

Richmond Heights City Schools Bldg/Dept requesting this contract Department of Education Services District contact name (in case of questions): Lakisha Davies, M.Ed. Acct Code to be paid from: General Fund, Tuition District contact Phone: 216-692-0086 ext. 571227 District contact email: davies.lakisha@richmondheightschools.org mailto:davies.lakisha@richmondheightschools.org

~~THIS CONTRACT IS NOT VALID UNTIL ALL SIGNATURES ARE COMPLETE. NO SERVICES SHOULD BE PERFORMED UNTIL THESE REQUIREMENTS ARE COMPLETE.~~

Date: 6/3/22 Vendor # _____ Service Provider: Achievement Centers for Children / Camp Cheerful The aforementioned service provider agrees to provide the following specific services on the specified dates to be paid in the manner detailed below (be specific - contract will be returned unapproved without these details):

DETAILS OF PAYMENT:

HOW MANY STUDENTS BENEFIT FROM THIS SERVICE? _____

MAXIMUM TOTAL AMOUNT TO BE PAID UNDER THIS CONTRACT: \$3,975

IS THIS AN INCREASE FROM LAST YEAR? NO YES – How much of an increase? NA, this is a new contract for ESY services only

SERVICES TO BE PERFORMED: ESY program for special education student as indicated as part of their IEP. Program is Monday – Friday from 9:30 – 3:30. Generally a 1 aide to 2 student ratio and includes IS, OT and SLP if indicated in IEP.

SPECIFIC DATE(S) SERVICE WILL BE PERFORMED: 6/13/22 – 7/1/22

Will service provider be in contact with students? YES NO IF YES - Has background check been completed? YES NO Provider is never alone with students (No background check needed)

Provider must submit a completed W9 to the Richmond Heights City School District before payment will be made. By signing this contract, I recognize that I am NOT an employee of the Richmond Heights City School District and therefore I am responsible for my own worker's compensation coverage, healthcare and bond insurance coverage as a self-insured person. I also understand that I am responsible for declaring my earnings for all federal, state and local tax purposes. All service providers are subject to the provisions of Ohio law and Richmond Heights City School District board policy.

Signature from Authorized Service Provider DATE _____ Title: _____

Signature from Authorized Individual from the School District DATE _____ Title: _____

Service Provider Contact Information:
Sarah.Bucci@achievementctr.org
15000 Cheerful Lane
Strongsville, Ohio 440-238-6200