



## North Central Ohio Educational Service Center

---

**Tiffin Campus**

928 W. Market Street - Suite A  
Tiffin, Ohio 44883  
419-447-2927  
419-447-2825 Fax

**Mansfield Campus**

State Support Team Region 7  
1495 West Longview Ave. - Suite 200  
Mansfield, Ohio 44906  
419-747-4808

**Marion Campus**

333 East Center Street  
Marion, Ohio 43302  
740-387-6625  
740-383-4804 Fax

April 8, 2016

It is that time of year again – time to send out cost projections for the next fiscal year. Costs were calculated based upon known facts and certain assumptions. Therefore, I stress that the current cost projections are based on current staffing, and class size. The following bullet points explain the assumptions used in preparing the districts cost estimates:

- **Service days** for speech, psychology, and educational consultants were estimated using current service days – unless otherwise noted. Our special education department is presently meeting with districts to discuss special education services needed for next year based upon current student information. The actual service days and staffing assignments will be provided in the fall with updated costs calculations.
- **Staffing** for all programs assumed the current staff in place – unless otherwise noted.
- **Class projections** were estimated based upon the February 2016 student counts.
- **Medical insurance** includes an estimated 5% increase. The actual cost increase for medical insurance will be updated in early fall.
- **Salaries - a 1.5% increase** was used as an estimate only in calculating costs. At this time, the ESC board has not yet adopted our FY17 salary schedules; however I am expecting there to be an increase this year due to the fact that our salary schedules have not been adjusted since FY13. Step increases or changes with college degrees have also been included. Should the Board approve a different amount, those changes will be reflected in the fall updated foundation contract.

The service agreement follows the foundation contract in your packet. This agreement requires a copy of the board resolution number and date to verify that the contract was board approved. **Please return a signed copy of the foundation contract and the service agreement signature page with board resolution section completed to my attention by Friday, May 20<sup>th</sup> in order to meet the ODE deadline for submission.**

As always, should you have any questions or concerns, please let me know. Thank you so much.

Sincerely,

Tina Peyton  
Treasurer

## OFFICE OF BUDGET AND SCHOOL FUNDING

Contract Amount for FY2017

Pursuant to O.R.C 3313.845

ESC IRN: 123257

County: **Crawford**

District IRN: 044024

in the annual amount of \$ 115,602.10

We, the undersigned, understand that the above annual amount will be deducted from state foundation payments to the school district and paid to the county educational service center on semi-monthly basis throughout the fiscal year.

District Superintendent Signature

Date \_\_\_\_\_

District Treasurer Signature

Date \_\_\_\_\_

ESC Superintendent Signature \_\_\_\_\_

Date \_\_\_\_\_

ESC Treasurer Signature

Date \_\_\_\_\_

Tina Peyton



**North Central Ohio Educational Service Center  
2016-2017**

**County Service Agreement  
GALION CITY SCHOOLS**

**Total estimated deduction for the Galion City School District for the 2016 - 2017 school year equals  
\$115,602.10**

**2016 - 2017 ESTIMATED DATA**

**I. Court Mandated or Alternative Education Placements**

**Participation in SC Youth Center or Edward Ruzzo Center (As Needed)**

*Billings for **Seneca County Youth Center** will be charged on a per pupil rate of \$76.00 per day. Monthly invoices will be issued from July through June and submitted to the district along with a detail of the student attendance.*

*Billings for **Edward Ruzzo Juvenile Justice Center** will be charged on a per pupil rate of \$57.50 per day plus an addition cost for any ancillary services and an agency fee of 5%. Monthly invoices will be issued from July through June and submitted to the district along with a detail of the student attendance.*

**II. Direct Instructional Services - Billed on Foundation Contract**

**A. - Participation in the Preschool Handicapped Program**

|  |          |                |  |
|--|----------|----------------|--|
|  | # Pupils | Cost per pupil |  |
|--|----------|----------------|--|

*Billings for Preschool Handicapped Classroom and Itinerant Services will be estimated based on the attendance reports as enrolled in an early childhood/preschool program. The total number of students will be used as the "divisor into the total program costs" figure to obtain the cost per pupil for district bill backs. One half of the typical student tuition received in the prior year will be applied as a credit to the current year total program costs. This per pupil amount will be multiplied by the number of students each district has in the preschool program as entered on the teacher's monthly attendance reports. Attendance figures will be for the time period August through May. The total annual per pupil amount will be billed on a twelve-month foundation deduction cycle starting in July and ending in June. The ESC's Treasurer's Office will calculate each district's student enrollment in the program in January and June and give each district a rebate option on overpayments or an invoice for underpayments at that time. Each district will be responsible on a monthly basis for direct service billings for a child's identified specialized needs, such as OT, PT, Speech and Language Therapy, and Adaptive Physical Education.*

**B. - Participation in the MD/MH Program**

|  |          |                |        |
|--|----------|----------------|--------|
|  | # Pupils | Cost per pupil | \$0.00 |
|--|----------|----------------|--------|

*Billings for MD/MH Classroom Services will be estimated based on the attendance reports as enrolled in the MD/MH classroom. The total number of students will be used as the "divisor into the total program costs" figure to obtain the cost per pupil for district bill backs. This per pupil amount will be multiplied by the number of students each district has in the MD/MH program as entered on the teacher's monthly attendance reports. Attendance figures will be for the time period August through May. The total annual per pupil amount will be billed on a twelve-month foundation deduction cycle starting in July and ending in June. The ESC Treasurer's Office will calculate each district's student enrollment in the program in January and June and give each district a rebate option on overpayments or an invoice for underpayments at that time. Each district will be responsible on a monthly basis for direct service billings for a child's identified specialized needs, such as OT, PT, and Adaptive Physical Education.*

|    |  |  |             |
|----|--|--|-------------|
| C. | Educational Consultant(s)                          |  | \$0.00      |
| D. | Psychology Services (Including Assessment Aide(s)) |  |             |
|    | Psychologists                                      |  | \$38,790.68 |
|    | Assessment Aides                                   |  | \$0.00      |
| E. | School Nursing Services (Seneca/Wyandot)           |  |             |
|    | Based on Total ADM                                 |  | \$0.00      |
| F. | Special Education Supervision                      |  | \$0.00      |
| G. | Preschool Teacher                                  |  | \$0.00      |

### III. Specialized Services (Billed on Foundation Contract)

|    |                               |  |             |
|----|-------------------------------|--|-------------|
| A. | Preschool Coordinator         |  |             |
|    | "Total Cost"                  |  | \$4,854.07  |
| B. | Community School Liaison      |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| C. | Community Support Provider    |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| D. | ESL Teacher                   |  |             |
|    | "Total Costs"                 |  | \$0.00      |
| E. | Gifted Supervision            |  |             |
|    | Based on Total Cost           |  | \$0.00      |
| F. | Gifted Teacher                |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| G. | Guidance Counselor            |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| H. | Nursing Services              |  |             |
|    | "Total Cost"                  |  | \$71,957.35 |
| I. | Interpreter Services          |  |             |
|    | "Total Costs"                 |  | \$0.00      |
| J. | LRC Teacher(s)                |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| K. | Media Coordinator             |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| L. | Classroom Aide(s)             |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| M. | Student Accounting Director   |  |             |
|    | "Total Cost"                  |  | \$0.00      |
| N. | Staff Development Coordinator |  |             |
|    | "Total Cost"                  |  | \$0.00      |

|              |                                |                     |
|--------------|--------------------------------|---------------------|
| <b>TOTAL</b> | <b>TOTAL COST FOR PROGRAMS</b> | <b>\$115,602.10</b> |
|--------------|--------------------------------|---------------------|

**NOTE:**

The above selections designate the minimum number of days/hours of service that will be provided to the Galion City during the 2016 - 2017 school year. Additional days/hours of service over the days/hours listed in this agreement will be provided upon the request of the Superintendent of the Galion City and the approval of the North Central Ohio Educational Service Center.



## IV. Terms of Agreement

In consideration of their mutual promises contained herein, and for other goods and valuable considerations, it is hereby agreed as follows:

North Central Ohio Educational Service Center (NCOESC) and its agents or employees shall be eligible for sick leave, vacation, hospitalization, or fringe benefits extended to regular employees of NCOESC.

District and NCOESC state that they comply with all rules and regulations of the Americans with Disabilities Act and agree by signing this agreement that each shall conform and comply with said regulations related to this agreement.

District and NCOESC agree that as a condition of this contract, there shall be no discrimination against any employee, agent or sub-contractor because of race, color, sex, religion, national origin, handicap, or any other factor as specified in Title VI of the Civil Rights Act of 1964, Rehabilitation Act of 1973 and subsequent amendments. It is further agreed that the District and NCOESC will comply with all appropriate federal and state laws regarding such discrimination and the right to and method of appeal shall be made available to all persons under this contract. Any agency found out of compliance with this paragraph may be subject to termination of this contract.

The NCOESC agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by NCOESC on behalf of the District agrees to the same restrictions and conditions that apply through this Contract to the NCOESC with respect to such information

Except as otherwise limited in this Contract, the NCOESC may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the District, provided that such use or disclosure would not violate the Privacy Rule if done by the District or the minimum necessary policies and procedures of the District. The District hereby agrees, in return for such services provided, as set forth in this contract to assume the following costs as outlined herein:

### Salary

As per salary schedules adopted by the North Central Ohio Educational Service Center Board of Governors for the school year(s) covered by this agreement.

### Retirement/Workmen's Comp

The employer's share of retirement and Workmen's Compensation.

### Insurance

Cost of life, medical, dental and vision insurance currently paid by the Educational Service Center for eligible employees.

### Medicare

Employer's share of Medicare premium shall also be the obligation of the participating districts.

### Substitutes

The district shall be responsible for the cost of substitutes provided in the absence of NCOESC employees as needed for sick days, personal days, and professional development days

### Calamity Days

Costs incurred due to the payment of approved "Calamity Days" for NCOESC employees will be the obligation of the participating district. Required make-up days will be added to the NCOESC employee's schedule as deemed appropriate by

### Severance Pay

Costs incurred due to payment of "severance pay" to an individual previously employed as part of this service agreement shall be the obligation of the participating district(s) pro-rated on district participation of that employee's service in the various programs within the ESC over the previous five (5) years.

### Unemployment Compensation

Cost resulting from any claim filed for unemployment by an individual previously employed as part of this service agreement shall be the obligation of the participating district(s) pro-rated on district participation of that employee's service in the various programs within the ESC over the previous five (5) years.

### Miscellaneous Expenses

Expenses for approved professional meetings, mileage, supplies, purchased services, technology, equipment, support services, agency fee and any other necessary budgetary expenses.

## V. *Renewal of Agreement*

This agreement shall be renewable annually, at which time any necessary or desired modification in the terms of said agreement may be determined by the districts/agency involved. The ESC will be notified of nonrenewal of this agreement in writing by the participating district/agency **on or before March 1st**.

This is an agreement for services to be provided by the NCOESC. The District is not concerned with controlling the time, method, manner and mode of the duties to be performed by the NCOESC, but only the result of the NCOESC's work.

### **North Central Ohio Educational Service Center**

**2016-2017**

### **County Service Agreement**

### **Cost of Services**

**Galion City School District -Cost of Selected services and programs**

**\$115,602.10**

**Total Cost to the Galion City Schools:**

**\$115,602.10**

The Galion City will be billed monthly from foundation deduct from  
July 2016 through June 2017.

## VI. **Approval of Agreement**

**Approved by the Board of Education of the Galion City:**

(Please attach copy of Board Resolution)

Resolution Number (if available)

Date

**Approved by the Governing Board of the North Central Ohio ESC:**

(Please attach copy of Board Resolution)

Resolution Number (if available)

Date

**NORTH CENTRAL OHIO  
EDUCATIONAL SERVICE CENTER**

**GALION CITY SCHOOL DISTRICT**

Governing Board President Date

Board of Education President Date

Treasurer Date

Treasurer Date

Superintendent Date

Superintendent Date

North Central Ohio ESC  
Foundation Contract - Spring Estimate  
Galion CSD  
2016 - 2017

| <b>Program</b>            |                     |
|---------------------------|---------------------|
| Preschool Coordinator     | 4,854.07            |
| Nursing Services          | 71,957.35           |
| Psychologist              | 38,790.68           |
| Total Foundation Contract | <u>\$115,602.10</u> |

North Central Ohio ESC  
Preschool Coordinator  
Galion City Schools  
2016 - 2017

| Preschool Coordinator<br>9 YRS/MA<br>(10 Days)<br>(Transition Services) |          |
|---|----------|
| Salary  | 2,999.50 |
| Retirement  | 419.93   |
| Medical Ins   | 946.26   |
| Life Ins  | 2.33     |
| Dental Ins  | 45.56    |
| Vision Ins  | 14.81    |
| Medicare  | 43.49    |
| W/C   | 15.02    |
| Support Services  | 49.61    |
| Agency Fee  | 317.56   |
| TOTAL   | 4,854.07 |



North Central Ohio ESC  
Nursing Services  
Galion City Schools  
2016 - 2017

|                  | LPN-Rodman<br>41.25 hrs/wk, 185 days | LPN-Gruver<br>40 hrs/wk, 185 days | Total     |
|------------------|--------------------------------------|-----------------------------------|-----------|
| Salary           | 26,669.60                            | 26,669.60                         | 53,339.20 |
| Overtime         | 1,250.14                             | -                                 | 1,250.14  |
| Substitutes      | 875.00                               | 875.00                            | 1,750.00  |
| Retirement       | 4,031.26                             | 3,856.24                          | 7,887.50  |
| Surcharge        | -                                    | -                                 | -         |
| Medical Ins      | -                                    | -                                 | -         |
| Life Ins         | 43.20                                | 43.20                             | 86.40     |
| Dental Ins       | -                                    | -                                 | -         |
| Vision Ins       | -                                    | -                                 | -         |
| Medicare         | 417.52                               | 399.40                            | 816.92    |
| W/C              | 144.23                               | 137.97                            | 282.20    |
| Support Services | 918.75                               | 918.75                            | 1,837.50  |
| Agency Fee       | 2,404.48                             | 2,303.01                          | 4,707.49  |
| TOTAL            | 36,754.18                            | 35,203.17                         | 71,957.35 |

\*Budgetary expenses for meetings, mileage, supplies, etc. not included

North Central Ohio ESC  
Psychologist  
Galion City Schools  
2016 - 2017

| Psychologist - Vincent |                  |
|------------------------|------------------|
| 9 YRS - MA             |                  |
| 80 Days                |                  |
|                        | Family Insurance |
| Salary                 | 23,996.00        |
| Retirement             | 3,359.44         |
| Medical Ins            | 7,535.04         |
| Life Ins               | 18.58            |
| Dental Ins             | 362.80           |
| Vision Ins             | 117.91           |
| Medicare               | 347.94           |
| W/C                    | 120.20           |
| Support Services       | 395.06           |
| Agency Fee             | 2,537.71         |
| TOTAL                  | 38,790.68        |

\*No meetings, mileage, supplies, etc.