

* **Provider's Name:** Communication Services for the Deaf, Inc. (CSD)

* **Address:** 200 West Cesar Chavez, Suite 650

* **City:** Austin

State: TX

Zip: 78701

* **Social Security Number/ Tax ID Number:** on file

* **Services:** The individual(s) and/or company listed above will agree to perform the following services for PANDA Minnesota Adult Basic Education Supplemental Service Provider.

* **Class Description and/or Service:** Communication Services for the Deaf (CSD) will provide instruction for Deaf ABE classes at Faribault Public Schools ABE, 201 South Lyndale Ave., Suite A, -in collaboration with the Fairbault, MN, 55021, Adult Basic Education program as detailed in a separate agreement signed between CSD and Fairbault ABE, dated November 10, 2014. PANDA's Supplemental Services grant will cover all expenses related to the startup and implementation of this class including such expenses as: salary/benefits for the instructor(s) their mileage to/from the site, administrator time and mileage for site visits, advertising, outreach and recruitment expenses and instructional materials.

CSD will provide PANDA with details as to all expenses incurred including names and relevant details on Instructor(s) hired for the class, including salary/benefits they have contracted for with the instructor and the hours worked as well as information on administrator salary/benefits and hours allocated to the project.. Receipts will be provided for any materials purchased or other expenses incurred for which reimbursement is requested. These details/receipts are required to cover all amounts dispersed including expenses covered by the upfront payment.

***Start Date:** November 10, 2014

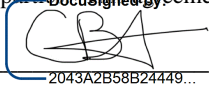
* **Date Completed:** June 30, 2015

* **Payments:** PANDA Minnesota Adult Basic Education Supplemental Service Provider will make payments for the services provided on the following terms – 20% (\$3,000) upfront with reimbursement, per monthly detailed invoice from CSD, for actual costs incurred thereafter.

Total Contracted Amount: Not to exceed \$15,000

Independent Contractor: The provider and the District acknowledge and agree that the Provider is performing services under this agreement as a contractor, not as an employee of the District. The Provider and the District further understand and agree that the District for income tax, unemployment compensation, social security or worker's compensation shall make no deductions, withholdings or contributions.

Terms of Agreement: This agreement is effective upon the signature of both parties and constitutes the entire agreement between the Provider and the District. Modifications to this agreement can only be made by the approval and signature of authorized District personnel. The District reserves the right to cancel this agreement upon untimely or incomplete delivery of services by the Provider or insufficient course enrollment (if applicable). The Provider agrees by their signature that they will not market their services or products in the execution of this agreement. This agreement must be renewed annually and agreed to by both parties. This agreement may be dissolved by either party with a thirty (30) day prior written notice.

Service Provider's Signature:  **Date:** 11/11/2014
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Requester's Signature: _____ **Date:** _____

District's Authorized Signature: _____ **Date:** _____