



June 26, 2025

VIA EMAIL: [lwillard@leadershipacademy.org](mailto:lwillard@leadershipacademy.org)

The Leadership Academy, Inc.  
ATTN: Leah Willard  
10-27 46<sup>th</sup> Avenue, 1<sup>st</sup> Floor  
New York, NY 11101

**Reference:** RFP 24-585 Leadership Development Services – Renewal Request

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-585 Leadership Development Services for one (1) year on the same terms, conditions and pricing as stated in the bid. The purpose of this letter is to obtain The Leadership Academy, Inc’s acceptance of DCSD’s offer to renew ’s the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from August 27, 2025, through August 26, 2026. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates The Leadership Academy, Inc’s consideration of this offer to renew the award of RFP 24-585.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below and email both documents no later than Monday, July 7, 2025, to [sharmaine\\_greenland@dekalbschoolsga.org](mailto:sharmaine_greenland@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director, Vendor Services

CLS/smg

C: Michelle L. Dillard

**ACKNOWLEDGMENT**

The Leadership Academy, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-585 Leadership Development Services, at the same prices, terms and conditions as the original award, until August 26, 2026. The Leadership Academy, Inc. understands this acceptance is subject to the approval of the DeKalb County Board of Education.

*Mary Jo Dunnington*  
Authorized Signatory

7/9/25  
Date

Mary Jo Dunnington  
Name (Typed or Printed)

Executive Director  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2024

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).

<b>PRODUCER</b> Schaefer Insurance Services, Inc. P.O. Box 693 Smithtown, NY 11787	<b>CONTACT NAME:</b> Maria Murawski
	<b>PHONE (A/C No. Ext):</b> (631) 257-5550
	<b>FAX (A/C No):</b>
	<b>E-MAIL ADDRESS:</b> maria@schaeferins.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.
	<b>18058</b>
<b>INSURED</b> THE LEADERSHIP ACADEMY 10-27 46TH AVENUE LONG ISLAND CITY, NY 11101	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 24-25 MASTER

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2612681-016	10/8/2024	10/8/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PHPK2612681-016	10/8/2024	10/8/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB885252-016	10/8/2024	10/8/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROFESSIONAL LIABILITY</b>			PHPK2612681-016	10/8/2024	10/8/2025	Each Occurrence Limit 1,000,000 Aggregate Limit 2,000,000

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

AS REQUIRED BY WRITTEN CONTRACT, THE FOLLOWING ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY: DEKALB COUNTY SCHOOL DISTRICT

**CERTIFICATE HOLDER****CANCELLATION**

DEKALB COUNTY SCHOOL DISTRICT 1701 MOUNTAIN INDUSTRIAL BLVD STONE MOUNTAIN, GA 30083	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 Chris Schaefer/MARIA 
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)