospital District

Joint Powers Authority      Other (describe): \_\_\_\_\_

**TYPE OF APPLICATION (Check one):**

New Application      Reapplication (Merger/Unification)      Reapplication (Name Change)

Other (describe): \_\_\_\_\_

Date Self-Insurance Program will begin: \_\_\_\_\_

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**CURRENT WORKERS' COMPENSATION PROGRAM**

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Currently Insured with State Fund Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Currently Self Insured, Certificate # \_\_\_\_\_

Other (describe): \_\_\_\_\_

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**CLAIMS ADMINISTRATION**

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Who will be administering your agency's workers' compensation claims? (Check one)

JPA will administer

Third Party Administrator, TPA Certificate # \_\_\_\_\_

Public entity will self-administer

Insurance Carrier will administer

Name of Third Party Administrator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# of claims reporting locations to be used to handle Agency's claims: \_\_\_\_\_

Does applicant currently have a California Certificate of Consent to Self-Insure?      Yes      No

If yes, what is the current Certificate Number: \_\_\_\_\_

Total Number of Affiliate's California employees to be covered by Group: \_\_\_\_\_

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**AGENCY EMPLOYER**

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Current # of Agency Employees: \_\_\_\_\_ # of Public Safety Employees (police//fire): \_\_\_\_\_

If school District, # of certificated employees: \_\_\_\_\_

Will all Agency employees be covered by this self-insurance plan?      Yes      No

If 'No', explain who is not covered and how workers' compensation coverage will be provided to the excluded employees:

\_\_\_\_\_

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**JOINT POWERS AUTHORITY**

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Will applicant be a member of a JPA for workers' compensation ?

Yes      No    (If 'yes', complete the following)

Effective date of JPA Membership: \_\_\_\_\_ JPA Certificate # \_\_\_\_\_

Name of JPA: \_\_\_\_\_

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**AGENCY SAFETY PROGRAM**

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Does the Agency have a written Injury and Illness Prevention Program (IIPP)?      Yes      No

Individual responsible for Agency workplace safety and IIPP program:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**SUPPLEMENTAL COVERAGE**

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**1.)** Will your program be supplemented by any insurance or pooled coverage under a **STANDARD** workers' compensation insurance policy?      Yes      No    (If 'Yes', complete the following):

Name of Excess Pool/Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

**2.)** Will your program be supplemented by any insurance or pooled coverage under a **SPECIFIC EXCESS** workers' compensation insurance policy?      Yes      No    (If 'Yes', complete the following):

Name of Excess Pool/Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

Retention Limits: \_\_\_\_\_

**3.)** Will your program be supplemented by any insurance or pooled coverage under an **AGGREGATE EXCESS** (stop loss) specific excess workers' compensation insurance policy?      Yes      No  
(If 'Yes', complete the following):

Name of Excess Pool/Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

Retention Limits: \_\_\_\_\_

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RESOLUTION FROM GOVERNING BOARD

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Attach a properly executed Governing Board Resolution. See attached sample resolution on page 5.

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CERTIFICATION

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The undersigned on behalf of the applicant hereby applies for a Certificate of Consent to Self-Insure the payment of workers' compensation liabilities pursuant to Labor Code Section 3700. The above information is submitted for the purpose of procuring said Certificate from the Director of Industrial Relations, State of California. If the Certificate is issued, the applicant agrees to comply with applicable California statutes and regulations pertaining to the payment of compensation that may become due to the applicant's employees covered by the Certificate.

X \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNED: Authorized Official / Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name

RESOLUTION NO.: \_\_\_\_\_ DATED: \_\_\_\_\_

**A RESOLUTION AUTHORIZING APPLICATION  
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA  
FOR A CERTIFICATE OF CONSENT TO SELF-INSURE  
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the \_\_\_\_\_  
(Enter Name of the Board)

of the \_\_\_\_\_  
(Enter Name of Public Agency, District, Etc.)

a \_\_\_\_\_ organized and existing under the  
(Enter Type of Agency, i.e., County, City, School District, etc.)

laws of the State of California, held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

the following resolution was adopted:

**RESOLVED**, that the above named public agency is authorized and empowered to make application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self-Insure workers' compensation liabilities and representatives of Agency are authorized to execute any and all documents required for such application.

IN WITNESS WHEREOF: I HAVE SIGNED AND AFFIXED THE AGENCY SEAL.

**X** \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNED: Board Secretary or Chair

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name

**Affix Seal Here**



**MONARCH RIVER ACADEMY**  
**BOARD RESOLUTION 2019 – 3**

**I. Adoption of Monarch River Academy Approving the SELPA Representative**

WHEREAS, Monarch River Academy (the “School”) is committed to provide a free appropriate public education to all children with disabilities;

WHEREAS, the School is a member of the El Dorado County SELPA; and

WHEREAS, this Board of Directors desires to appoint a representative of School with the El Dorado County SELPA.

NOW THEREFORE BE IT RESOLVED, the School hereby appoints Erika Vanderspek to serve as its representative with the El Dorado County SELPA.

### SECRETARY'S CERTIFICATE

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AYES:

NOES:

ABSTAIN:

ABSENT:

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached resolution is a full, true, and correct copy of the original resolution adopted at such meeting and entered in such minutes; and such resolution has not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand on \_\_\_\_\_, 2019.

\_\_\_\_\_  
Secretary of the Board of Directors of  
Monarch River Academy