



# North Slope Borough School District

P.O. Box 169, Utqiagvik, AK 99723

## Memorandum of Agreement

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

Contractor: John Monahan MOA Control # \_\_\_\_\_

Address: PO Box 10014 Fairbanks AK 99710  
City State Zip

907 590-0376 rjohn@pobox.com  
Area Code Phone # E-mail Address:

The contractor is required to hold and provide a certificate of insurance that is current for the term of the contract for the following:

General Liability Insurance  Professional liability / Errors & Omissions

Federal ID # \_\_\_\_\_ Or Soc. Sec. #: \_\_\_\_\_ Alaska Business License # 1031277

02.01.2023 06.30.2023 X W-9 Attached  W-9 Submitted Previously  
Start Date: End Date:  
(mmddyy) (mmddyy)

Services include support with correcting Impact Aid land classifications from the past three years of Impact Aid applications (FY21-23) and competitive writing. These services will be funded with Impact Aid funding.

District Contract Person: David Vadiveloo Phone #: (907)852-9530 Ext \_\_\_\_\_  
Email Address: david.vadiveloo@nsbsd.org Fax \_\_\_\_\_

District Agrees To: \_\_\_\_\_

Payment Terms: Not to exceed \$19,500 [\$650.00/day for 30 days]

Enter Account Code as: Impact Aid 100.200.350.000.410 Amount: \$19,500  
Total: \$19,500

MOA Not to Exceed: \$19,500 Budget Authority Approval: \_\_\_\_\_

**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 Director of Finance or their designee.
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 District Contact will be responsible for obtaining the contractor’s signature and submitting the original MOA to the Director of Finance or their designee
5. The District Contact must approve for payment all contract invoices and receipt documentation prior to submission for payment to the Director of Finance or their designee.
6. When the MOA involves travel paid by the NSBSD; a 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 as 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 that all required certificates of insurance listed on page 1 of this MOA are current for the term of the contract.
6. The contractor must maintain a current Alaska Business License for the term of the contract.
7. 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.
8. 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.

\_\_\_\_\_  
Director of Finance, NSBSD

\_\_\_\_\_  
Finance Director’s Signature

\_\_\_\_\_  
Date (mmddyy)

\_\_\_\_\_  
Superintendent, NSBSD

\_\_\_\_\_  
Superintendent’s Signature

\_\_\_\_\_  
Date (mmddyy)

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Contractor’s Signature

\_\_\_\_\_  
Date (mmddyy)

Routing:     Dir. Fin. Svcs.     Supt     Contractor     Contact Person     Admin. Svcs. Dept.