

P.O. Box 1330
675 Second Street
Cordova, AK 99574



(T) 907-424-3265
(F) 907-424-3271
www.cordovasd.org

CONTRACT SERVICE AGREEMENT

BOARD APPROVED (Date): _____ PROGRAM/DEPT.: Special Education

FUNDING SOURCE (Code): 280.500.220.000.410 Funding Allocation: 100%

FUNDING SOURCE (Code): _____ Funding Allocation: _____ %

CSA Number

FY19-002

PLEASE INCLUDE ON
ALL INVOICES

CONTRACTING BUSINESS NAME: Kidability Physical Therapy, LLC

PRIMARY CONTACT INFORMATION

NAME: Kristin Bacon TITLE/POSITION: Independent Consultant

E-MAIL: kidabilitypt@gmail.com PHONE: _____

ADDRESS: PO Box 521504 CITY: Big Lake STATE: AK ZIP: 99652

DESCRIPTION OF SERVICES TO BE PROVIDED

1. As appropriate, individualized therapy with Elementary and Jr.-Sr. High School students as specified in Individualized Educational Programs (IEP)
2. Consultations with the students' parents and/or teachers, as appropriate
3. The aforementioned therapy and consultation will occur on site at the Elementary and Jr.-Sr. High Schools one time per month during the 2018-2019 School Year

*See page 2 for additional considerations

CONTRACT SCOPE AND CONSIDERATIONS

Rate:	<u>\$1,000/day x 18 days</u>	=	<u>\$ 18,000</u>
Travel:	<u>--</u>	=	<u>\$ --</u>
Per Diem:	<u>--</u>	=	<u>\$ --</u>
Other:	<u>\$800/day x up to 6 days (Reports)</u>	=	<u>\$ 4,800</u>

The MAXIMUM AMOUNT authorized by this agreement is: \$ 22,800**

Payment will be made upon receipt of approved invoice(s). Reference MOA # on all invoices. Expenses will be reimbursed based upon actual third-party documentation.

PAYMENT OF TAXES – As a condition of performance of this contract, the contractor shall pay all Federal, State, and Local taxes incurred by the contractor, sub-contractor, or other person or persons associated with the performance of this contract.

CONTRACT PERIOD COVERED: July 1, 2018 through June 30, 2019

Contractor Signature

Date

Superintendent Signature

Date

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PAGE 2

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DESCRIPTION OF SERVICES TO BE PROVIDED (continued from PAGE 1)

4. Participation in the development of applicable IEP goals and objectives as determined necessary by the student's Multi-disciplinary Team. This service may be provided through telephone consultation, as arranged.
5. Completion of necessary documentation of services for inclusion in the student's school record.
6. Flight arrangements will be made and tickets purchased by Kristin Bacon.
7. Billing for services and expenses will be submitted monthly.
8. In the event Kristin Bacon is not available to complete this contract, she will make arrangements to fulfill the remainder of this contract.
9. Current certification and liability coverage will be provided to the District.

Cordova School District agrees to provide the following:

1. Coordination and scheduling of parent and student participation as specified by Kristin Bacon.
2. Appropriate space for confidential therapy sessions.
3. Compensation for the aforementioned services at a rate of \$1000.00 per day, all inclusive (evaluations, telephone consults, meals).
4. Transportation (airfare & shuttle), lodging (when necessary), mileage reimbursement (\$0.50/mile), and related costs (parking at Anchorage airport) will be reimbursed at cost.

This Contract Service Agreement is for the 2018-2019 School Year and can be modified only with consent of both parties. Furthermore, either party may cancel this agreement with 30 days written notice.

****Should the Maximum Amount authorized by this agreement be reached and additional services be needed, the Superintendent and Service Provider shall meet to amend the contract in order to meet the needs of the District.**

Contractor Signature

Date

Superintendent Signature

Date