

North Slope Borough School District P.O. Box 169, Utqiagvik, AK 99723

Memorandum of Agreement

(An MOA for more than \$10,000.00 must be approved by the School Board prior to start of contract. In a fiscal year MOA to the same contractor totaling more than \$10,000.00 must be approved by the School board prior to start of the contract).

Contractor: Assistive Technology of Alaska (www.atla.org)			Alaska	MOA Contr	ol # -			
Address:	3330 Arctic	Blvd, Suite 1	Anchorage		AK	99503		
<u> </u>	Street or PO		L = 0.04 JT_1 DO	City		State	Zip	
907	563-2599	mystie@	atlaak.org					
Area Code Federal ID#	Phone #	E-mail A		Alaska	a Business L	icense#	1062294	
July 1, 2020 Start Date: (mmddyy)	June 3 2021 End Da (mmdd)	30, te:	⊠W-9 Attach		□W-9 Su Previous	bmitted		
Contractor A	_				ing to all st	aff in the	daily use of the	
	1	Google Read Provide on-site classrooms.			or incorpora	ting low to	ech into NSBSD	
1364	$\forall t \in \{u, v \in V \mid u \in V : u $	eacher during Provide supp	g new hire o	r special educ	ation trainin	igs.	Bookshare for	
	MI 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Asist case m	anagers wit			from low	tech to on-line	
	1	Upon distric	t request,		vidualized	support	and training to	
	Ī		SD detailed	invoices out		worked b	y date reflecting	
District Con	tract Person:	Lori Roth		Phone #:	907-85	2-9651	Ext:	
Email Addre	ess:	Lori.Roth@nsbsd.org Fax:						
District Agre	_ i	ncurred in re	elation to the	ne performano	ce of servic	e under t	y and necessarily his agreement if	
ell ell le		expense rei	mbursemen	t will incl	ude the	cost inc	Services. Travel curred by the Utqiagvik and	
	_ 5	surrounding v	illages as n	ecessary durin	g the course	of this A		

									
	Anchorage, Alaska to Utqiagvik, Alaska. NSBSD reserves the right to purchase or use airline miles. Travel expenses not to exceed \$4,000.00. Change fees shall be paid if changes are made at the direction or request of the District.								
	Provide lodging, whenever possible, in Barrow and NSBSD villages.								
	Pay the contracto	Pay the contractor up to \$700 per day based on services provided for up to							
	d upon schedule. (See per-diem rates)								
Payment Terms:	Net 30 days upon receipt and approval of Contractor invoice.								
Enter Account Code as	Account #:	(1) 285.200.220.000.410 (2) 100.200.220.000.410	Amount	Up to \$ 14,000.00					
	****		-Tot al:	Up to \$ 4,000.00					
MOA Not to Exceed:	\$ 18,000.00 (including travel expenses)	Budget Authority Appro							
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A – GENERAL INFORMATION

- 1. All associated costs, not limited to fees and reimbursable, must be included in the MOA. All MOAs for more than \$10,000 require prior School Board approval before Contractor provides any service.
- -2.—The account to be charged must be determined and approved by the individual with budget authority prior to submission of the MOA to the Business Manager.
- 3. Prior to the starting date of the contracted services and/or activities, the Contractor and the NSBSD must sign the MOA. The Contractor is not to be given a notice to proceed unless all the appropriate parties have signed the MOA.
- 4. The Contact Person will be responsible for obtaining the contractor's signature and submitting the original MOA to the Business Manager.
- 5. The Contact Person must approve for payment all contract invoices and receipt documentation prior to submission for payment to the Business Manager.
- 6. When the MOA involves travel paid by the NSBSD; a CTR (Contracted Travel Requisition) must accompany any invoice.
- 7. MOAs cannot be used for NSBSD employees.
- 8. Any NSBSD employee who authorizes services prior to the required approvals may be subject to disciplinary actions up to and including termination. (BP 4118 and 4218)

B - Contractor Responsibilities

- 1. Check the MOA for contents and completeness. If the terms are agreeable, sign the agreement and return to the individual named has the Contact Person.
- 2. In accordance with the payment terms set forth on page 1, the Contractor shall submit an invoice with the appropriate documentation (copies of airline tickets, hotel bills, etc.) to the Contact Person for approval of payment. This MOA Control #: must be on the invoice.
- 3. As a condition of performance, the Contractor must pay all federal, state, and local taxes incurred by the Contractor.
- 4. A W-9 must be on file with the NSBSD Business Office or submitted with this MOA. No W-9, backup withholding of Federal taxes will be withheld per the present required presently 29%.
- 5. The Contractor must provide proof of any liability insurance coverage required on page 1 of this MOA.

6.	To the extent allowed by law, the Contractor shall indemnify, defend, and hold the NSBSD harmless from
	any liability resulting from or arising out of the acts of the Contractor in the performance of this MOA.
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7. This contract may be terminated by either party with a 30-day written notice.

I HEREBY ACCEPT THIS	MOA AND THE CONDITIONS/PROVISIONS CONTAINED HEREIN.
Any changes in the terms of	this MOA must be on an ADDENDUM FROM prior to any services being
performed.	The ADDENDUM FORM must be approved by all parties.

Business Manager Superintendent, NSBSD Mystie Rail, Executive Director Contractor				Business Manager's Signature				T	Date (mmddyy)			
			or	Superintendent's Signature Mustle Kall Controctor's Signature			3	Date (mmddyy) 3/27/2020 Date (mmddyy)				
Rout.		Biz Mger. admin/MOA/MO		Supt. 2018-20	19	Contractor		Contact Person		Admin. Srv	's. Dept.	
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