



# North Slope Borough School District

P.O. Box 169, Utqiagvik, AK 99723

## Memorandum of Agreement Addendum

(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: Gerace's Educational Consulting MOA Control #  
(Betsy Gerace)

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Address: 1717 Toklat Street Anchorage AK 99508  
Street or POB City State Zip

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(907) 250-7210 betsygerace@yahoo.com  
Area Code Phone # E-mail Address:

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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 # 993006

August 1, 2022 June 1, 2023 ☐ W-9 ☐ W-9 Submitted  
Attached Previously

Start Date: End Date:  
(mmddyy) (mmddyy)

Contractor Agrees To:

Provide school psychology services such as screenings, assessments, and evaluation summary reports for students with special education needs as defined by federal and state regulations. Maintain on-going contact with case managers and local Agencies to support student success. Place assessment information in the NSBSD special education database.

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Assist NSBSD Student Services Department with the continued development of a remote evaluation model by securing on-line testing options, educating staff, educating parents, and supporting the implementation of the on-site and remote evaluation model.

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Provide on-site and distance training to Student Services Staff for the implementation of testing materials, as appropriate.

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Attend federally mandated initial referral meetings, 90-day transition meeting for new ILP referrals, and re-evaluations meetings, as appropriate. Explain testing options to parents to promote understanding for informed Consent.

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Review Evaluation Summaries and conducted by other districts for students who have moved into NSBSD. Make recommendations as to the Student Services Department as to NSBSD acceptance of the evaluation or the need for a new evaluation.

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Review existing data, and assist with the acquisition of additional information, to support a comprehensive evaluation to determine special education eligibility.

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Maintain the confidentiality of the identified student(s) and NSBSD as per state and federal laws.

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Work with SPED teachers, related service providers, school sites, and the Student Services Office to schedule evaluation meetings. Upon request, support Board Policy regarding district-wide acceleration/retention requests and 504 Plans.

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Facilitate the process and documentation of a Functional Behavior Assessment, Behavior Intervention Plan, Manifestation Determination for students with behavioral challenges.

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Coordinate with school staff to develop a schedule for dates of travel and remote service delivery. Collaborate to ensure services and student evaluations are completed on time as outlined in the IEP. Submit a travel schedule to the office of Student Service at least 3 weeks in advance for final approval and processing.

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Upon request, complete and submit a background check. Disclose to the Student Services Office of any disbarment or AK licensing issues. Maintain up to date insurance, AK Business License, school psychology license.

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Review Evaluation Summaries and conducted by other districts for students who have moved into NSBSD. Make recommendations as to the Student Services Department as to NSBSD acceptance of the evaluation or the need for a new evaluation.

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Submit a monthly invoice outlining days of the month worked.

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Collaborate with the Student Services Department to develop an on-site (Utqiagvik) and remote (Anchorage) work schedule to ensure compliance with State and Federal Guidelines.

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District Contract Person:	Lori Roth	Phone #:	907-852-9651	Ext
Email Address:	Lori.Roth@nsbsd.org	Fax:		

District Agrees To: Reimburse CONTRACTOR for expenses directly and necessarily incurred in relation to the performance of service under this agreement. Travel expense reimbursement will include the cost incurred by the CONTRACTOR to travel from Anchorage, Alaska to NSBSD villages as necessary during the course of this Agreement.

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Provide lodging, whenever possible, in Utqiagvik and NSBSD villages.

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Reimburse 2 round trip 3-week advance airline tickets from Anchorage to Utqiagvik, Alaska and for inter-village travel in the North Slope. Travel expenses not to exceed **2,000.00**. Hotel reservations may be made by NSBSD but paid for by the contractor for reimbursement. Change fees shall be paid if changes are made at the direction or request of the District.

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Pay the contractor **\$710.00** per day for up to **40 days 45 days** of on-site and distance professional services.

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Payment Terms: Net 30 days upon receipt and approval of Contractor invoice.

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Account #:

Enter Account Code as	285-200.220.000.410	Amount	\$ 28,400.00
	100.200.220.000.410		<b>\$31,950.00</b>
			<hr/>
			Total: \$ 30,400.00
			<b>\$33,950.00</b>
			<hr/>
MOA Not to Exceed:	\$30,400.00		
	<b>\$33,950.00</b>		
	<b>(including</b>		
	<b>travel)</b>		
			<hr/>

NSBSD MOA (08-22-18)

#### 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 Office.
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 Office.
5. The Contact Person must approve for payment all contract invoices and receipt documentation prior to submission for payment to the Business Office.
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 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.

_____ Chief Financial Officer	_____ Chief Financial Officer's Signature	_____ Date (mmddyy)
_____ Superintendent, NSBSD	_____ Superintendent's Signature	_____ Date (mmddyy)
_____ Contractor	_____ Contractor's Signature	<div>_____ Date (mmddyy)</div>

Routing:    ☐ Biz Mger.        ☐ Supt.        ☐ Contractor        ☐ Contact Person        ☐ Admin. Srvs. Dept.

h/sh/executive admin/MOA/MOA template 2018-2019

NSBSD-MOA (08-22-18)