

North Slope Borough School District
P.O. Box 169, Barrow, 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: **Commini Contracting (Roseanna Commini)** MOA Control # _____

Address: 20567 Pine Crest Ln. Eagle River, AK 99577
Street or POB City State Zip

(615) 418-2580 rmcommini@gmail.com
Area Code Phone # E-mail Address:

Federal ID # _____ Or Soc. Sec. #: _____ Alaska Business License # 1052386

July 1, 2017 June 30, 2018 W-9 Attached W-9 Submitted Previously

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

Contractor Agrees To: Provide school psychology services including but not limited to screenings, assessments, and evaluations of students with special education needs in compliance with the federal and state regulations.
Take the lead for planning a pre-assessment or 90-day transition meeting for new referrals and re-evaluations in collaboration with the necessary NSBSD staff.
Attend as necessary and provide information for ESER and/or IEP.
Maintain the confidentiality of the identified student(s) and NSBSD as per state and federal laws.
Provide staff training and support, as appropriate.
Complete evaluation reports, Child Outcome Summary report, and other related documents as necessary. Transfer information from the evaluation report to ESER forms in district supported SPED web-based system (ex GoalView).
Provide assistance in the development of Functional Behavior Assessment and Behavior Intervention Plan for students as it is necessary. Provide support in the manifestation determination as a result of disciplinary actions sanctioned to students.
Notify the office of the Director of Students Services on the itinerary prior to any travel to the district is made.
Provide inter-agency support and linkages for accessible materials and resources.
Provide NSBSD detailed invoices outlining days worked by date reflecting office, distance, and on-site support.

District Contract Person: Lori Roth Phone #: 907-852- Ext 4636
 9636
 Email Address: Lori.Roth@nsbsd.org Fax: _____

District Agrees To: Purchase or 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 expense reimbursement will include the cost incurred by the CONTRACTOR to travel from Anchorage, Alaska to Barrow, Alaska as necessary during the course of this Agreement.
Provide lodging, whenever possible, in Barrow and NSBSD villages.
Assist with the purchasing of 3-week advance airline tickets from Anchorage, Alaska to Barrow, Alaska and for inter-village travel in the North Slope. NSBSD reserved the right to purchase or use airline miles. Travel expenses not to exceed \$9,900.00. Change fees shall be paid if changes are made at the direction or request of the District.
Pay the contractor \$700.00 per day for up to 100 days of professional services.

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

Enter Account Code as	Account #:	285.200.220..410 (50 days)	Amount	Up to \$35,000.00
		100.200.220..410 (50 days)		Up to \$35,000.00
			Total:	Up to \$70,000.00

MOA Not to Exceed: \$79,900.00 Budget Authority Approval: _____
(including travel expenses)

NSBSD MOA (07-08-15)

A – GENERAL INFORMATION

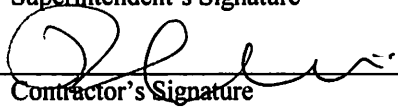
1. All associated costs, not limited to fees and reimbursable, must be included in the MOA. All MOAs for more than \$10,000 require prior School Board approval before Contractor provides any service.
2. The account to be charged must be determined and approved by the individual with budget authority prior to submission of the MOA to the Director of Financial Services – Gregory Stone.
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 Director of Financial Services – Gregory Stone.
5. The Contact Person must approve for payment all contract invoices and receipt documentation prior to submission for payment to the Director of Financial Service – Gregory Stone.
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 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.

Director of Financial Services	Financial Service Director's Signature	Date (mmddyy)
Superintendent, NSBSD	Superintendent's Signature	Date (mmddyy)
<i>Roseanna Cammi</i>		<i>4/29/2017</i>
Contractor	Contractor's Signature	Date (mmddyy)

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