



## Service Level Agreement

(859) 630-9555

[www.skoolaid.com](http://www.skoolaid.com)

Client: Boone County Schools - FRYSC (Conner High School)

Date: 3/17/2021

Address: 3310 Cougar Path, Hebron, KY 41048

### 1. Purpose of this Service Level Agreement (SLA)

This SLA relates to the agreement between Client and Skool Aid covering the program schedule as specified in section four (4) below. The working of this SLA is based on the premise that both parties will enter the arrangements in a spirit of partnership and will seek to maximize the benefit from working together. Skool Aid strives to ensure the satisfaction of every client and anyone working with Skool Aid and its programs or program coordinators. Skool Aid agrees to maintain a dialogue and keep communication channels open with all clients to ensure that any problem or complaint is addressed at the appropriate level at the earliest opportunity.

### 2. Authorized Representatives

For the purpose of this SLA, please provide Client contact representative(s) information:

Title	Name	Phone Number	Email
Program Contact	Laura Mosqueda	859-283-3234	<a href="mailto:laura.mosqueda@boone.kyschools.us">laura.mosqueda@boone.kyschools.us</a>
Billing Contact	Laura Mosqueda	859-283-3234	<a href="mailto:laura.mosqueda@boone.kyschools.us">laura.mosqueda@boone.kyschools.us</a>
On-Site Contact	Laura Mosqueda	859-283-3234	<a href="mailto:laura.mosqueda@boone.kyschools.us">laura.mosqueda@boone.kyschools.us</a>

For the purpose of this SLA, Skool Aid's contact representative(s) information is below:

<b>Title</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>
Skool Aid Program Coordinator	Jake Counts	859-414-1577	<a href="mailto:jacob@skoolaid.com">jacob@skoolaid.com</a>
Skool Aid Billing Contact	Leanna Barnes	859-308-0169	<a href="mailto:invoice@skoolaid.com">invoice@skoolaid.com</a>

### **3. Program Specifics/Services**

Skool Aid will provide the following services at the dates, times and rates as provided below:

<b>Program</b>	<b>Location</b>	<b>Date</b>	<b>Duration</b>	<b>Time</b>	<b>Cost</b>	<b>Space</b>
Conner Kitchen	Conner High School	6/1/2021	75 min.	6 PM	\$125	Food Sciences Classroom
Conner Kitchen	Conner High School	6/8/2021	75 min.	6 PM	\$125	Food Sciences Classroom
Conner Kitchen	Conner High School	6/15/2021	75 min.	6 PM	\$125	Food Sciences Classroom
Conner Kitchen	Conner High School	6/22/2021	75 min.	6 PM	\$125	Food Sciences Classroom

### **4. Changes or Cancellations**

Skool Aid will provide the above services in a satisfactory manner as agreed upon by Client. If any agreed upon Teaching Artist is unable to instruct a class due to unforeseen circumstances, Skool Aid will attempt to find a replacement Teaching Artist. All efforts will be made to provide service without cancellation. If the highly unlikely situation occurs in which Skool Aid cannot find a replacement or must cancel a class, sufficient notice will be given and no charges will occur.

If a program must be cancelled by Client due to inclement weather please email or call Skool Aid's Program Coordinator. Skool Aid and Client's Program Coordinator will collaborate to reschedule the program, if Skool Aid cannot reschedule, no charges will occur.

If at any time Client wishes to cancel a program without rescheduling, a seven (7) day notice must be given. If program is cancelled in less than seven days, Client will be responsible for payment as originally invoiced.

## **5. Billing and Payment**

An invoice will be sent for all programs as outline above at the below frequency and duration:

Invoice Frequency: Monthly

Invoice Duration: One Month

Payments for invoices should be mailed to the address provided on the invoice. No payments will be accepted at time of service. If Client prefers to make payment by other means, arrangements must be made and agreed upon with Skool Aid's Program Coordinator.

All invoices will be emailed from the billing contact as specified above. All invoice terms are 45 days; after that time, one attempt will be made to collect payment for services. If there is no reasonable contact from Client after the first attempt, there will be a 3% late fee added to the balance per 30 days past due.

District Approval Name: \_\_\_\_\_

District Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Skool Aid Contact Name: Jacob Counts

Skool Aid Contact Signature: *Jacob Counts*

Date: 3/17/2021