

Sample Uniform Contract Format

LEA Name and #
LEA Contact Name, Phone, Fax, Email
LEA Address
LEA Phone, Fax, Email

Date Contract Presented _____

Provider Company Name
Company Contact Name, Phone, Fax, Email
Provider Address
Provider Phone, Fax, Email

Date Contract Accepted _____ Rejected _____

The following sections are to be completed by the SES provider.

Section I

Give a complete description of services to be provided. Attach additional information as necessary. Description of services must be complete and cover all content areas, grade levels, and populations to be served.

Service costs will be capped at \$40 per pupil per instructional hour or \$80 per pupil per instructional day or \$320 per instructional week, whichever is less.

Section II

- Location where instruction will occur _____
- If instruction is at the LEA, indicate rental or other fees SES provider will pay (specify what the fees are for and how the payment will be made) _____
- When instruction will occur (specify hours, weekdays, and anticipated variation) _____

- Frequency and duration of instruction (must be specific. Identify how frequently students will receive instruction – daily, twice weekly, once weekly) _____

- Times (note if time varies by day or date) when instruction will occur _____

- Delivery system for services (must be specific. Indicate face-to-face, email, distance learning, internet, or other specific mode) _____

- Instructional content to be covered (must be specific. Attach list of content area(s) and grade levels to be served. Identify pre- and post-test assessment instruments and attach information about validity and reliability of the instrument.)
- Names and qualifications of persons providing instruction (must be specific. Attach resumes of instructional staff persons) _____

- Cost of any materials or other resources that students must provide (must be specific. Attach list of materials/resources and itemized cost information)_____

- Maximum number of students (by content area(s) and grade level) that can be served at this LEA during the 2006-2007 academic year. (Note: There is no minimum number of students that may be served. All eligible students requesting content area and grade level services identified elsewhere in this contract, from the provider who has entered into this contract shall be served.)_____

- Description of transportation services if any. (must be specific. Attach description of transportation services. If not applicable, or if no transportation will be provided, indicate on attachment.)_____

- Name(s) of persons providing supervision during time when services are provided at the LEA._____

Section III

- The Supplemental Education Service provider has been approved by the Arkansas Department of Education to provide services for the 2006-2007 academic year.
_____Yes _____No
- I understand and agree to all provisions of this contract.

The following sections are to be completed by the LEA

Section IV

- The Supplemental Education Service provider has been approved by the Arkansas Department of Education to provide services for the 2006-2007 academic year.
_____Yes _____No

Section V

- Description and value of any materials or resources that LEA must provide (must be specific. Attach list of materials/resources and itemized cost information.)_____

- Method of payment. Provide a sample of invoice to be submitted, and identify payment method to be employed. (Must not conflict with LEA established procedures. i.e. If LEA typically requires specific invoice information, or pays for contract services after those services are received, those procedures would be continued in this contract.)_____

- I understand and agree to all provisions of this contract.

Printed name and Title of SES Provider representative:_____

Signature of SES Provider representative:_____ Date_____

Printed name and Title of LEA representative:_____

Signature of LEA representative:_____ Date_____