Browning Public Schools Board Agenda Request Meeting To Be Held: 09/30/20						
Recognit Informat Action:		 Staff Old Business Hiring Travel In State Legal Matters 	 Parents Superintendent's Report Contract Service Agreements Approvals Other: 			
	This action request pertains to	Elementary (only)	High School/District Wide			
Date: To:	09/30/20 Board of Trustees Browning Public Schools		<u>faureen Stott</u> pecial Services Director			
Subject: Contract Service Agreement for Ardor Health Solutions, Speech/Language Pathologist Description: Recommend Ardor Health Solutions to provide Speech/Language Pathology Services for the 2020-2021 school year.						
Funding	<pre>I Impact: \$ 71,400.00 Source (Budget/grant, etc.): ent(s): Contract Service Agree</pre>		1			
	I: Superintendent's Office/Fin		able (Initial)			
Board A	ction: N/A (Info)	Approved Denied	Tabled to:			

Browning Public Schools CONTRACT SERVICE AGREEMENT (406) 338-2715 • (406) 338-3200

Date: September	22, 2020	Board Approval: <u>9/30/20</u>		
Contractor:	Ardor Health Solutions	Phone	: <u>954-510-3662</u>	
Address: 5830	Coral Ridge Drive, Suite 120	City: Coral Springs,	State FL	Zip 33076

Type of Project/Service (be specific): <u>The Speech/Language Pathologist will provide speech/language tele-therapy services</u> to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP's) and conduct IEP meetings, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance and W-9.

Contracted Dates: <u>9/30/20 to 06/11/21</u>			
Rate per hour/per day: <u>\$68.00 x 7 hrs./5 days a wk (150 days)</u>	= \$71,400.00		
Per Diem/per day: x # of Days	=		
Mileage: miles @ per mile	=		
Other costs (explain): Not to exceed total \$ amount	=		
	Total Project Cost = <u>\$71,400.00</u>		
Contract to be paid from:	Independent Contractor:		
<u>115.76.456.2152.330.611</u>	Submit invoice on completion		
	Other Submit timesheet weekly/pay monthly		

Employee:

Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

Contractor's Signature

Principal/Supervisor

65-1133176 SSN/Federal ID Number/EIN

Superintendent

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

White – Contractor

Yellow – Business Office