

E-4

DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools
M - E - M - O - R - A - N - D - U - M

TO: Gregory Tatum

C: Diane Cappiello
Julia Vicidomini

FROM: Latesha Jenkins 

RE: Board Agenda

DATE: 7/11/18

Approve teachers employed through Children's Hospital of Philadelphia, 3401 Civic Center Boulevard, Philadelphia, PA 19104 (CHOP) to provide bedside instruction for district students on an "as needed" basis for the school year 2018-2019 in the amount not to exceed \$2,500.00 in accordance with the information in the hands of each board member. (7693-11-150-100-320-01-19)

**GUARANTEE OF PAYMENT AGREEMENT
FOR HOSPITAL SCHOOL SERVICES
2018-2019 SCHOOL YEAR**

Institution: CHILDREN'S HOSPITAL OF PHILADELPHIA
SCHOOL PROGRAM
3401 CIVIC CENTER BOULEVARD
PHILADELPHIA, PA 19104
215-590-2001

Student: Students of the Township of Union Public Schools who admit to Children's Hospital of Philadelphia, as needed between July 17, 2018 and June 2019

District / Name and Title of Party Township of Union Public Schools

Responsible For Payment: Gregory Brennan, School Business Administrator

Rate and Conditions:

- \$56.57/hour per eligible day of service. Student will be offered up to **2 hours** of instruction per day, for a maximum of up to **10 hours per week**.
- If instructional time is missed, teaching staff will attempt to make up this missed time within the same calendar month.
- In order to meet the current educational needs of the student, additional services may be needed in order for the teacher to provide relevant instruction and documentation for the school. These services may include observation(s), assessment/testing, and/or school meeting(s) and will be billed at the same hourly rate as instructional time.
- All invoices submitted by CHOP shall be paid within thirty (30) days of their submission date.
- The Children's Hospital of Philadelphia will retain educational materials until 9/1/19.

Signature of Party Authorized and Responsible For Payment:	_____ Signature	_____ Date
Print Name and Title		

Please sign and send immediately to: CHOPschoolbilling@email.chop.edu
fax: 215-590-0992