

Contracts - Private Service Providers (PSP)/Consultants/Other

EXECUTIVE SUMMARY

Submitted for Board Information

Dates of Service	Vendor	Amount
07/01/2023 – 06/30/2024	eLuma Therapy	\$52,500.00
07/01/2023 – 06/30/2024	eLuma Therapy	\$93,750.00
2023-2024 School Year	Trevor Warner	\$75.00 / hr.

NOTE: Per Board Policy 5725: *“The District encourages the use of private service providers and professional consultants as resource individuals when such consultative services will be helpful in the improvement of the educational program of the District. The District, through the Superintendent as its designee, may enter into contracts with private service providers and/or consultants to provide necessary services to students.” In no event shall such agreement exceed twelve (12) calendar months.”*

General Information

Created Date	6/16/2023	Contract	00002796
Quote Name	Twin Falls District Private School Renewal	Contract Start Date	7/1/2023
Quote Number	00004173	Contract End Date	6/30/2024
		Model	Per Student
		Payment Schedule	Annual

Contact Information

Prepared By	John Higbee	Contact Name	Kindel Mason
Phone	(877) 496-3332	Email	masonki@tfstd.org
Email	jhigbee@elumatherapy.com		
Fax	(877) 469-3332		
Company Address	2801 N. Thanksgiving Way Suite 170 Lehi, UT 84043 US	Bill To Name	Twin Falls District
		Bill To	201 MAIN AVENUE WEST TWIN FALLS, Idaho 83301 USA

Order Details

Product	Sales Price	Discounted Price	Quantity	Total Price
Pay Per Use - SLP Assessment	\$325.00	\$325.00	1.00	\$325.00
Per Student Speech Therapy Subscription	\$1,875.00	\$1,875.00	28.00	\$52,500.00
Subtotal		\$52,825.00		
Discount		0.00%		
Total Price		\$52,825.00		
Grand Total		\$52,825.00		

Special Terms and Conditions

*Note: This Order Form is good through the Expiration Date listed above, and eLuma reserves the right to change the price and proposal at any time until signed.

**All fees for the Therapy and Instructional Services shall be annualized and prorated based on the months remaining through the last day in June of each school year. Sales tax and credit card processing fees will be charged separately, if applicable, and are not included in the fees outlined in this Order Form.

eLuma Service Agreement

This Order Form is made in accordance with and is subject to the eLuma Services Agreement (the "ESA" and link below), and this Order Form is incorporated herein by reference as Addendum 1. The ESA is provided in conjunction with this Order Form or upon request. This Order Form and the ESA constitute the entire agreement between eLuma and Partner governing the services and products referenced above (the "Agreement"). To the extent there is any conflict between the Order Form and the ESA, this Order Form shall govern. The signatory below represents that he or she has the authority to bind Partner to the terms of this Agreement. The terms of this Order Form are eLuma confidential information.

ESA Link <https://eluma.secure.force.com/apex/termsPage?id=8004w000000rR3BAAU>

IN WITNESS WHEREOF, the undersigned attest to be duly authorized officers and have executed this Agreement as of the date first written

above.

Billing Contact Name Kindel Mason

Billing Contact Email masonki@tfstd.org

Billing Contact Phone 2087338456

eLuma, LLC

Partner

Account Name Twin Falls District

Signature: *Jeremy Glauser*

Email: JGLAUSER@ELUMATHERAPY.COM

Signature: *Kindel Mason*
Kindel Mason (Jul 10, 2023 02:48 MDT)

Email: masonki@tfstd.org

General Information

Created Date	6/16/2023	Contract	00002795
Quote Name	Twin Falls District Renewal	Contract Start Date	7/1/2023
Quote Number	00004172	Contract End Date	6/30/2024
		Model	Per Student
		Payment Schedule	Annual

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Order Details

Product	Sales Price	Discounted Price	Quantity	Total Price
Pay Per Use - SLP Assessment	\$325.00	\$325.00	1.00	\$325.00
Per Student Speech Therapy Subscription	\$1,875.00	\$1,875.00	50.00	\$93,750.00
Subtotal		\$94,075.00		
Discount		0.00%		
Total Price		\$94,075.00		
Grand Total		\$94,075.00		

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IN WITNESS WHEREOF, the undersigned attest to be duly authorized officers and have executed this Agreement as of the date first written

above.

Billing Contact Name Kindel Mason

Billing Contact Email masonki@tfsd.org

Billing Contact Phone 2087338456

eLuma, LLC

Partner

Account Name Twin Falls District

Signature: *Jeremy Glauser*

Email: JGLAUSER@ELUMATHERAPY.COM

Signature: *Kindel Mason*
Kindel Mason (Jul 5, 2023 03:12 MDT)

Email: masonki@tfsd.org











eLuma Renewal Contract - Twin Falls School District Speech 2023/24

Final Audit Report

2023-07-05

Created:	2023-06-16
By:	John Higbee (jhigbee@elumatherapy.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAXJuEU01__X0xQFEJIZTVnK0zcvkoM6J

"eLuma Renewal Contract - Twin Falls School District Speech 2023/24" History

-  Document created by John Higbee (jhigbee@elumatherapy.com)
2023-06-16 - 8:19:34 PM GMT- IP address: 13.110.78.8
-  Document emailed to JEREMY GLAUSER (JGLAUSER@ELUMATHERAPY.COM) for signature
2023-06-16 - 8:19:56 PM GMT
-  Email viewed by JEREMY GLAUSER (JGLAUSER@ELUMATHERAPY.COM)
2023-06-16 - 8:20:03 PM GMT- IP address: 66.249.89.225
-  Document e-signed by JEREMY GLAUSER (JGLAUSER@ELUMATHERAPY.COM)
Signature Date: 2023-06-16 - 9:03:04 PM GMT - Time Source: server- IP address: 76.173.64.110
-  Document emailed to masonki@tfstd.org for signature
2023-06-16 - 9:03:05 PM GMT
-  Email viewed by masonki@tfstd.org
2023-06-17 - 5:42:26 AM GMT- IP address: 104.28.123.141
-  Email viewed by masonki@tfstd.org
2023-07-05 - 9:10:43 AM GMT- IP address: 66.102.8.108
-  Signer masonki@tfstd.org entered name at signing as Kindel Mason
2023-07-05 - 9:12:05 AM GMT- IP address: 216.130.41.18
-  Document e-signed by Kindel Mason (masonki@tfstd.org)
Signature Date: 2023-07-05 - 9:12:07 AM GMT - Time Source: server- IP address: 216.130.41.18
-  Agreement completed.
2023-07-05 - 9:12:07 AM GMT



CLIENT ASSIGNMENT CONFIRMATION



This Client Assignment Confirmation is entered into on the date first signed below and supplements the Client Services Agreement between Soliant Health, LLC and the Client named below. The Soliant Consultant has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined in this confirmation.

ASSIGNMENT DETAILS

CLIENT NAME:	Twin Falls School District		
Consultant:	Trevor Warner	Position:	OT
Assignment Start Date:	08/08/2023	Assignment End Date:	05/22/2024
Bill Rate per hour:	\$75.00	Overtime Bill Rate per hour:	\$112.50
Minimum Hours per week:	40		
Miscellaneous:	<div>-</div>		

Is a Teaching Certification required for this position? -

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

	Approver 1	Approver 2	Approver 3
Name	-	-	-
Title	-	-	-
Phone	-	-	-
Email	-	-	-

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax-exempt entity.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

Option of virtual services will be offered by Soliant in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

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BlazerWorks Account Manager Information: Danielle Blount
danielleblount@blazerwork.com
678-261-1019

171387 - Twin Falls School District


Kindel Mason

Director of Support Services
February 28, 2023 0:10 UTC
IP: 208.98.148.137

***Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Soliant is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.**