



Duluth Public Schools
 Special Services Department
 709 Portia Johnson Drive, Duluth, MN 55802
 218-336-8740

INDIVIDUAL OR AGENCY – Purchase of services

This consultant Agreement is by and between Duluth Public Schools and the Agency or Individual(s) named. Services to be provided and other details have been listed below.

Name / Agency: Itasca Area Schools Collaborative

Address: 101 1st Ave NE, PO Box 307 Deer River, MN 56636

Telephone #(s): _____

Social Security or Federal ID Number: _____ W-9 Must be Attached

Description of Service To be Performed: .2 FTE of Julie Venus for Assistive Technology Services

Population to be Served: Region 3

Location of Service: Variety of Districts

Required Qualification: MN Special Education License File Folder if Needed: 396826

Date(s) of Services: 2024-2025 School Year

Rate of Pay: .2 FTE, \$56.93 per hour. Estimated Salary and Benefits is \$35,421.07.

Invoicing Procedures: Duluth Public Schools will send invoices twice per year.

Cancellation Requirements: Organization reserves the right to cancel this agreement due to severe weather or low enrollment. In either case, the organization assumes no financial obligation for this agreement.

Relationship: The parties hereto are independent contractors. Nothing in this Agreement shall be understood or construed to create or imply any relationship between the parties in the nature of any joint venture, employer/employee, principal/agent or partnership. The provider shall not become an employee of the Agency (NLC) by acting under this Agreement and the provider shall be responsible for the payment of any taxes, fees or costs resulting from the above compensation. If the compensation reaches \$600 or more, a 1099 will be issued to this provider at the end of the calendar year.

Miscellaneous: This Agreement shall be governed by and construed exclusively in accordance with the laws of the State of MN. This Agreement may not be assigned without the written consent of the other part. Any copy of this document shall be considered to have the binding and legal effect of an original document.

SIGNATURES

IASC _____ Date _____ Duluth Public Schools - Director of Special Education 6-4-24 Date

James Guil _____ Date 6/17/24

Duluth Public Schools - CFO _____ Date _____

01 E 005 420 740 143 000

A. Park 6/17/24