



Hiawatha Valley Education District

HVED District Office, 1410 Bundy Blvd, Winona, MN 55987

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November 18, 2020

This service agreement entered into by and between Hiawatha Valley Education District (HVED) and ISD #857 – Lewiston – Altura School District for Fiscal Year 2021 (July 1, 2020 through June 30, 2021) that:

As a licensed Speech-Language Pathologist (SLP), Sarah Ong, will provide speech services to the Birth-to-Three students serviced by Hiawatha Valley Education District. The Executive Director of Hiawatha Valley Education District is responsible for the oversight of these services.

We agree as follows:

1. Total package will include salary and fringe benefits based on the hourly rate per Sarah Ong's contract with ISD #857- Lewiston – Altura School District. Travel (mileage) costs will be charged additionally at the Federal IRS rate current at the time of travel. Travel will be charged from the school district to student's service location.
2. ISD #857 – Lewiston – Altura School District (Sarah Ong) will provide SLP services to Birth-to-Three students until the student turns three.
3. Duration of services shall be through the end of the fiscal year (June 30, 2021) or until the student's third birthday.
4. ISD #857 – Lewiston-Altura School District will bill actual costs to Hiawatha Valley Education District at the conclusion of the term of service.
5. Sarah Ong will submit monthly travel costs to ISD #857- Lewiston -Altura School District that will be billed to Hiawatha Valley Education District at the conclusion of the term of service.
6. If, at any time during the Fiscal Year 2021, ISD #857– Lewiston- Altura School District needs change and would require the Speech-Language Pathologist time, this service agreement between HVED and ISD #857- Lewiston-Altura School District shall terminate.

IN WITNESS WHEREOF, the foregoing terms are agreed to and accepted by the parties.

ISD #857 – Lewiston-Altura School District

Hiawatha Valley Education District

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

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