



## SERVICES AGREEMENT

**THIS AGREEMENT** is entered into by and between Global Outreach Charter Academy (the School) and Florida Kids Therapy Services LLC (the Practice).

### Recitals

R-1. The School is a charter school in Duval County, Florida known as Global Outreach Charter Academy (the School)

R-2. The Practice is a school therapy provider in Duval County known as Florida Kids Therapy Services LLC (the Practice).

R-3. The Practice will provide licensed Speech-Language Pathologists, licensed Occupational Therapists, and licensed Physical Therapists (the Service Providers).

R-4. School, subject to the terms and conditions contained in this Agreement, desires to hire the Practice to provide the Service Providers to perform speech and language pathology, occupational therapy, and physical therapy services to students of the School for the 2020-2021 school year.

### Terms and Conditions

In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, School and Practice covenant and agree as follows:

1. Employment. School, subject to the terms and conditions contained herein, hereby hires and employs the Practice to provide Service Providers.

2. Duties of Service Provider as representative of the Practice.

2.1 Professional Services. The Service Provider shall provide speech and language pathology, occupational therapy, and physical services to students of the School, such services to include but not be limited to consultation, evaluation, documentation, parent and/or teacher meetings, screening, treatment of communication disorders or occupational needs, staffing meetings, paperwork, and such other and further professional services as may from time to time be reasonably requested by the School, including, but not limited to such further services as may from time to time be necessary and in the best interest of one or more students of the school.

2.2 Service Schedule. The Service Providers shall provide the School 50 hours of service per week for the 2020-2021 school year. Additional time may be added at the same rate as needed due to evaluations, meetings, or additional students being added to the caseload. If the hours per week will exceed 55, the Practice or Service Provider will notify the School in writing.

2.3 STANDARD OF SERVICE. All professional services shall be rendered by the Service Providers in strict compliance with all Federal, State, local, and professional standards and requirements for the provision of speech-language pathology, occupational therapy, and physical therapy services and in a manner consistent with the highest of professional standards and in full conformity with the practice and procedures now or hereafter established by the Practice for rendering treatment to the students of the School.

2.4 Credentials. Service Providers shall at all times during the term of employment maintain, at the sole cost and expense of the Service Provider, all necessary licenses and certifications including such licenses and certifications reasonably required by the Practice to practice their discipline. Service Provider shall fully comply with all Federal, state, and local requirements with respect to the practice of their discipline.

2.5 Documentation and Records. At all times during the term of employment the Service Providers shall maintain full and complete student records and shall fully comply with such documentation protocols as may from time to time be established by the Practice. Daily notes and other documentation necessary to the treatment of the students and required by the School shall be promptly provided to the School.

3. Compensation. In consideration of the time spent rendering services by the Service Providers, the School shall pay to the Practice an amount equal to Sixty-Two Dollars (\$62.00) per hour.

Compensation shall be payable in twice monthly units and will be billed on the first (1<sup>st</sup>) and (15<sup>th</sup>) of every month.

If invoices are not paid in full Fifteen (15) days following the due date, a Fifty Dollar (\$50.00) late fee will be added. If invoices are not paid in full Thirty (30) days following the due date, all services will be suspended until payment in full is received.

4. Terms of Agreement. This agreement may be terminated by either party, at any time, for any reason, in the sole and absolute discretion of the party terminating the Agreement. School will provide ninety (90) days notice of the Service Providers termination to the Practice. Contract shall be in effect by the last date of execution by both parties.

5. Incorporation of Recitals. The Recitals to this Agreement are hereby incorporated herein and made a part of this Agreement to the same extent and with the same force and effect as if they had been recited in the body of this Agreement.

6. Entire Agreement. This Agreement sets forth all the covenants, promises, agreements, conditions, and understandings between the School and the Practice/Service Providers concerning the employment of the Practice and there are no covenants, promises, agreements, conditions, or understandings, either oral or written between them other than are herein set forth. Except as herein otherwise provided, no subsequent alteration, amendment, change, or addition to this Agreement shall be binding upon unless reduced to writing and signed by the parties.


7. Governing Law. This Agreement shall be construed and governed by the laws of the State of Florida. If any term, covenant, or condition of this Agreement or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable under the laws of the such State, or otherwise, the remainder of this Agreement, or the application of such term, covenant or condition to persons or circumstances other than as

to which it is held invalid or unenforceable, shall not be affected thereby and each term, covenant, and condition of this Agreement shall be valid and be enforced to the fullest extent permitted by law.

8. Captions, etc. The captions and section numbers appearing in this Agreement are inserted only as a matter of convenience and in no way define, limit, construe, or describe the scope or intent of such sections of this Agreement, nor in any way affect this Agreement.

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed on the day and date set forth adjoining their respective signatures.

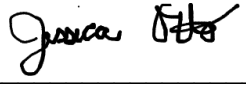
School:

DocuSigned by:  
  
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School Representative, Sergey Soroka

Date signed by School: 6/1/2020

Practice:

  
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Practice Representative, Jessica Otto

Date signed by Practice: 06/05/2020

<b>TITLE</b>	GOCA Contract
<b>FILE NAME</b>	FKTS_GOCA_Agreeme...1.doc_(1)_1).pdf
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## Document History



SENT

**06 / 04 / 2020**

22:59:16 UTC

Sent for signature to Jessica Otto  
 (jessica@floridakidstherapyservices.com) from  
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VIEWED

**06 / 05 / 2020**

20:06:11 UTC

Viewed by Jessica Otto  
 (jessica@floridakidstherapyservices.com)  
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SIGNED

**06 / 05 / 2020**

20:12:02 UTC

Signed by Jessica Otto  
 (jessica@floridakidstherapyservices.com)  
 IP: 66.177.16.39



COMPLETED

**06 / 05 / 2020**

20:12:02 UTC

The document has been completed.