DEPARTMENT OF SPECIAL SERVICES TOWNSHIP OF UNION PUBLIC SCHOOLS M-E-M-O-R-A-N-D-U-M

TO:

Pat Ditri

From:

Kim Conti

Re:

Board Agenda

Date:

November 1, 2013

Please place the following on the board agenda.

The committee recommends and I so move that approval be given to The Morris Union Jointure Commission to do Augmentative and Alternative Communication Evaluations at the rate of \$315 per hour for the 2013-2014 school year. Not to exceed \$5,000.00 (Account #11-000-219-320-01-19)

MORRIS-UNION JOINTURE COMMISSION 340 Central Avenue New Providence, NJ 07974 (908) 464-7625 FAX (908) 464-1244

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SERVICES CONTRACT 2013-2014 SCHOOL YEAR

Superintendent of Schools (If required by requesting district)	Date	(If required by requesting district)
Director of Special Services	Date	School Business Administrator Date
may charge an additional fee for travel. To the fullest extent permitted by law, to Commission, its officials, employees, are including but not limited to reasonable this Agreement or the provision of servit however, shall not include any claim can intentional wrongdoing of the Commission contributing negligence, willful miscondits officials, employees, or agents. In the misconduct is adjudicated against Sender	the Sending nd agents fro attorneys' for its becaused by or its official duct or interne event conding District	District shall indemnify and hold harmless the om and against all claims, damages, and expenses, ees, arising from, in connection with, or as a result of der. This indemnification and hold harmless provision, resulting from the negligence, willful misconduct or ials, employees, and/or agents without any attional wrongdoing on the part of the Sending District, tributory negligence, intentional wrongdoing, or willful a Sending District's indemnification obligation he negligence attributed to Sending District by the
Please include any additional in		below:
\$315/Hour		\$390/Hour
Member District		Non-Member District
COST FACTOR		
Contact Person:		Phone:
Sending District:		School:
Student:		D.O.B.: