



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: More Than Words MOA Control # _____
Elizabeth (Edna) Nyang

Address: 1810 E Sahara Avenue, #124 Las Vegas Nevada 89104
Street or POB City State Zip

(240) 277-1345 elizabethslp@gmail.com
Area Code Phone # E-mail Address

The contractor is required to hold and provide a certificate of insurance that is current for the term of the contract for the following:

X General Liability Insurance X Professional liability / Errors & Omissions

Federal ID # _____ Or Soc. Sec. #: _____ Alaska Business License # 2158527

August 15, 2023 June 1, 2024 *W-9 W-9 Submitted
Start Date: End Date: Attached Previously
(mmddy) (mmddy)

Contractor Agrees To: Administer and complete initial speech evaluations, re-evaluations, or file reviews for student(s) with speech/language concerns or needs. Maintain on-going contact with Student Services Staff to support the parent and student during program development and implementation.

Transfer speech/language assessment data to the ESER/IEP thru the district web-based system. Participate on-site or via distance in federally mandated pre-assessment planning meetings, 90-day transition meetings, initial evaluation meetings, re-evaluation meetings, IEP meetings, as needed.

Provide continued support and services to eligible students at Kali School, Alak School, Meade River School. School sites may change based on student and NSBSD needs.

Support the SPED teachers with the development and interpretation of annual speech/language goals and objectives. Collaborate to ensure services and student evaluations are completed on time as outlined in the IEP.

Provide speech/language training and consultation to teachers and paraprofessionals for program implementation, technology support, and materials development.

Upon request, collaborate with the Student Services Office to develop processes, procedures, and possible Board Policy for the implement distance related services. Complete quarterly progress reports as required by state and federal law. Maintain contact with case managers, related service staff, and Director of Student Services,

as appropriate.

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

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

Coordinate with school staff and the Student Services Office to develop a schedule for up to 2 on-site trips (up to one each semester) and remote service delivery. Submit a proposed travel schedule to the office of Student Service at least 3 weeks in advance to ensure minimal on-site conflicts.

Upon request, complete and submit a background check. Disclose to the Student Services Office of any disbarment or AK licensing issues. Maintain up to date insurance, AK Business License, speech/language therapy license.

Notify the case manager and the Student Services Office if services are unable to be provided as scheduled. For planned time off, alternative services delivery options are to be provided to the SPED staff or make up services are to be scheduled.

Provide NSBSD monthly invoices outlining days worked by date.

Contractor agrees to have the technology necessary to implement the required activities of this MOA.

It is the responsibility of the contractor to monitor workdays and work within the timeline of the approved contract. Contract days are to extend from students first day of school through the end of the school year based on the NSBSD Board approved calendar.

Purchase 3-week in advance travel from Sitka or Haines, Alaska to Utqiagvik as necessary during the course of this Agreement.

District Contract Person:	Lori Roth	Phone #:	907-852-9651	Ext:	_____
Email Address:	Lori.Roth@nsbsd.org	Fax:	_____		_____

District Agrees To: Reimburse approved travel expenses incurred by the CONTRACTOR (airfare, hotels) to travel from Las Vegas, Nevada to NSBSD villages as outlined in this Agreement.

Contractors will reserve and purchase all travel necessary to fulfill this agreement. Travel expenses will include the cost incurred by the CONTRACTOR to travel from Las Vegas, Nevada to Utqiagvik, Alaska to Point Kay, Atqasuk, and Wainright. Hotel reservations may be made by NSBSD but paid for by the Contractor. Travel expenses not to exceed **\$5,000.00**. Change fees shall be paid if changes are made at the direction or request of the district.

Provide lodging, whenever possible, in Utqiagvik and NSBSD villages.

Pay the contractor **\$675** per day for up to **71 days** of professional services for Kali School, Alak School, and Meade Rover School.

Payment Terms:	Net 30 days upon receipt and approval of Contractor invoice.		
Enter Account Code as	Account #:	285.200.220.000.410 100.200.220.000.410	Amount \$ 47,925.00
MOA Not to Exceed:	\$ 52,925 (including travel expenses)	Budget Authority Approval:	Total: \$ 52,925.00

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 Office.
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 Office.
5. The Contact Person must approve for payment all contract invoices and receipt documentation prior to submission for payment to the Business Office.
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 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.

_____ Chief Financial Officer	_____ Chief Financial Officer'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