MEMORANDUM OF AGREEMENT

**PROVIDER:**

This agreement is made by and between the Elizabethtown Board of Education and Amy Brown (hereafter referred to as Provider).

**PROVIDER OF CONTRACT:**

This period in which services are to be performed under this contract is for the 12-13 school year.

**BILLING:**

Remit all invoices, bills, or requests for payment to:

 Elizabethtown Board of Education

#  ATTN: Director of Special Programs

 219 Helm Street

 Elizabethtown, KY 42701

**PROJECT SCOPE:**

The Provider will perform the services herein described:

The Provider will furnish the services to the Elizabethtown Board of Education as an occupational therapist.

**FEE:**

As fee for services hereinbefore set forth, the Elizabethtown Board of Education agrees to pay the Provider, $60 per contract hour, by the following method: Monthly.

**CANCELLATION CLAUSE:**

Either party may cancel the Memorandum of Agreement at any time for cause and may cancel without cause after thirty (30) days written notice.

**IN WITNESS WHEREOF,** the parties have executed this Agreement as of the day and year first above written.

**Signatures of approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Elizabethtown Board of Education Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amy Brown Date