

RATE SCHEDULE

Total Amount of Contract is not to exceed: \$24,500.00 + \$265,500.00 = \$290,000.00

62. CONTRACTOR – Community Options for Families and Youth (COFY)

Per CDE Certification, total enrollment may not exceed: _____

RATE SCHEDULE. Special education and/or related services offered by CONTRACTOR and the charges for such educational and/or related services during the term of this contract shall be as follows:

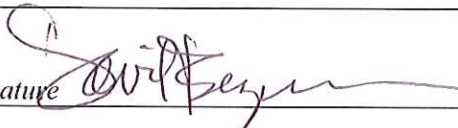
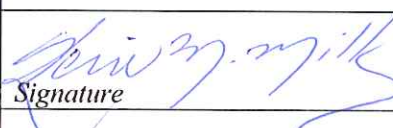
	Rate	Period
A. Basic Education Program/Special Education Instruction	_____	_____
Basic Education Program/Dual Enrollment*	_____	_____

*Per Diem rates for LEA pupils whose IEP/IFSPs authorize less than a full instructional day shall be adjusted proportionally. In such cases only, the adjustments in basic rate shall be based on the percentage of a 240-minute instructional day.

B. Related Services

(1)	a. Transportation – Round Trip		
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual		
	b. Educational Counseling – Group of _____		
	c. Counseling – Parent		
(3)	a. Adapted Physical Education – Individual		
	b. Adapted Physical Education – Group of _____		
	c. Adapted Physical Education – Group of _____		
(4)	a. Language and Speech Therapy – Individual		
	b. Language and Speech Therapy – Group of 2		
	c. Language and Speech Therapy – Group of 3		
	d. Language and Speech Therapy – Per diem		
	e. Language and Speech - Consultation Rate		
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)		
	b. Additional Adult Assistance – Group of 2		
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual		
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII		
	b. Behavior Intervention – BID		
	Provided by: _____		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP		
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		
	b. Board and Care		
(14)	Other: a. Assessment (Out of State)	a. \$5,000.00	Per Assessment
	b. Assessment (In State)	b. \$4,000.00	Per Assessment
	c. Mental Health Services/Case Management	c. \$140.00	Per Hour
	d. Rate Negotiation	d. \$230.00	Per Hour
	e. FAPE Review/Determination	e. \$180.00	Per Hour

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the 1st day of July 2013, and terminates at 5:00 p.m. on June 30, 2014, unless sooner terminated as provided herein.

CONTRACTOR	SCHOOL DISTRICT/SELPA
COMMUNITY OPTIONS FOR FAMILIES AND YOUTH	MT. DIABLO UNIFIED SCHOOL DISTRICT
Signature  Date 6/25/13	Signature  Date 8/15/13
	Signature _____ Date _____
Name and Title of Authorized Representative: David Bergesen Executive Director	Name and Title of Authorized Representative: Kerri M. Mills, Ed.D. Asst. Supt. Pupil Service and Special Education
Notices to CONTRACTOR shall be addressed to: David Bergesen Executive Director	Notices to LEA shall be addressed to: Kerri M. Mills, Ed.D. Asst. Supt. Pupil Service and Special Education
Address: 1910 Olympic Boulevard	Address 1936 Carlotta Drive
City State Zip Walnut Creek, CA 94596	City State Zip Concord, CA 94519-1397
Phone: (925) 943-1794 Fax: (925) 943-6091 E-mail: d.bergesen@cofy.org Website: www.cofy.org	Phone: (925) 682-8000 ext. 4047 Fax: (925) 674-0514 E-mail: millsk@mdusd.org Website: www.mdusd.org
	Additional Notices to LEA shall be addressed to: Bryan Cassin NPS, NPA and ADR Administrator
	Address 1936 Carlotta Drive
	City State Zip Concord, CA 94519-1397
	Phone: (925) 682-8000 ext. 4192 Fax: (925) 674-0667 E-mail: cassinb@mdusd.org Website: www.mdusd.org