

SYLVAN UNION SCHOOL DISTRICT

605 SYLVAN AVENUE + MODESTO, CA 95350

(209) 574-5000 + FAX: (209) 524-2672

**Service Agreement**

A purchase order must accompany agreement.

This agreement, by and between the Sylvan Union School District, hereinafter referred to as District, and the following entity, hereinafter referred to as Contractor, is for the services as specified and is subject to the conditions below.

Contractor Name: The Gift of Speech
Contractor Address: 4719 Quail Lakes Dr., #G240
Stockton, CA 95207
Contractor Representative: Kara Ulricksen
Contractor Phone: (209) 952- 2588

**Description of Service to
be Provided by Contractor:**

Service dates: From: January 14, 2019 To: May 24, 2019

Termination: Unless other arrangements are stated under other provisions, this agreement may be terminated by the District at its sole discretion, upon thirty-day advance written notice thereof the Contractor, or cancelled immediately by mutual written consent.

Independent Contractor Status The District and the Contractor are two independent entities and the contract is not intended to and shall not be construed to create the relationship of agent, employee, partner, or joint venture.

School District's Obligation In consideration of Contractor's provision of service(s) as described in the Description of Services and subject to the payment limit expressed herein, the District shall pay Contractor, upon documented evidence of completion of service(s), per billing cycle with receipt of invoice and required documents(if stated under Other Provisions.)

Contractor's Obligation The Contractor shall provide service(s) as described in the Description of Services hereto and incorporated herein by reference.

Indemnification The Contractor shall defend, save harmless and indemnify the District and its officers and employees from all liabilities and claims for damages for death, sickness or injury to persons or property, or including without limitation, all consequential damage, from any cause whatsoever arising from or connected with the operations or the services of the Contractor hereunder, resulting from the conduct, negligent or otherwise, of the Contractor, its agents or employees.

Tax Reporting/Payment Responsibilities The District shall provide an annual statement of compensation paid on the appropriate federal and state tax forms. The Contractor is responsible for payment of any federal and or state tax amounts due.

Anticipate Costs:

Other Provisions: A W-9 form is attached and required for payment.

Signatures:_____
Sylvan School District Administrator_____
Date_____
Contractor_____
Date

The Gift of Speech

A Professional Speech-Language
Pathology Corporation

October 19, 2018

Contractor: The Gift of Speech, a Professional Speech-Language Pathology Corporation

District: Sylvan Union School District

RE: Proposed P.O. for 2018-2019 Fiscal School Year (January 14 – May 24)

Description: CONTRACOR will work according to DISTRICT student calendar at 100% - licensed speech-language pathologist, one-hundred-dollars (\$100.00) per hour.

Equation: (SLP) 18 weeks X 40 hours/week = 720 hours X 100.00/hour = \$72,000.00

Proposal: Total P.O. not to exceed = \$72,000.00

Mailing Address:

4719 Quail Lakes Dr., #G240
Stockton, CA 95207

Physical Address:

3031 W. March Ln., Ste. 1175
Stockton, CA 95219

P 209.952.2588

F 209.952.2544