***Montana Small Schools Alliance***

# 220 No. Montana St. – Dillon, MT 59725

Phone 406-988-0164 – Fax 406-988-0148

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**Letter of Agreement for MSSA Programs 2021-22**

# This letter is to serve as a formal agreement between **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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.

**(*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, 2021**.

**Consortium Agreement:**

:(***Please check the box if you are participating in this program****)* **Limited to 125 students or****less per school**. 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) Create appropriate professional development for multi-grade educators in compliance with the state requirements; and (2) provide for five phone or email consultations during the school year with the consultant. **The above school district agrees to**: (1) Identify MSSA as the contractor on your schools Annual Data Collection Fall Report; (2) Pay the Montana Small Schools Alliance, **[ ] $300 – Library, [ ]$300 Guidance, or [ ] $600 – Library & Guidance** (check each that apply) **By July 15, 2021;** (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.**

**Standards Library and Guidance Agreement**

Person responsible for Guidance Program **X** Email xcb**X**

Person responsible for Library Program **X** Email **X**

**(*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 Maps Growth K-12, Science Grades 3-12, Reading Fluency, Maps Skills and Maps Accelerator. We will send out a separate worksheet that must be returned to the MSSA office no later than **June 30, 2021** with payment due by **July 15, 2021**.

**NWEA/MSSA Map Assessment Testing:**

Person responsible for testing  Email \_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X

$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, 2021**

Name to receive updates  **X** Email **X**

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

**I**

**All Letters of Agreement are due in the MSSA office by June 30, 2021** 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 X County F X

Name of District Clerk X Phone X

Email Address (Important) X

**(Office Use Only) LOA Rec’d Paid Check Date Program Paid Check Date Program Paid Check Date Program Paid Check Date Program**

**Paid Check**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_