



SCHOOL BOARD OF BREVARD COUNTY, FLORIDA CONTRACTED SERVICES AGREEMENT

Monica L. Utt
Name of Person Rendering Services

V0000218655
Social Security or EIN Number

Monica L. Utt & Dr. Harold Utt
Name of Company

- Check here if W-9 Form has been provided (Required)
- Check here if Vita has been provided (Required)
- Check here if services are to be provided by a Corp.

Mailing Address:
105 N. Banana River Drive
Merritt Island, FL 32952

This is a contract between the School Board of Brevard County and Monica L. Utt for the following professional services (Invoice for services is required for payment):

Complete audiological evaluation including air conduction, bone conduction, impedance, speech and speech discrimination. Written report consisting of an audiogram. Also calibration of frequency modulated listening devices for individual students including making ear molds and followup training for parents if needed. All work to be completed at the Educational Services Facility in Viera, Florida. Hours and dates listed below are subject to change upon written notice by either party of not less than ten days at any time during the contracted service dates.

Date(s) services are to be provided and charges:

<u>Date(s):</u>	<u>Total No. Hrs.</u>	<u>Hourly Rate</u>	<u>Total Cost</u>
01/25/13-05/20/13	368	\$50.00	\$18,400.00

Estimated Reimbursable Expenses: \$0.00
 Estimated Total Cost for Professional Services: \$18,400.00

List expenses, if any, that are to be reimbursed: (Note: Reimbursement for travel, per diem and/or meals, and mileage are to be paid based on Board rules using Board forms and shall not exceed Board adopted rates.)
None

This agreement may be cancelled by either party, upon written notice of not less than ten (10) days prior to the date the service is to commence. Said notice shall be by certified mail and the date of posting shall constitute date of receipt. Consultant is not authorized to provide any services herein without an approved purchase order from the Board.

Ramona J. ... 12-18-12
Signature of Requestor Date

Monica L. Utt MA CCC-A 12-19-12
Signature of Consultant/Corp. Agent Date

[Signature] 12-19-12
Signature of Principal/Dept. Head Date

Signature of Deputy/Area/Assistant Supt. Date

Account Number: <u>422.9815.413014.5200.312.111</u>
Purchase Order No.: _____

Signature of Superintendent/Designee Date