

**BOARD TRANSMITTAL FORM
DENAIR UNIFIED SCHOOL DISTRICT**

BOARD MEETING DATE: November 13, 2014

EXHIBIT NO. 42

TO: Board of Education
PREPARED BY: Linda Covello, Chief Business Officer and Fawn Oliver, Director of Student Support Services
PRESENTED BY: Linda Covello, Chief Business Officer

AGENDA TITLE: APPROVAL OF MASTER AGREEMENT AMENDMENT WITH STANISLAUS COUNTY OFFICE OF EDUCATION FOR 2014-15

AGENDA SECTION:

- | | |
|--|--|
| <input type="checkbox"/> Closed Session | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Study Session | <input type="checkbox"/> Discussion/Public Comment/Action* |
| <input type="checkbox"/> Public Comment | <input type="checkbox"/> Bids/Public Comment /Action* |
| <input type="checkbox"/> Scheduled Communication | <input checked="" type="checkbox"/> Consent Action* |
| <input type="checkbox"/> Superintendent/Board Report | <input type="checkbox"/> Administrative Panel |
| <input type="checkbox"/> Staff Report | Recommendations* |
| <input type="checkbox"/> Public Hearing | <input type="checkbox"/> Roll Call |

**Scheduled for Action*

PROGRAM DESCRIPTION / DETAILS:

Denair Unified School District needs one day a week of service of the Behavioral Intervention Care Management provided by the Stanislaus County Office of Education. These services will be utilized to support special needs students who have a Behavior Plan, write additional Behavior Plans as needed, and implement a Positive Behavior Interventions and Supports program. By utilizing the County's services, this amendment will replace all prior Behaviorist expenditures while providing consistency within the Behavior Intervention program.

The Master Agreement Amendment, by and between the Stanislaus County Superintendent of Schools, is for the added Behavioral Intervention Care services that are specified in the Agreement Amendment and the attached appendices.

For the 2014-15 school year only, the Stanislaus County Office of Education has agreed to prorate the cost of 1 day per week of Behavioral Intervention Care Management across services provided between the 2013-14 and 2014-15 school years. With a 2013-14 invoice in the amount of \$11,320.37, the Stanislaus County Office of Education is prorating the 1 day per week Denair is receiving to 0.55 days per week funded by the District and 0.45 days per week funded by the County.

RECOMMENDED ACTION:

The Superintendent recommends approval.

FINANCIAL IMPACT:

\$25,345.37 to be funded by the District's federal Special Education program.

District Name: Denair Unified School District

2014-15

Master Agreement Amendment

SCOE BUSINESS OFFICE USE	
Logged: _____	Audited: _____
Signed Copies Distributed To:	
<input type="checkbox"/> Budget: Date: _____	
<input type="checkbox"/> District: Date: _____	
<input type="checkbox"/> Amended: Date: _____	

Hearing Services

	# of Students	Rate	Total \$
*Number of regular ed. students screened		4.29	0.00
*Number of non-SDC SH students screened		4.29	0.00
*Number of SDC SH students screened		4.29	0.00
*Number of Wheel Chair students		8.51	0.00
TOTAL			0.00

*This is an approximate amount. District is responsible for payment of total students screened.

Acct. #	Amount
TOTAL	
	0.00

Behavioral Intervention Care Management

Days per week	Rate	Total \$
0.55	25,500.00	14,025.00
TOTAL		14,025.00

Acct. #	Amount
01-3310-0-5158-5001-3900-100-1100-XX	14,025.00
TOTAL	
	14,025.00

**2014-15
Master Agreement Amendment**

Signature Page

TOTAL OF MASTER AGREEMENT \$ 14,025.00

District

Stanislaus County Office of Education

Governing Board,
Denair Unified School District

Tom Changnon
Stanislaus County Superintendent of Schools

By _____
Superintendent

by _____
Don Gatti, Assistant Superintendent,
Business Services

Date: November 13, 2014

Date: _____

Linda Covello (209) 632-7514
Contact Person Phone Number

E-Mail Address: lcovello@dusd.k12.ca.us

INVOICE

Remit To:

Stanislaus County Office of Education
1100 H Street
Modesto, CA 95354

Phone: 209-238-1900
Fax: 209-238-4205
www.stancoe.org

Bill To: Denair Unified School District
3460 Lester Road
Denair, CA 95316

FY: 13-14

Phone:
Fax:
Contact Name:
Account Number: 01-6501-0-8677-5001-0000-000-3100-~~XX~~

Invoice Number: **402836**
Provider Number: 3
Date: 06/30/14
P.O. Number:
Terms: Net 30 Days

**SHOW ABOVE INVOICE NUMBER ON
YOUR REMITTANCE**

Description	Quantity	Unit Price	Amount
Social Skills Services <input type="text"/>	31	\$136.39	\$4,228.09
Social Skills Services <input type="text"/>	52	\$136.39	\$7,092.28

Requested By: Terri McNabb
Date: 6/30/14
Dept. Phone No: 209-238-1927
Dept. Ref. No:

Sub-total	\$11,320.37
State Sales Tax	
Grand Total	\$11,320.37

Questions regarding this invoice should be directed to Accounts Receivable at 209-238-1935