P.O. Box 1330
675 Second Street
Cordova, AK 99574

CORDOVA SCHOOL DISTRICT

(T) 907-424-3265
(F) 907-424-3271
www.cordovasd.org

CONTRACT SERVICE AGREEMENT**DRAFT

BOARD APPROVAL (Date): _____ **PROGRAM/DEPT.:** Special Education

CSA Number
FY27-001
PLEASE INCLUDE ON ALL INVOICES

FUNDING SOURCE (Code): 280.500.220.000.410 **Funding Allocation:** 100%
FUNDING SOURCE (Code): _____ **Funding Allocation:** %

CONTRACTING BUSINESS NAME: CORDOVA COMMUNITY MEDICAL CENTER (CCMC)

PRIMARY CONTACT INFORMATION

NAME: Dr. Hannah Sanders, MD TITLE/POSITION: Chief Executive Officer
E-MAIL: hsanders@cdvcmc.com PHONE: (907) 424-8200
ADDRESS: PO Box 160 CITY: Cordova STATE: AK ZIP: 99574

DESCRIPTION OF SERVICES TO BE PROVIDED

1. Occupational Therapy with Elementary and Jr.-Sr. High School students as specified in the Individualized Educational Programs (IEP)
2. OT student evaluations, as identified by the District SPED Team
3. Informal student observation/assessment for screening purposes, as requested by the District SPED Team
4. Diagnostic assessments, comprehensive assessment reports, recommendations, and potential treatment goals
5. Monitoring of student progress, including consultations with and training of teachers and paraprofessionals, as appropriate
6. Participation in the development of applicable IEP goals and objectives as determined necessary by the student's Multi-disciplinary Team

*See page 2 for additional considerations

CONTRACT SCOPE AND CONSIDERATIONS

Rate: $75/hr. x up to 12 hrs./week x up to 36 weeks in school year = $ 32,400
Travel: N/A = $ _____
Per Diem: N/A = $ _____
Other: _____ = $ _____

The MAXIMUM AMOUNT authorized by this agreement is: $ 35,000

Payment will be made upon receipt of approved invoice(s). Reference MOA # on all invoices. Expenses will be reimbursed based upon actual third-party documentation.
PAYMENT OF TAXES – As a condition of performance of this contract, the contractor shall pay all Federal, State, and Local taxes incurred by the contractor, sub-contractor, or other person or persons associated with the performance of this contract.

CONTRACT PERIOD COVERED: August 15, 2026 through May 31, 2027

_____ Contractor Signature _____ Date

_____ Superintendent Signature _____ Date

Send all invoices/payment inquiries to:
Cordova School District; ATTN: Business Office; PO Box 1330; Cordova, AK 99574; TEL: (907) 424-3265; FAX: (907) 424-3271; accounting@cordovasd.org

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CONTRACTING BUSINESS NAME: CORDOVA COMMUNITY MEDICAL CENTER

DESCRIPTION OF SERVICES TO BE PROVIDED (continued from PAGE 1)

7. Completion of necessary documentation of services for inclusion in the student's school record. Reports must comply with CSD and State of Alaska guidelines
8. CCMC will bill the district at the completion of each trip by invoice
9. CCMC shall not assign services to be performed under this Agreement to any other party without written permission of CSD
10. Current professional certification/licensure and liability coverage will be provided to the District

Cordova School District agrees to provide the following:

1. Coordination and scheduling of parent and student participation as specified by the SPED Team and/or Contractor
2. Appropriate space for occupational therapy sessions
3. Equipment and resources to provide occupational therapy services
4. Compensation for the aforementioned services at a rate of $75 per hour, including completion of written reports and consultation sessions with school staff

This Contract Service Agreement is for the 2026-2027 School Year and can be modified only with consent of both parties. Furthermore, this agreement may be terminated by the District with or without cause upon 10 days written notice. In case of termination without cause, the CCMC will receive the fair value of the services performed to the date of termination.

**Should the Maximum Amount authorized by this agreement be reached and additional services be needed, the Superintendent and Service Provider shall meet to amend the contract in order to meet the needs of the District.

_____ Contractor Signature

_____ Date

_____ Superintendent Signature

_____ Date