

Dyslexia Specialist
Professional Development
Teacher Training
Educational Evaluation

Lori Josephson, M.A., LCC
Educational Consultant



INVOICE

FROM: Lori Josephson Tax ID#: 68-0679896

TO: Brecksville-Broadview Heights City Schools Attn: Gina Symsek

DATE: July 7, 2016

SERVICES: Wilson Reading System Level 1 for TWO Trainees
2016-17 School Year for TWO Trainees

CHARGES: \$3,900

Balance Due \$3,900.00

Please remit within 15 business days. THANK YOU!

1988 Four Seasons Drive Akron, OH 44333
(330) 730-2875 (phone) ♦ (330) 668-0021 (fax)
josephsonliteracytraining@gmail.com

BUSINESS CONSULTANT AGREEMENT

This Business Consultant Agreement for Wilson Level I Certification Practicum Training is made and effective this July 7, 2016,

BETWEEN: **Lori Josephson** (the "Consultant")
 Lori Josephson
 Educational Consultant
 1988 Four Seasons Drive
 Akron, OH 44333

AND: **Brecksville Broadview Heights City School District** (the "Company"), a corporation organized and existing under the laws of the state of Ohio with its head office located at:
 Gina Smysek
 Brecksville Broadview Heights City School District
 6638 Mill Road
 Brecksville, OH 44141

NOW, THEREFORE, in consideration of the mutual covenants set forth herein and intending to be legally bound, the parties hereto agree as follows:

1. Consultation Services

The Company hereby employs the Consultant to perform the following services in accordance with the terms and conditions set forth in this agreement: The services of the instruction for the Wilson Certified Level 1 Training for TWO TEACHER TRAINEES include the following:

- 1 day of Professional Development—6.5 hours of instruction + setup/cleanup time to be held on August 31, 2016; ~8am-~3:00pm to be held at Streetsboro City Schools
- 5 sessions of Professional Development providing Individual Teacher/Student Coaching Sessions -75-90 minutes per teacher over 5 individual meetings (teachers are permitted one videotaped Coaching Session in lieu of a live Coaching Session, or one session via Skype as needed) to be held in: September/October, November/December, January, March, May with availability to reschedule should a snow day occur. The exact dates to be determined by the Consultant with mutual consent of the Company.
- Five ~120-minute Implementation Meetings after school from ~3:45-5:45pm to be held on one of the days Consultant is conducting Coaching Sessions
- Provision of appropriate handouts and materials for each participant, which will be sent electronically to each participant to duplicate
- Correspondence as needed with Administration of Brecksville Broadview Heights City School District
- Ongoing correspondence with Trainees via email/telephone
- Completion of Certification Paperwork necessary inclusive of dealings with the Wilson Language Corporation Headquarters in Massachusetts

2. Terms of Agreement

This agreement will begin on July 7, 2016 and will end ~July 15, 2017, although technically speaking, the contract will officially end August 31, 2017. Either party may cancel this agreement on 30 days notice to the other party in writing, by certified mail or personal delivery.

3. Time Devoted by Consultant

It is anticipated the Consultant will, at minimum, spend approximately 8-10 hours PER TRAINEE in fulfilling its obligations under this contract devoted to coaching sessions; additional time as necessary to conduct Implementation Meetings, answer questions, and complete necessary paperwork to complete the certification process. The particular amount of time may vary from day to day or week to week. However, the consultant shall devote a minimum of 1.25 hours over five different visitation days to its duties in accordance with this agreement. On site time of Startup Workshop will be 8:00am-3:00pm on August 31, 2016. On site time of ongoing Coaching Sessions to be mutually determined by Consultant and participating teachers shortly after the Startup Workshop. Time of the Implementation Meetings will be ~3:45pm to 5:45pm to be held at Streetsboro City Schools. Attendance at the Implementation Meetings is recommended, but not mandatory.

4. Place Where Services Will Be Rendered

The Consultant will perform most services in accordance with this contract at a location mutually agreed upon by the Company and the Consultant. In addition, the Consultant will perform services on the telephone and at such other places as necessary to perform these services in accordance with this agreement.

5. Payment to Consultant

The Consultant will be paid at the rate of \$1950 per trainee for work performed in accordance with this agreement. Payment within 10 business days of the Invoice dated July 7, 2016 is due according to the following schedule:

- \$3,900 due within 15 days of commencement of Invoice

An invoice for the professional development payments due (\$3,900) is attached.

The Consultant will be paid for additional expenses including:

- mileage at the current IRS rate to and from The Consultant's office to the Company's site

- drive time at the rate of \$85/hour to and from The Consultant's office to the Company's site

An invoice for additional expenses will be sent at the conclusion of the final visitation.

6. Independent Contractor

Both the Company and the Consultant agree that the Consultant will act as an independent contractor in the performance of their duties under this contract. Accordingly, the Consultant shall be responsible for payment of all taxes including Federal, State and local taxes arising out of the consultant's activities in accordance with this contract, including by way of illustration but not limitation, Federal and State income tax, Social Security tax, Unemployment Insurance taxes, and any other taxes or business license fee as required.

7. Confidential Information

The Consultant agrees that any information received by the consultant during any furtherance of the consultant's obligations in accordance with this contract, which concerns the personal, financial or other affairs of the company will be treated by the Consultant in full confidence and will not be revealed to any other persons, firms or organizations.

8. Employment of Others

The Company may from time to time request that the Consultant arrange for the services of others. All costs to the consultants for those services will be paid by the Company, but in no event shall the Consultant employ others without the prior authorization of the Company.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COMPANY

Gina Smysek
Brecksville Broadview Hts. City School District
Brecksville, OH 44141

Authorized Signature

Print Name and Title

Date

CONSULTANT

Lori Josephson
Wilson Accredited Partner Trainer
Akron, OH

Lori Josephson MA

Authorized Signatures

Lori Josephson, MA Wilson Language Trainer

Print Names and Title

7/7/16

Date

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Lori Cohen Josephson

2 Business name/disregarded entity name, if different from above
Lori Josephson LLC

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☒ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Other (see instructions) ▶
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
** 1988 Four Seasons Drive*

6 City, state, and ZIP code
** Akron OH 44333*

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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or

Employer identification number

6	8	-	0	6	7	9	8	9	6
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Lori C. Josephson*

Date ▶ *6-15-15*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.