



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: DJZ, LLC (Donald Zanoff) MOA Control # _____

Address: 105 South 5th Street Livingston MT 59047
Street or POB City State Zip

907 852-3768
406 223-6521 dzanoff@yahoo.com
Area Code Phone # E-mail Address

Federal ID # _____ Or Soc. Sec. #: _____ Alaska Business License # 972976

July 1, June 30, W-9 *W-9 Submitted
2020 2021 Attached Previously
Start Date: End Date:
(mmddyy) (mmddyy)

Contractor Agrees To: Administer and complete initial speech evaluations, re-evaluations, or file reviews for student(s) with speech/language concerns or needs. Attend and submit evaluation report(s) to the district as per state and federal guidelines. Maintain on-going contact with Student Services Staff to support the parent, student, during program implementation. Transfer speech/language assessment data or information to the ESER/IEP thru the district supported SPED web-based system. Participate, on-site or distance, federally mandated meetings such as the pre-assessment planning, 90-day transition, initial evaluation, re-evaluation meetings, and ESER/IEP meetings, as needed.

Support the SPED teacher to develop annual speech/language goals, objectives, and accommodations based on student's need(s).

Provide speech/language training and consultation to teachers and paraprofessionals thru on-site and distance delivery with program implementation and materials development.

Collaborate with the Student Services Office to develop processes, procedures, and possible Board Policy for the implementation of distance related services.

Complete quarterly contact sheets, parent contact logs, site visit/contact report, and quarterly progress reports as required by state law, federal law, and the Student Services office. Maintain contact with case managers, related service staff, and Director of Student Services, as appropriate.

As per state and federal law, support the SPED teacher in completing the required COSF (Child Outcome Summary Form) for pre-school students eligible for special education or speech services.

Support special education teachers with hearing screenings for special education students, as required by law, for initial referrals and re-evaluations.

Maintain confidentiality of student(s) information and NSBSD as per NSBSD Board Policy, state and federal laws.

Upon request, complete a district-requested background check. Disclose the Office of Student Services of any disbarment or AK licensing issues.

Coordinate with school staff dates of travel to NSBSD schools/sites to ensure all the necessary student evaluations are completed on time and services to students are provided as outlined in the IEP. Submit the travel schedule to the office of Student Service at least 3 weeks in advance.

Provide NSBSD detailed invoices outlining days worked by date reflecting office, distance, and on-site support.

Provide continued support and services to eligible students at Ipalook Elementary School, Hopson Middle School, Barrow High School, Kiita Learning Community, Meade River School, Alak School.

During the ESY period, if students qualify.

Contractor Agrees To:

Provide direct services to students in Barrow as outlined in the respective student's Extended School Year IEP.

Assist with the coordination of ESY programs in the Utqiagvik area (pre-K thru 12)

Provide NSBSD detailed invoices outlining days worked by date reflecting office, distance, and on-site support.

Keep records of student's attendance and progress during the ESY period and provide a summary report to the office of the Director of Students Services.

District Contract Person:

Lori Roth

Phone #: **907-852-9651** Ext: _____

Email Address:

Lori.Roth@nsbsd.org

Fax: _____

District Agrees To:

Reimburse CONTRACTOR for expenses directly and necessarily incurred in relation to the performance of service under this Agreement upon approval of the Director of Students Services. Travel expenses will include the cost incurred by the CONTRACTOR to travel from Utqiagvik, Alaska to Wainwright and Atqasuk, Alaska. Hotel fees accrued during travel must be pre-approved by Director of Student Services on an individual basis.

Provide 2 tickets from Bozeman, MT to Utqiagvik, Alaska. NSBSD reserves the right to purchase or use airline miles.

Travel expenses not to exceed **\$7,000.00**. Any change fee incurred that is not made at the direction or request of the District shall be at the expense of the Contractor.

NSBSD will provide lodging in Barrow and assigned NSBSD villages during travel.

Pay the contractor **\$700** per day for up to **190 days** of professional services

(up to 170 days based on the Board-approved district calendar for FY21 school year. If needed, based on student enrollment, up to 20 days; ten (10) August 2020 and ten (10) in May/June 2021, for ESY program.

Payment Terms: Net 30 days upon receipt and approval of Contractor invoice.

Enter Account Code as	Account #:	(1)285.200.220.000.410	Amount	Up to 133,000.00
		(2)100.200.220.000.410		
			Total:	Up to \$ 133,000.00
MOA Not to Exceed:	\$ 140,000.00	Budget Authority Approval:		
	<small>(including travel expenses)</small>			

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