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EDUCATION SERVICE CENTER REGION 13

LETTER OF AGREEMENT

Letter of Agreement between the Education Service Center Region 13 (Contractor) and **isdname ISD** LEA/SSA (Contractee)

School Year: **September 1, 2014, to August 31, 2015** Program: **Noneducation**
 Amount: \$ **totalamt.00**

Services: Region 13 agrees to pay **isdname ISD** LEA/SSA a sum not to exceed \$ **totalamt.00** during the project period beginning **September 1, 2014**, and ending no later than **August 31, 2015**.

The purpose of these funds is to provide services as described within this agreement. The Contractee is approved for specific amounts per service. The Contractee provides the services as approved and requests reimbursement from Education Service Center Region 13.

Recipient: **studentname**

BUDGETING AND ACCOUNTING CONDITIONS: Total reimbursement to Contractee shall not exceed \$ **totalamt.00** Changes to an approved AMOUNT per SERVICE CODE in the Program Plan (page 2 of this agreement) must be approved in advance by submitting an Amendment Request (page 3 of this agreement).

In order to provide the approved service(s), the Contractee may transfer funds between account object codes (e.g., 6200 Professional and Contacted Services to 6100 Payroll Costs) without prior approval. These funds may be used for all costs associated with payroll such as salary and benefits. These funds must not be used to assist an employee or independent contractor/vendor in paying for any required application expenses, e.g., background checks or fingerprinting if required by the Contractee.

All funds must be accounted for in the official accounting records of the Contractee. All funds must be budgeted, expended, and reported in accordance with TEA Financial Accountability System Resource Guide. Expenditures must occur after the beginning date and prior to the ending date of this Letter of Agreement.

DISBURSEMENT OF FUNDS: Funds do not flow upfront to the Contractee. The Contractee selects the service provider(s), funds the approved services, and requests reimbursement from Contractor.

REIMBURSEMENT REPORTS: The Contractee should submit a reimbursement request at the end of the fall semester and again at the end of August using the Expenditure Reimbursement Report. The Contractee may submit expenditure reimbursement reports more frequently. The Expenditure Reimbursement Report must reflect actual expenditures by Service Code as listed in the Program Plan OR Amendment Request. The report must be signed by the superintendent, business manager, or designee.

DUE DATE: The Final Expenditure Report for this student, with original signature, must be submitted to Region 13 by **September 8, 2015**. Services may need to end prior to August 31 to allow time for the Contractee to make payments to vendors and/or employees and still meet the reimbursement request deadline of September 8, 2015. **Failure to meet the September 8, 2015, deadline precludes reimbursement by Region 13.**

RECORDS: Financial records are to be maintained for seven years from the end of the project and are subject to audit by the Contractor and by the Texas Education Agency. Audit exceptions are the responsibility of the Contractee.

EDUCATION SERVICE CENTER REGION 13

Recipient: studentname

PROGRAM PLAN

Below see the services to be provided to the identified student through this Letter of Agreement. Services rendered must relate directly to the approved service code, e.g., respite care, family dynamics training.

Service Code	Amount Approved	Service Code	Amount Approved
1. Respite Care	<input checked="" type="checkbox"/> \$ totalamt.00	7. Family Support	<input type="checkbox"/> \$
2. Attendant Care	<input type="checkbox"/>	8. Family Dynamics Training	<input type="checkbox"/>
3. Psychiatric/Psychological	<input type="checkbox"/>	9. Generalization Training	<input type="checkbox"/>
4. Management of Leisure Time	<input type="checkbox"/>	10. Peer Support Group	<input type="checkbox"/>
5. Socialization Training	<input type="checkbox"/>	11. Parent Support Group	<input type="checkbox"/>
6. Individual Support	<input type="checkbox"/>	12. Transportation	<input type="checkbox"/>
		TOTAL	\$ totalamt.00

PAYMENTS: Reimbursement of expenditures will be made on a timely basis upon receipt of Expenditure Reimbursement Report(s).

REIMBURSEMENT REPORTS: The Final Expenditure Report for this student, with original signature, must be submitted to Region 13 by **September 8, 2015**. Services may need to end prior to August 31 to allow time for the Contractee to make payments to vendors and/or employees and still meet the reimbursement request deadline of September 8, 2015. **Failure to meet the September 8, 2015, deadline precludes reimbursement by Region 13.** A Final Expenditure Reimbursement Report for this student must be submitted to Region 13 to show any balance or unused funds.

Report forms are posted on the Region 13 Noneducational Community-Based Support Services webpage at <http://www4.esc13.net/noned/> and in the *Special Education Director's Survival Guide* at livebinder.com.

ASSISTANCE AVAILABLE: Region 13 will render assistance to the Contractee necessary for the administration of this agreement. The Region 13 contact person is Lori Merrell, Education Specialist, Academic Services.

This instrument constitutes the entire agreement by and between the parties. The Contractee is subject to all laws, executive orders, regulation, etc., which are applicable to the project.

AGREEMENT REPRESENTATIVES:

CONTRACTOR

Terry Smith, Executive Director
Region 13 Education Service Center
5701 Springdale Road
Austin, Texas 78723

CONTRACTEE

suptname, Superintendent
isdname ISD
address
city , Texas zip

Executed and approved this day of ,

Terry Smith
Executive Director

 Superintendent, Business Manager, or Designee
 PRINT NAME:

EDUCATION SERVICE CENTER REGION 13

AMENDMENT REQUEST
 Noneducation Community-Based Support Services

isdname ISD LEA/SSA requests an adjustment in the **2014-2015**

Letter of Agreement with Region 13 for Noneducation Community-Based Support Services.

Indicate requested CHANGE BY SERVICE CODE below.

Recipient: studentname

Service Codes	Awarded	Requested Change
1. Respite Care	<input checked="" type="checkbox"/> \$ totalamt.00	<input type="checkbox"/> \$
2. Attendant Care	<input type="checkbox"/>	<input type="checkbox"/>
3. Psychiatric/Psychological	<input type="checkbox"/>	<input type="checkbox"/>
4. Management of Leisure Time	<input type="checkbox"/>	<input type="checkbox"/>
5. Socialization Training	<input type="checkbox"/>	<input type="checkbox"/>
6. Individual Support	<input type="checkbox"/>	<input type="checkbox"/>
7. Family Support	<input type="checkbox"/>	<input type="checkbox"/>
8. Family Dynamics Training	<input type="checkbox"/>	<input type="checkbox"/>
9. Generalization Training	<input type="checkbox"/>	<input type="checkbox"/>
10. Peer Support Group	<input type="checkbox"/>	<input type="checkbox"/>
11. Parent Support Group	<input type="checkbox"/>	<input type="checkbox"/>
12. Transportation	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL FUNDING	\$ totalamt.00	\$

REASON FOR CHANGE:

NOTIFICATION OF UNUSED FUNDS: A Final Expenditure Reimbursement Report for this student must be submitted to Region 13 to show any balance or unused funds.

REIMBURSEMENT REPORTS: The Final Expenditure Report for this student, with original signature, must be submitted to Region 13 by **September 8, 2015**. Services may need to end prior to August 31 to allow time for the Contractee to make payments to vendors and/or employees and still meet the reimbursement request deadline of September 8, 2015. **Failure to meet the September 8, 2015, deadline precludes reimbursement by Region 13.** A Final Expenditure Reimbursement Report for this student must be submitted to Region 13 to show any balance or unused funds.