



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: ARCTIC FIRE & SECURITY MOA Control # _____

Address: PO BOX 221631 ANCHORAGE AK 99522
Street or POB City State Zip

907 229-4614 K.SCHOTT@AFS-AK.COM
Area Code Phone # E-mail Address:

Federal ID # 45- Or Soc. Sec. #: _____ Alaska Business License 960922
2624539 # _____

07/01/2024 07/01/2025 W-9 Attached W-9 Submitted Previously

Start Date: (mmddy) _____
End Date: (mmddy) _____

- Contractor Agrees To:
- _____AFS-SQ_1146 - NSBSD BRW HMS FA Test -2024_____
 - _____AFS-SQ_1147 - NSBSD BRW IPK FA Test -2024_____
 - _____AFS-SQ_1148 - NSBSD BRW CO2 Annex FA Test -2024_____
 - _____AFS-SQ_1149 - NSBSD BRW 12 Plex and Others FA Test -2024_____
 - _____AFS-SQ_1150 - NSBSD BRW BHS FA Test -2024_____
 - _____AFS-SQ_1151 - NSBSD KAK FA Test -2024_____
 - _____AFS-SQ_1152 - NSBSD AKP FA Test -2024_____
 - _____AFS-SQ_1153 - NSBSD ATQ FA Test -2024_____
 - _____AFS-SQ_1154 - NSBSD NUI FA Test -2024_____
 - _____AFS-SQ_1155 - NSBSD PHO FA Test -2024_____
 - _____AFS-SQ_1156 - NSBSD PIZ FA Test -2024_____
 - _____AFS-SQ_1157 - NSBSD AIN FA Test -2024_____
 - _____AFS-SQ_1158 - NSBSD IPK Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1159 - NSBSD 8 Plex Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1160 - NSBSD 12 Plex Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1161 - NSBSD Kiita Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1162 - NSBSD BHS Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1163 - NSBSD PIZ Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1164 - NSBSD NUI Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1165 - NSBSD PHO Dialer Acct Renew 2024-25_____
 - _____AFS-SQ_1166 - NSBSD AKP Dialer Acct Renew 2024-25_____

District Contract Person: Blake Mikesell Phone #: _____ Ext _____
Email Address: blake.mikesell@nsbsd.org Fax: _____

District Agrees To: District will provide lodging if none is available in the villages only. District will provide village transportation.

Payment Terms: Net 30

Enter Account Code as	Account #:	_____	Amount	<u>\$194,200.00</u>
			Total:	<u>\$194,200.00</u>
	\$194,200.00			

MOA Not to Exceed: _____ Budget Authority Approval: _____

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 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 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 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.
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	Business Manager's Signature	Date (mmddyy)
Superintendent, NSBSD	Superintendent's Signature	Date (mmddyy)
Contractor	Contractor's Signature	Date (mmddyy)

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

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

NSBSD-MOA (08-22-18)