



**North Slope Borough School District**  
P.O. Box 169, Utqiagvik, AK 99723

**Memorandum of Agreement**

(An MOA for \$10,000.00 or more must be approved by the School Board prior to the start of contract. In a fiscal year, an MOA to the same contractor, totaling \$10,000.00 or more, must be approved by the School board prior to start of the contract).

Contractor: TeleTalk Therapy, LLC MOA Control # \_\_\_\_\_

Address: 38 Mablin Avenue North Andover MA 01845  
City State Zip

860 462-3142 speechtherapy@teletalktherapy.org

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:

☒ General Liability Insurance ☒ Professional liability / Errors & Omissions

Federal ID # \_\_\_\_\_ Or Soc. Sec. #: \_\_\_\_\_ Alaska Business License # 10175954

November 28, 2022 May 12, 2022 ☒ W-9 Attached ☐ W-9 Submitted Previously

Start Date: (mmddyy) End Date: (mmddyy)

Contractor Agrees To: Conduct pre and post screenings and data collection throughout the year. The initial The screener will be used to identify the areas in which the majority of students would benefit from extra instruction. In addition, results of the screen will help to identify compatible groups.

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Provide remote small and/or whole group lessons via a teletherapy model with a licensed speech language pathologist. Alaska Certification will be provided.

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Quarterly progress reports will be completed and submitted to the district to determine student language growth and effectiveness of the intervention.

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For on-going intervention support, classroom teachers will receive a carryover activity, clearly defined directions for the activity, and consultation as needed.

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The speech therapist will work with the classroom teachers or site contact to establish group that work well within the site (small groups rotating through as centers, or whole group etc.).

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TeleTalk will provide an end of the year report clearly identifying individual student progress. A pre- and post- survey/ checklist will be provided to classroom teachers to determine their increased knowledge and comfort for delivering language-based interventions.

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Provide 7 lessons per week to Ipalook Elementary School (2), Kali School (1), Nuiqsut Trapper (1), Tikigaq School (1), Alak School (1), and Harold Kaveolook School (1)

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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, W-9, AK Business License, AK speech/language therapy license.

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

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Provide NSBSD monthly invoices outlining days worked by date.

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District Contract Person: Lori Roth Phone #: 907-852-9500 Ext 9651  
Email Address: Lori.roth@nsbsd.org Fax:

District Agrees To: Provide contact information and a site contact for scheduling and logistical support.

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No travel is associated with this MOA. All services will be provided via teletherapy.

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Pay the contractor **\$23,400.00 for 7 lessons per week** Ipalook Elementary School (3 hours/wk.), Kali School (45 min/wk.), Nuiqsut Trapper (1 hour/wk.), Tikigaq School (1 hour/wk.), Alak School (45 min/wk.), Harold Kaveolook School (45 min/wk.) for professional services. Service dates will begin based on approval of this MOA and continue through May 12, 2023.

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

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Enter Account Code as: 286.200.220.000.410 (primary) Amount: \$23,400.00  
285.200.220.000.410

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MOA Not to Exceed: \$23,400.00 Total: \$23,400.00  
Budget Authority Approval:

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NSBSD MOA (08-26-2022)

## 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 Director of Finance or their designee.
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 District Contact will be responsible for obtaining the contractor's signature and submitting the original MOA to the Director of Finance or their designee
5. The District Contact must approve for payment all contract invoices and receipt documentation prior to submission for payment to the Director of Finance or their designee.
6. When the MOA involves travel paid by the NSBSD; a 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.

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Director of Finance, NSBSD

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Finance Director's Signature

\_\_\_\_\_  
Date (mmddyy)

\_\_\_\_\_  
Superintendent, NSBSD

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date (mmddyy)

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date (mmddyy)

Routing:    ☐ Dir. Fin. Svcs.    ☐ Supt    ☐ Contractor    ☐ Contact Person    ☐ Admin. Svcs. Dept.

NSBSD-MOA (08-26-22)