Letter of Agreement for MSSA Programs 2020-21

This letter is to serve as a formal agreement between ___________________________ District and the Montana Small Schools Alliance Professional Development and Curriculum Consortium, Standards Library and Guidance Programs, Maps Assessment Testing and the National Rural Education Membership. Please check all that apply below.

□ Consortium Agreement: *(Please check the box if you are participating in this program)* The Montana Small Schools Alliance agrees to do the following: (1) Provide appropriate language for the Title II of your federal consolidation application; (2) Develop and deliver one day of professional development for the district in compliance with the fund requirements; (3) Invite staff members to regional workshops; and (4) Provide curriculum, instruction and assessment materials created by the consortium to the district. The above mentioned school district agrees to: (1) Pay the Montana Small Schools Alliance the amount of $___________ by October 31, 2020.

□ Standards Library and Guidance Agreement *(Please check the box if you are participating in this program)* The Montana Small Schools Alliance agrees to provide a teacher certified and appropriately endorsed professional to help your district meet the Library and Guidance Chapter 55 requirement. MSSA agrees to do the following: (1) Identify MSSA as the contractor on your school's Annual Data Collection Fall Report; (2) Pay the Montana Small Schools Alliance, (check each that apply) By July 15, 2020; (3) School District pays the travel and substitute teacher costs when any of your staff attends the REQUIRED professional development in-service in August; and (4) Annually provide a summarized rubric for each program at the August in-service meeting.

Person responsible for Guidance Program x ___________________________ Email ___________________________

Person responsible for Library Program x ___________________________ Email ___________________________

□ NWEA/MSSA Map Assessment Testing *(Please check the box if you are participating in this program)* The Montana Small Schools Alliance will provide access to the NWEA program testing. First year participants will be assessed a $300 fee to set you up in the system and then it will drop to $100 per year for all that renew their licenses for the coming school year. Testing is available for Grades 2 & up, Primary Grades K-1 and Science Grades 3-8. We will send out a separate worksheet that must be returned to the MSSA office no later than June 30, 2020 with payment due by July 15, 2020.

Person responsible for testing x ___________________________ Email ___________________________

□ $75.00 for a National Rural Education Assn. membership will be added to your programs total for each school district unless you opt out below. The national voice will be important to the rural public schools of Montana to keep the programs viable with the new administration that has come into place. Due by July 15, 2020

Name to receive updates ___________________________ Email ___________________________

□ I want to opt out of the $75.00 charge for National Rural Education Assn. dues.

All Letters of Agreement are due in the MSSA office by June 30, 2020 and payment dates are stated above in each section. We appreciate all of our members who join and participate in these worthwhile programs.

Sincerely,

Dan Rask, Executive Director – Montana Small Schools Alliance ___________________________

No. of students in your district ___________________________

Chairperson – Participating School ___________________________ Date ___________________________

School District ___________________________ County ___________________________

Name of District Clerk ___________________________ Phone ___________________________

Email Address (Important) ___________________________

(Office Use Only) LOA Rec’d ___________________________

Paid Check ___________________________ Date ___________________________ Program ___________________________

Paid Check ___________________________ Date ___________________________ Program ___________________________

Paid Check ___________________________ Date ___________________________ Program ___________________________

Paid Check ___________________________ Date ___________________________ Program ___________________________