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# North Slope Borough School District P.O. Box 169, Utqiaġvik, 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).

Franklin Covey	Client Sales, Inc.	MOA Control #	MOA Control #					
2200 W. Parkw	ay Blvd.	Salt Lake City	Utah State	84119 Zip				
236-5291	macv.stack@fra	•	, I					
Phone #	E-mail Address:	•						
is required to he following:	old and provide a	certificate of insuranc	e that is curr	ent for the term of the				
ability Insuranc	e □ <b>₩</b> Professio	onal liability / Errors &	& Omissions					
Federal ID # Or Soc. Sec. #: Alaska Business License #								
3 Augu	st 14, 2024	□ W-9 Attached	] W-9 Attached □X W-9 Submitted Previously					
yy) End Da	ate: (mmddyy)			-				
day profes provide tr other parti students to Covey Le Provide tr	ssional developme aining and implen icipants as deemed b learn effective le ader in Me Progra aining and suppor	ent, 1-day on-going con- nentation support for l d appropriate. They we eadership skills based m. t with accessing and u	baching). Lea building staff ill support st on the evide utilizing the r	der in Me staff will c, local SAC, and aff to support nce-based Franklin resources in the on-				
	2200 W. Parkw 236-5291 Phone # is required to he following: ability Insuranc Or Sc 3 Augus yy) End Da ees Provide tr day profes provide tra other partis students to Covey Les Provide tr	2200 W. Parkway Blvd.         236-5291       macy.stack@fra         Phone #       E-mail Address:         is required to hold and provide a       following:         ability Insurance       □♥ Profession        Or Soc. Sec. #:          3       August 14, 2024         yy)       End Date: (mmddyy)         ees	2200 W. Parkway Blvd.       Salt Lake City City         236-5291       macy.stack@franklincovey.com         Phone #       E-mail Address:         is required to hold and provide a certificate of insurance following:       ability Insurance         ability Insurance       Image: Professional liability / Errors &        Or Soc. Sec. #:      Alaska Busing         3       August 14, 2024       Image: W-9 Attached         yy)       End Date: (mmddyy)         ees	2200 W. Parkway Blvd.       Salt Lake City       Utah         City       State         236-5291       macy.stack@franklincovey.com         Phone #       E-mail Address:         is required to hold and provide a certificate of insurance that is currefollowing:         ability Insurance       Image: Professional liability / Errors & Omissions          Or Soc. Sec. #:				

District Contract Pers	on:	Lori Roth	Phone #:	907-852-9	651	Ext		
Email Address:		Lori.roth@nsbsd.org	Fax:	907-313-7	867			
To: r I <u>c</u>	Agrees Reimburse CONTRACTOR for expenses directly and necessarily incurred in relation to the performance of services under this Agreement upon approval of th Director of Students Services or designee. All trainings and supports will be completed via distance. No travel expenses are associated within this MOA. Work in collaboration with Franklin Covey trainer to schedule 1 full day of sitebased training for initial/follow-up training of the Leader in Me Program							
Payment Terms: <u>N</u>	Net 3	0 days upon receipt and app	roval of Cont	tractor invoi	ce.			
Enter Account Code as:		272.200.100.000.410 100.200.220.000.410		_ Amount:	\$ 12,1	00.00		
	-			Total:	\$ 12,1	00.00		
MOA Not to Exceed:	\$	12,100.00 Budg	et Authority	Approval:				
					NS	BSD MOA (08-26-2022)		

#### 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 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 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	ance, NSBSD	Finance Director's Signature				Date (mmddyy)				
Superintendent, NSBSD Contractor			Superintendent's Signature Contractor's Signature				Date (mmddyy)			
								Date (mmddyy)		
Routing:		Dir. Fin. Srvs.		Supt		Contractor		Contact Person		Admin. Srvs. Dept.

NSBSD-MOA (08-26-22)