



## SCHOOL BOARD OF BREVARD COUNTY, FLORIDA CONTRACTED SERVICES AGREEMENT

Ron Anderson  
Name of Person Rendering Services

20-8134761  
Social Security or EIN Number

SEL Media  
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:  
1901 N. Harrison Ave.  
Suite 200  
Cary, NC 27513

This is a contract between the School Board of Brevard County and SEL Media for the following professional services (Invoice for services is required for payment):

**SSGrin and Emotional Literacy Training. Topics include: Teaching Social Skills to Social Isolates, Emotional Literacy for Educators, Teaching Parents about Social Skills and Social Isolates. Two-day training for Trainers for Project Manager, three social workers, four guidance counselors and five teachers for a total of 13 persons. One evening parent educative session will be available for elementary parents. Costs cover instructional fees and materials.**

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>
March 13-14, 2012	18	\$244.45	\$4400.00
Estimated Reimbursable Expenses:			\$600.00
Estimated Total Cost for Professional Services:			<u>\$5000.00</u>

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.)*  
**Airfare -\$340 Hotel -\$160 Breakfast -\$12 Lunch -\$22 Dinner -\$38 Rental Car -\$80**

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.

Dr. Lily Shum 2/1/12  
Signature of Requestor Date

[Signature] 2-1-12  
Signature of Consultant/Corp. Agent Date

\_\_\_\_\_  
Signature of Principal/Dept. Head Date

[Signature] 2-1-12  
Signature of Associate/Area/Assistant Supt. Date

Account Number:  
424.9260.412098.6300.312.000  
Purchase Order No.: Enter PO Number

\_\_\_\_\_  
Signature of Superintendent/Designee Date

PLEASE SIGN IN BLUE INK