



SERVICE PROVIDER AGREEMENT BLOOMINGTON PUBLIC SCHOOLS # 271

* **Provider's Name:** Communication Services for the Deaf of Minnesota (CSD)

* **Address:** 2800 Rice Street, #154

* **City:** St. Paul

State: MN

Zip: 55113

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

W9 on file?

(Required by IRS for anyone providing a service to the district)

* **Background Check:** Is there a background check on file in HR? N/A (If no contact HR)

* **Services:** The individual(s) and/or company listed above will agree to perform the following services for Bloomington Public Schools.

* **Class Description and/or Service:** Communication Services for the Deaf (CSD) will provide instructors for Deaf ABE classes at CEC (2575 W 88th Street, Bloomington) in collaboration with the Metro South ABE/Learning Exchange program. CSD will provide all intake, enrollment and testing of students; instructional materials and supplies; training and supervision of staff and volunteers. CSD staff and volunteers will follow all the guidelines and policies required by MDE for Adult Basic Education. CSD will retain all student records and keep them confidential in accordance with MDE ABE policy. CSD will inform Metro South ABE/Learning Exchange of changes in their classroom schedule. CSD will provide Metro South ABE/Learning Exchange with demographic student information and attendance hours if needed for Learning Exchange Adults with Disabilities reports. Metro South ABE/Learning Exchange will provide classroom space in Room 309 for evening classes (Tuesday and Thursday, 6:00-8:45 p.m.). CSD staff will have access to the classroom space one hour prior to the start of class. Metro South ABE/Learning Exchange will also provide access to computers and maintenance of computers in addition to access to a copy machine. Metro South ABE/Learning Exchange will refer potential students and volunteers to CSD.

* **Start Date:** September 1, 2014

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

Payments: The District will make payments for the services provided on the following terms – N/A

Total Contracted Amount: N/A

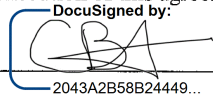
Independent Contractor: The provider and the District acknowledge and agree that the Provider is performing services under this agreement as a contractor, not as an employee of the District. The Provider and the District further understand and agree that the District for income tax, unemployment compensation, 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 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.

Insurance shall be provided by Communication Service for the Deaf of Minnesota in the type and amount required by the Insurance Agent of Record for Independent School District No. 271 which names said school district as co-insured.

The District reserves the right to cancel this agreement at any time giving a 30 days notice. The Provider agrees by their signature that they will not market their services or products in the execution of this agreement.

Service Provider's Signature:  **Date:** 11/5/2014
DocuSigned by: 2043A2B58B24449...

REQUEST FOR CHECK: N/A

Amount To Be Paid For Services Completed: \$ _____ N/A _____

Budget Code: _____ - _____ - _____ - _____ - _____ \$ _____

Budget Code: _____ - _____ - _____ - _____ - _____ \$ _____

Special Check Distribution Instructions, if any: _____

I hereby certify that there are sufficient funds available in this account to cover this request for payment. Under the penalties of perjury, I declare this to be a true and correct statement of claim against Bloomington Public Schools, and that no part of it has been paid.

Requester's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____