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**MODIFICATION #1
OF
CONTRACT NO. PO447601**

The Modification of Contract No. **PO447601** made and entered into on **5/21/2024** by and between the City of Columbus, acting through its Board of Health (hereinafter referred to as the BOARD) and **Sapna Welsh DBA Leverage HR**, (hereinafter referred to as the CONTRACTOR), is made and entered into on 1/16/2025 *KP*, 2024 pursuant to Ordinance No. **3385-2024** authorized by Columbus City Council **December 16, 2024**.

WITNESSETH:

WHEREAS, the BOARD has a need to revise by extending the contract term, increasing the maximum obligation and revising the Pricing and Scope of Services, for **Sapna Welsh DBA Leverage HR**.

NOW, THEREFORE, the parties to this Agreement hereto mutually agree that ARTICLE I, Contract Term, ARTICLE II, Maximum Obligation, and ARTICLE III. Pricing and Scope of Services is hereby amended as follows:

ARTICLE I. Contract Term

The term of this Contract shall be from May 1, 2024 and extended through December 30, 2025.

ARTICLE II. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed **\$183,305.00** unless additional funds are appropriated and authorized.
As a result of this action the Contract is increased by **\$120,480.00**.

ARTICLE III. Pricing and Scope of Services

*See Attached Revised Scope of Services

All other provisions of Contract No. **PO447601** between the parties remain in effect except as necessarily modified by this Contract.

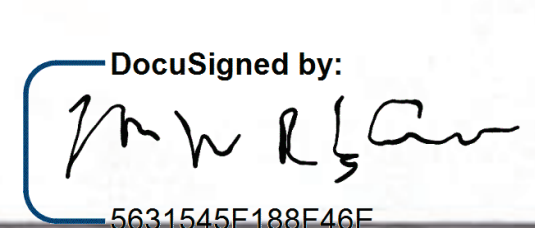
CONTRACTOR

By:  12/12/24
Date

Federal I.D. No. 16-1782139

DUNS#: 032437047

THE COLUMBUS BOARD OF HEALTH

By:  12/19/2024
Mysheika W. Roberts, M.D., M.P.H. Date
Health Commissioner

By: 
Board of Health

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EXTENSION OF PURCHASE ORDER P0447601 FOR ORGANIZATION WIDE EMOTIONAL INTELLIGENCE TRAINING

November 15, 2024

2025 PRICING

- We are honoring 2024 pricing originally agreed to for the PO.
- We will bill for program administration and design and **only** bill for actual sessions delivered as long as 30+ days' notice is provided to cancel sessions.

<ul style="list-style-type: none">• Finalize scope and planning• Redesign for 4 hour session (A - 3 facilitators & up to 35 ee's B- 2 facilitators & up to 25 ee's)• Updated learning objectives linking EI and Respect• Include exercises, debriefs, key points and flow• Service reviews• Administration	\$ 7,000.00
Approach 1 Deploy in person training for up to 25 participants (including EIQ assessment) per participant run charge @ 25 pp = \$273	\$ 6,825.00
Approach 2 Deploy in person training for up to 35 participants (including EIQ assessment) per participant run charge @ 35 pp = \$308	\$ 8,235.00

Assumptions

- Pricing for PO can be estimated based on the number of sessions delivered, the approach of sessions (Approach 1 or 2), and if approximately 500 people will participate. *This is an inflated estimate of participants that can be adjusted as needed by CPH for the PO.*
 - 20 sessions of Approach 1 = \$135,500
 - 8 sessions of Approach 1 = \$54,600 + 8 sessions of Approach 2 = \$65,880 = \$120,480
 - 14 sessions of Approach 2 = \$115,290



- ½ day sessions
- Sessions will be open enrollment
- If sessions have poor enrollment, sessions will be collapsed
- A second wave of sessions will be considered if required
- Objectives and design vary based on number of participants and facilitators
- Accountability EI groups/teams with specific instructions will be included





THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

January 28, 2025

For Informational Purposes
1220 SEA SHELL DR
WESTERVILLE OH 43082-7457

Account Information:

Policy Holder Details :	LEVERAGE HR LLC
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Contact Us

Need Help?

Chat online or call us at
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,
Your Hartford Service Team



**Bureau of Workers'
Compensation**

30 West Spring Street
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jon Husted, Lt. Governor John Logue, Administrator/CEO

04/22/2024
Date Mailed

#BWNFVSQ
#XX10023400181#

Sapna Welsh
LEVERAGE HR, LLC
1220 Sea Shell Dr
Westerville OH 43082-7457

IMPORTANT DOCUMENT: REMOVE AND POST



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80141448

LEVERAGE HR, LLC
1220 Sea Shell Dr
Westerville OH 43082-7457

Period Specified Below
07/01/2024 to 07/01/2025



www.bwc.ohio.gov
Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

Policy Information

Policy Information for the policy period beginning from 12:01 AM on 07/01/2024 to 12:01 AM on 07/01/2025.

Policy Number and Employer	MCO
80141448 LEVERAGE HR, LLC 1220 Sea Shell Dr Westerville OH 43082-7457	No MCO has been selected

Additional Insured's Name and Address	Effective Date	Expiration Date

Individuals Eligible for Elective Coverage		
Individuals Eligible for Elective Coverage	Covered (Yes/No)	Elective Coverage Type
Robert Welsh	No	Elective - Owner
Sapna K Welsh	No	Elective - Owner

**Please refer to our website for reporting guidelines/requirements.

Corporate Officer	Effective Date	Expiration Date
No officers listed for this policy.		

**Please refer to our website for reporting guidelines/requirements.

Employee Class Codes and Descriptions	
Class Code	Class Code Description
8742	SALESPERSONS OR COLLECTORS-OUTSIDE

The information noted above is as of 04/20/2024. For the most current information on the policy or to update your account information, please log into your account at www.bwc.ohio.gov. You may also call 1-800-644-6292 to speak with a customer service representative.



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

February 11, 2025

The City of Columbus
240 PARSONS AVE
COLUMBUS OH 43215

Account Information:

Policy Holder Details :	LEVERAGE HR LLC
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Contact Us

Need Help?

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(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/11/2025

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 NUTMEG INSURANCE AGENCY INC/PHS 02025657 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME:		
	PHONE (866) 467-8730 (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED LEVERAGE HR LLC 1220 SEA SHELL DR WESTERVILLE OH 43082-7457	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A : Sentinel Insurance Company Ltd.		11000
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****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/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X		02 SBA IA9424	06/15/2024	06/15/2025	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$4,000,000
A	AUTOMOBILE LIABILITY			02 SBA IA9424	06/15/2024	06/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>						BODILY INJURY (Per accident)	
	HIRE AUTOS <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	
	OCCUR CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	PROFESSIONAL LIABILITY			02 SBA IA9424	06/15/2024	06/15/2025	Occurrence	\$2,000,000
							Aggregate	\$2,000,000

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

The City of Columbus
240 PARSONS AVE
COLUMBUS OH 43215

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

Susan L. Castaneda

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